

**5 RESILIENCE SKILLS
FOR KEEPING YOUR
ORGANIZATION AGILE
IN TIMES OF CHANGE**

INTRODUCTION

The COVID-19 pandemic wreaked havoc on the business models of healthcare organizations,¹ as health systems shut down all but emergency services, set up separate triage centers, and moved many services to telehealth. Having learned from this crisis, and in anticipation of the next unforeseen event, executives are looking to hire healthcare administrators who can help stabilize the business for the long term, while keeping it flexible and resilient enough to weather future challenges. Administrators must not only understand the business of healthcare—they must also prove themselves as innovative leaders who set the tone for a workplace culture that provides the best patient care within their four walls and beyond.

To help health professionals like you prioritize the skills you need to advance your career in today's market, a range of experts, from VP-level administrators to recent graduates of an MHA program, have identified five resilience skills that they believe are essential for healthcare managers to learn and cultivate to help tackle the most important challenges facing healthcare organizations across the country.

FIVE RESILIENCE SKILLS:

- 1** Understand the Revenue Cycle

 page 4
- 2** Develop Health Informatics Expertise

 page 5
- 3** Know What Motivates Your Team

 page 7
- 4** Demonstrate Cultural Competence

 page 9
- 5** Lead Interprofessional Teams

 page 11

¹ Robert Havasy, "The Impact of COVID-19 on Healthcare Business and IT," The Healthcare Information and Management Systems Society (HIMSS), Nov. 3, 2020: <https://www.himss.org/resources/impact-covid-19-healthcare-business-and-it>

EXPERT CONTRIBUTORS



CHRIS JOHNSON, FHFMA

VP of Revenue Cycle Management-Regional Facilities, Atrium Health

📍 **Charlotte, North Carolina**



PARNAZ RAFATJOU, DHA, MHA, MBA

VP of Operations and Client Experience-Telemedicine, Sound Physicians

📍 **Tacoma, Washington**

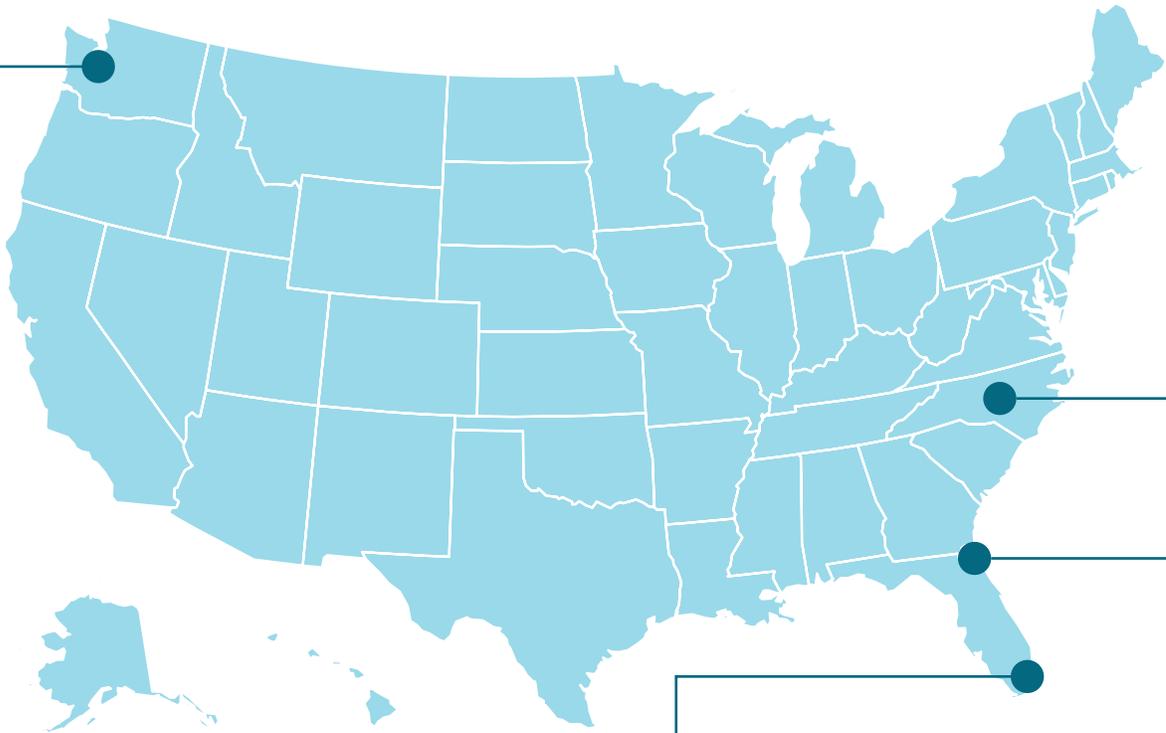


CHRISTINE SIBLEY, MBA, EJD, CPA, CMA, FHFMA

AVP of Reimbursement, Atrium Health

Contributing Faculty, University of St. Augustine for Health Sciences

📍 **Charlotte, North Carolina**



KYSHA HARRIELL, PHD, LAT, ATC

Clinical Professor and Executive Director, University of Miami

Contributing Faculty, University of St. Augustine for Health Sciences

📍 **Miami, Florida**



THOMAS TARANTOLA, MHA

Clinical Systems Support Analyst, Baptist Health

📍 **Jacksonville, Florida**

1 UNDERSTAND THE REVENUE CYCLE

In 2020, substantial, unexpected changes in the demand for health services caused an unprecedented financial crisis among hospitals and private practices.² “COVID sent us into a tailspin,” says Chris Johnson, FHFMA, VP of Revenue Cycle Management–Regional Facilities at Atrium Health, a large health system in North Carolina. “Our revenue plummeted because our volume plummeted.”

On a Friday in March, Atrium’s 1800-person call center team was informed that nearly all would need to start working remotely on the following Monday. With IT resources stretched, the team performed its own ad hoc equipment testing over the weekend to set up a virtual call center. Johnson focused his team on mining outstanding accounts for every dollar they could bring in; this helped Atrium sustain its cash flow—and retain its revenue cycle staff.



Revenue is critical to the mission of the organization... Leaders need to understand that and articulate it.

CHRIS JOHNSON, FHFMAVP
OF REVENUE CYCLE MANAGEMENT-REGIONAL FACILITIES AT ATRIUM HEALTH

Even during this disruptive transition, the team had to build new modifiers and rules within the system to determine who would pay for services that patients were promised would be free, such as COVID-19 testing (and later, vaccinations). These rules had to be synced with the federal Health Resources and Services Administration (HRSA) system and with each different commercial insurance company. The team also put thousands of accounts on hold while they ensured that their billing complied with brand-new regulations. “Eight months later, we’re still sorting out some of these bills,” Johnson says. But Johnson and his team weathered all these complex and interrelated challenges, finding that they could be as productive as ever while working remotely.

Why Learn This Skill?

Johnson says that new healthcare managers need to come in knowing the basics of revenue cycle management, including processes for patient access, registration, billing, claims management, and financial discussions with patients. Once they know the fundamentals, managers can learn the specifics of their organization’s system on the job. “Revenue is critical to the mission of the organization,” Johnson says. “Leaders need to understand that and articulate it. My team members may not do direct care, but their work is still an important part of patient care because it keeps the doors open and the lights on.”

How to Build This Skill

To prove your knowledge in this area, you can earn the Healthcare Financial Management Association’s (HFMA’s) Certified Revenue Cycle Representative (CRCR) certificate, a national-level certification for addressing the contemporary patient-centric revenue cycle. You can take the certification exam directly through HFMA; it is also offered within some Master of Health Administration (MHA) programs.

²David Blumenthal et al., “Covid-19 — Implications for the Health Care System,” *New England Journal of Medicine*, Oct. 8, 2020: <https://www.nejm.org/doi/full/10.1056/nejmsb2021088>

2 DEVELOP HEALTH INFORMATICS EXPERTISE

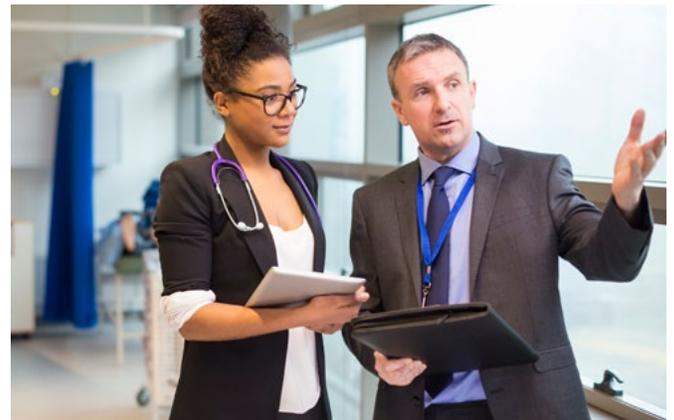
The pandemic has accelerated changes in the field of health informatics, most notably in telehealth. A McKinsey analysis found that in April 2020, telehealth use had increased 78 times from the pre-COVID-19 baseline; as of July 2021, it appears to have plateaued at 38 times the pre-COVID baseline.³

While the widespread adoption of telehealth has greatly improved patient access, it also comes with a new set of issues, says Parnaz Rafatjou, DHA, MHA, MBA, the VP of Operations and Client Experience—Telemedicine for Sound Physicians in Tacoma, Washington. “It’s important to create the right patient experience through the telehealth interface,” she says. “And to optimize telehealth workflows so that providers can collect the right information, and use the integrated data flow for seamless patient handoff.” She says that although the pandemic expedited investments in technology, “we still find that its use is more sporadic and less integrated than it should be. Organizations may have siloed information systems, requiring staff to re-enter patient data multiple times, leading to errors. And there’s still a level of discomfort with technology among telehealth users, both patients and providers.”



Administrators must bridge the gap between IT, the clinical side, and the business lane.

PARNAZ RAFATJOU, DHA, MHA, MBA
THE VP OF OPERATIONS AND CLIENT EXPERIENCE-TELEMEDICINE
FOR SOUND PHYSICIANS



Why Learn This Skill?

It is not just the CIO’s role, but also the role of the health administrator, Dr. Rafatjou says, to ensure that the organization uses technology in the most strategic way possible. “Administrators must bridge the gap between IT, the clinical side, and the business lane. We need to understand why we’re investing in the technology, how we will maintain it, and how we will maximize its use. We need to grasp which different applications of health informatics are used in different settings, such as acute, postacute, and long-term care. We also need to know which technology solutions our community partners are adapting, and why. Then, during a peak in volume or other emergency situation, if the patient goes to a partner facility, having integrated systems improves the patient experience and quality of care.”

³Oleg Bestenny et al., “Telehealth: A quarter-trillion-dollar post-COVID-19 reality?” McKinsey & Co., July 9, 2021: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>



Rafatjou offers the following list of technology issues that all health administrators need to prioritize:

- Understanding the laws and regulations around telehealth. Telehealth laws vary by state, and if an organization plans to expand beyond one state or use tele-providers from other states, it must consider the regulations of each state.
- Establishing good data governance. “The patient data you gather must be high quality; otherwise, it’s garbage in, garbage out,” she says. “Your data impacts decisions you will make at both the individual and population health levels.”
- Keeping data security top of mind. “A patient’s health data is more valuable than their bank data, and security breaches can wreak havoc on a patient’s livelihood,” Dr. Rafatjou says. In another threat to global health, cybercriminals are exploiting pandemic-related vulnerabilities in health systems, making data security more critical than ever.⁴
- Updating ethical standards to cover the use of technology. For example, “you have to pay attention to who else is in the room or who might overhear a patient-doctor conversation during a telehealth visit,” Dr. Rafatjou says, to ensure that the privacy of patient information is compliant with HIPAA.

How to Build This Skill

Health administrators can take the Certified Specialist in Business Intelligence (CSBI) exam, offered through HFMA and through some MHA programs. Earning this certification demonstrates your understanding of data governance, data analytics, the use of business intelligence to make strategic decisions in a healthcare environment, and much more.

⁴Muthuppalaniappan and Stevenson, “Healthcare cyber-attacks and the COVID-19 pandemic: an urgent threat to global health,” International Journal for Quality in Health Care, Sept. 27, 2020: <https://academic.oup.com/intqhc/article/33/1/mzaa117/5912483?login=true>

3 KNOW WHAT MOTIVATES YOUR TEAM

2020 reshaped workplace dynamics, with employees across the country laid off, furloughed, or sent home to work remotely. “The past year was so reactive,” says Christine Sibley, MBA, EJD, CPA, CMA, FHFMA, who teaches a course in organizational behavior in the MHA program at the University of St. Augustine for Health Sciences (USAHS). “I think we’ll see the pandemic’s real impact on workplace culture more clearly in the coming year.”

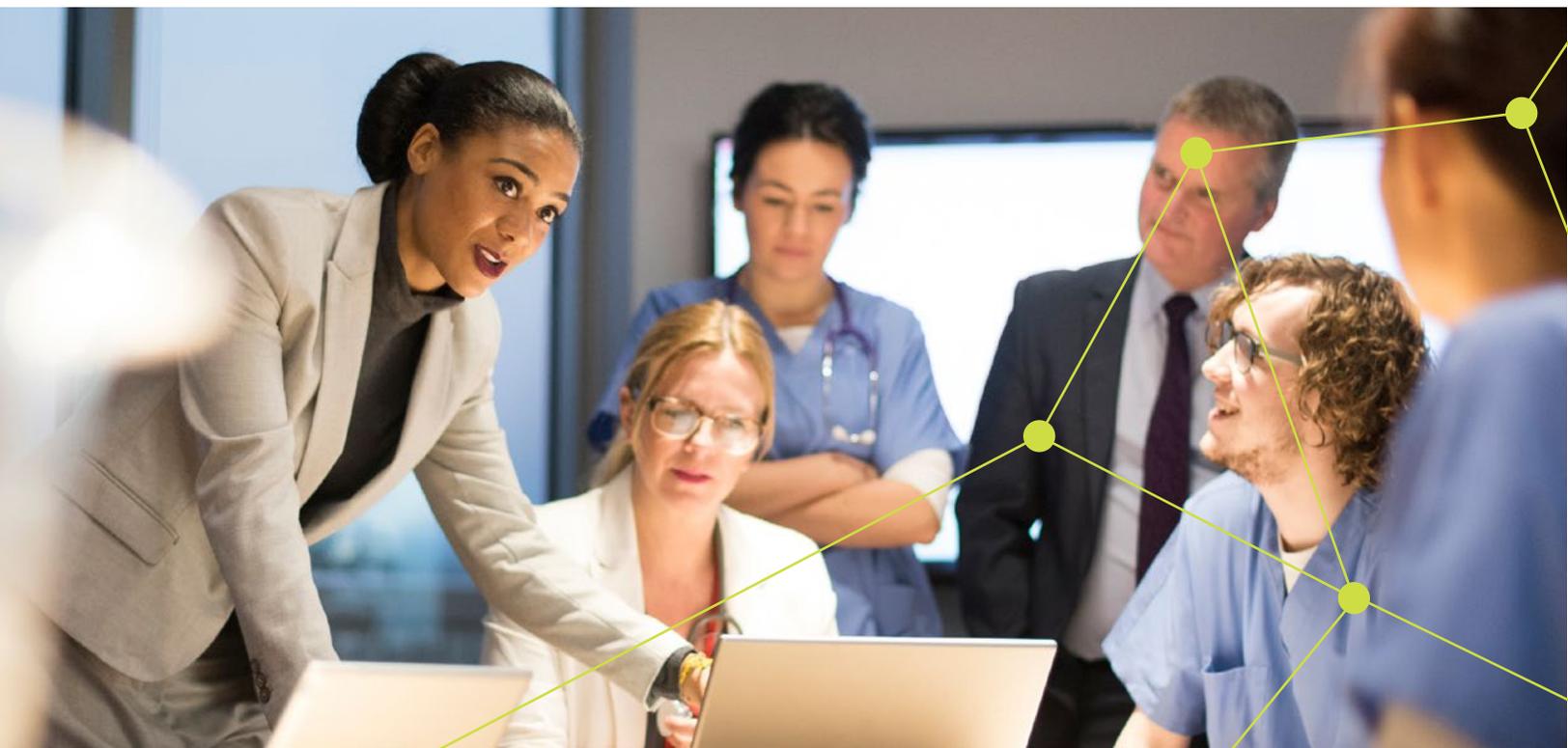
At Atrium Health in Charlotte, North Carolina, where Sibley is AVP of Reimbursement, managers created innovative ways to keep employees engaged. Since they had lost their social rituals, like talking around the water cooler, they instituted virtual coffee breaks and optional happy hours with family members and pets invited. Then, “with so many people working from home, managers were compelled to adapt their leadership style to be more empowering and trusting,” she says.

Now, moving forward with a new mix of virtual, in-person, and hybrid offices, Sibley says, “we’ll have to figure out, how do we work together? Our leaders need to make sure that virtual team members don’t get left behind.”



The reason we teach organizational behavior is so that leaders can learn how to make good decisions in a crisis. The pandemic was challenging, but it was also a perfect learning lab.

CHRISTINE SIBLEY, MBA, EJD, CPA, CMA, FHFMA
AVP OF REIMBURSEMENT, ATRIUM HEALTH
CONTRIBUTING FACULTY, UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES



Why Learn This Skill?

Sibley says it's important for health administrators to understand organizational behavior, which she defines as "why people do what they do." Such understanding leads to more proactive and responsive leadership.

"I don't think you can one hundred percent prepare for what we just went through," she says. "But the reason we teach organizational behavior is so that leaders can learn how to make good decisions in a crisis. Each student now has the opportunity to see leaders respond to a once-in-a-lifetime event. The pandemic was challenging, but it was also a perfect learning lab."

Sibley says that all healthcare administrators should develop the following competencies related to organizational behavior:

- Be able to flex your leadership style. "A skilled leader will have a dominant style but will adapt it for the circumstances to meet the moment," she says. For example, a transactional style might be ideal in a crisis, while a collaborative style is better for debriefing once the crisis has passed.
- Know the talents of your staff, who are your most valuable asset.
- Be open to new ideas; ask others for input.
- Demonstrate empathy while not losing the business focus. "Many staff members were under extra stress during the pandemic, with spouse job losses, health issues, kids learning remotely, and more," Sibley says. "Leaders needed to show empathy."
- Listen to employees and patients; listen more than you talk.
- Be able to communicate, both in writing and verbally, with all stakeholders. "There may be significant consequences if you don't," she says. "Poor communication is one of the major contributors to medical error."

How to Build This Skill

You can learn these skills in courses like Sibley's, where students from across healthcare disciplines role-play scenarios and adapt them to present-day circumstances. "I ask students, 'How would the context of today's news impact your response?' We're not looking for the 'right' answer—we want to see how you think, and how you apply what you know to the real world."

4 DEMONSTRATE CULTURAL COMPETENCE

Our interviewees also highlighted cultural competence, a quality related to organizational behavior. “Our nation’s health disparities increasingly fall along economic and racial lines,” says Kysha Harriell, PhD, LAT, ATC, who co-teaches the Cultural Competence in Healthcare course within the MHA program at USAHS. The pandemic exploited these existing health disparities, disproportionately impacting communities of color. Pacific Islander, Latino, Indigenous, and Black Americans all have a COVID-19 death rate of double or more that of White and Asian Americans.⁵ Given this harrowing reality, combined with the positive energy of current social movements around correcting systemic inequities, it’s a particularly important time for health administrators to develop cultural competence.

Dr. Harriell defines cultural competence in healthcare as “a set of behaviors, knowledge, and skills that help administrators and practitioners respond to cultural issues relating to patients, so when staff are in different cultural situations, they recognize that they are—and they have tools to respond, with the goal of providing respectful and competent care.” These tools will help administrators collaborate with a diverse team of colleagues and ensure respectful and equal treatment of all patients.

She says that for health administrators, demonstrating cultural competence can mean adapting a clinic’s hours of operation to improve patient access, such as offering care beyond a 9-to-5 schedule in a blue-collar town. Or it can be about adjusting services offered to better meet the needs of the patient population. It can mean hiring diverse staff, hanging images of diverse people on the walls of the facility, and revising forms to ask about gender identity and pronouns. Administrators play a pivotal role, she says, in removing the biases in policies and procedures, while instituting new policies that promote equality.

⁵APM Research Lab, “The Color of Coronavirus: Covid-19 Deaths by Race and Ethnicity in the U.S.,” March 5, 2021: <https://www.apmresearchlab.org/covid/deaths-by-race>



Why Learn This Skill?

The benefits of cultural competence are manifold. “It’s been shown that more diverse organizations are more successful in terms of their social reputation, the happiness and loyalty of their employees—even financially,” says Dr. Harriell. According to a 2019 McKinsey study, racial and gender diversity in business is correlated with better financial performance.⁶ “The more people who are in the room with different perspectives, or who have cultural competence training, the better they make decisions. And they won’t need a PR person to clean up after a major faux pas.”

Dr. Harriell notes that 20 years ago, cultural competence meant memorizing facts about different cultures. But educators realized that this approach could lead to stereotyping, and that such information overload did more harm than good. “Even when people are of the same race, gender, et cetera, they could have different values and perspectives,” she points out. “Now, we talk about ‘cultural intelligence.’ The focus is on learning to be curious about each individual person—to ask the right questions and respond in a way that is appropriate to the needs of the situation.”



The focus is on learning to be curious about each individual person—to ask the right questions and respond in a way that is appropriate to the needs of the situation.

KYSHA HARRIELL, PHD, LAT, ATC

CLINICAL PROFESSOR AND EXECUTIVE DIRECTOR,
UNIVERSITY OF MIAMI

CONTRIBUTING FACULTY, UNIVERSITY OF ST. AUGUSTINE
FOR HEALTH SCIENCES

Dr. Harriell, who is a former athletic trainer for the women’s soccer team at the University of Miami, teaches her students to ask the following three questions of patients and team members to discern their needs:

- What matters to you the most?
- Have I addressed all of your concerns?
- Is there anything I didn’t ask that you would like to share?

How to Build This Skill

You can learn cultural competence through diversity training on the job and through courses like Dr. Harriell’s. In this online, interprofessional class, students role-play scenarios involving health administrators, nurses, physical therapists, occupational therapists, athletic trainers, and more. “Interprofessional teams represent a different kind of diversity,” she says.

⁶Sundiata Dixon-Fyle et al., “Diversity Wins: How Inclusion Matters,” McKinsey & Co., May 19, 2020: <https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-wins-how-inclusion-matters>

5 LEAD INTERPROFESSIONAL TEAMS

To manage projects that benefit the organization and its patients, healthcare administrators need an understanding of multiple perspectives and the ability to communicate with a variety of stakeholders, including interprofessional care teams. A siloed approach to patient care, where each practitioner treats in isolation, can lead to communication failure during patient handoffs—a leading cause of serious medical error. In contrast, an interprofessional team approach is correlated with higher patient satisfaction ratings and better health outcomes, which makes an organization stronger and more resilient.

Why Learn This Skill?

“The more that healthcare providers understand each other’s roles, the more they can intervene as needed to help the patient,” Dr. Harriell says. “Administrators who understand their colleagues’ roles can make better decisions about business strategy, workflow, policy and procedures, training, and more.”

Thomas Tarantola, MHA, is a Clinical Systems Support Analyst for Baptist Health in Jacksonville, Florida. One aspect of his role is to facilitate the needs of clinical practitioners by optimizing their use of PowerChart, their electronic health record (EHR) system. “The EHR is an extension for providers to track patient progress and streamline ordering lab tests, procedures, and anything else related to patient care,” says Tarantola. “Each discipline, each specialty, has a different workflow. I meet with physicians, advanced care providers, and department leaders daily to understand their workflow and see how I can optimize the EHR to align with current documentation practices. I ask for feedback on the current templates and collaborate with the team to ensure that any revisions comply with Joint Commission, CMS [Medicare and Medicaid], and Baptist Health policies. If providers are not tech savvy, I calm them down, show them best practices for documentation, and try to eliminate those barriers.”

Tarantola also helped optimize the use of PowerChart within a COVID expansion unit that Baptist Health re-opened in late June 2021 after COVID-related hospitalizations in Florida began rising again. Working alongside nursing leadership, pharmacy IT, hospital administrators, and supply chain representatives, he managed equipment installation so that the EHR could operate at full capacity and nursing had the tools to provide quality care.



Administrators who understand their colleagues’ roles can make better decisions about business strategy, workflow, policy and procedures, training, and more.

KYSHA HARRIELL, PHD, LAT, ATC

CLINICAL PROFESSOR AND EXECUTIVE DIRECTOR,
UNIVERSITY OF MIAMI

CONTRIBUTING FACULTY, UNIVERSITY OF
ST. AUGUSTINE FOR HEALTH SCIENCES

⁷The Joint Commission, “Inadequate Handoff Communication,” Sentinel Event Alert, Sept. 12, 2017: [https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_58_hand_off_comms_9_6_17_final_\(1\).pdf](https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_58_hand_off_comms_9_6_17_final_(1).pdf)

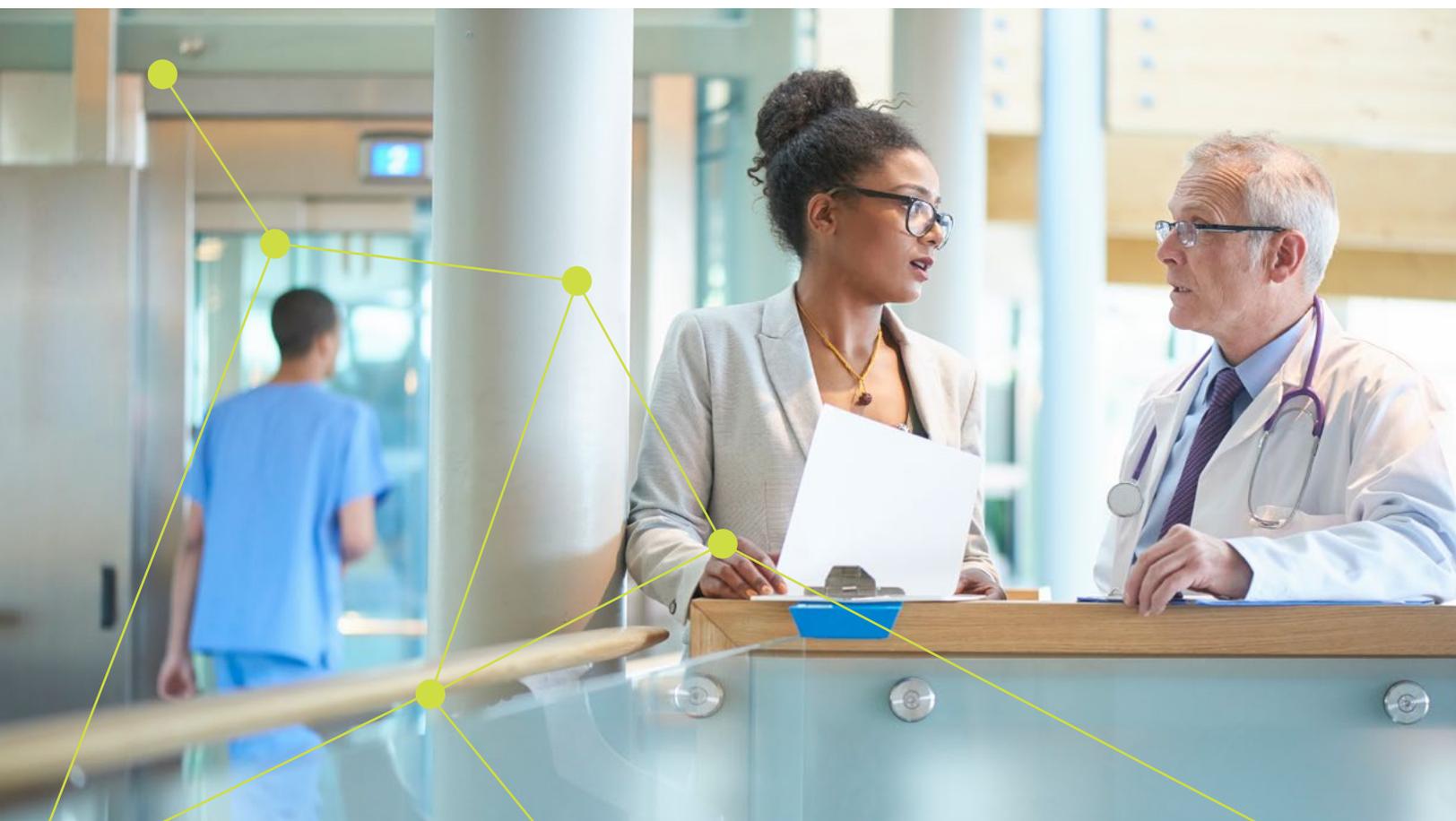
⁸Scott Reeves et al., “Interprofessional education: effects on professional practice and health care outcomes (update),” Cochrane Database of Systematic Reviews, March 28, 2013: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002213.pub3/>

He says that the interprofessional courses in his MHA program at USAHS gave him a new perspective on teamwork. “We practiced finding compromises and learning how to work together toward the same end goal.” However, he acknowledges, “It’s a whole different thing to do this on the job. When I walk into a situation, I need to adapt my ideals to the ideals of the team. Being adaptable is so important—and you learn this through experience.”

Dr. Rafatjou, the telehealth expert, is also a graduate of USAHS’ MHA program. “Our interprofessional courses were a good primer for looking at things differently,” she says. “We studied evidence-based practices, and now as an administrator, I can use that knowledge to reimagine and rethink how to best deliver quality patient care.” She says that not only do healthcare leaders need to stay current with the latest developments in technology—they also need to translate the benefits to clinical providers on the team. “Administrators need an understanding of the clinical workflow and how to communicate using the language of care teams. If I can speak the same language, I know that my ideas, my proposals, are being heard and evaluated. I include scientific evidence to make my case so they will understand the value.” Interprofessional communication is also relevant to the organization’s financial operations, Sibley says. “Administrators need to make sure they understand the needs of clinical teams because they are funding them.”

How to Build This Skill

You can learn interprofessional team-building competencies within an MHA program that offers interprofessional courses. And, as Tarantola points out, you will surely have the chance to hone this skill on the job.



TOWARD GREATER RESILIENCE

These five core competencies—understanding the revenue cycle, health informatics, organizational behavior, cultural competence, and interprofessional teamwork—are all connected, Dr. Rafatjou says. She stresses the need for administrators to grasp all aspects of the business, from finance to technology to patient care. “This absolutely will contribute to the resilience of the organization,” she says. “For example, when you start thinking about making technology investments, that’s a behavioral change. So, building the right kind of culture, and facilitating open and interprofessional communication, will make your investments more successful.”



And the more resilient the organization, the healthier it functions for its leaders, staff, clinicians, and patients—whether times are rocky or stable.

How to Build This Skill

If you want to study these core competencies in an interprofessional environment, consider enrolling in the [Master of Health Administration degree program](#) offered by the University of St. Augustine for Health Sciences. USAHS has been dedicated to graduate health sciences education for more than 40 years. Its online MHA program features optional in-person immersions (resuming with the Spring 2022 trimester), acceleration and decelerated study plans, and a specialization in Health Informatics.

USAHS has partnered with HFMA to bring professional certification opportunities to its students. The Certified Revenue Cycle Representative (CRCR) is available for all MHA students, while the Certified Specialist in Business Intelligence (CSBI) is available for MHA students in the Health Informatics specialization. Prepare to become a health administrator or manager with a promising career ahead!



ABOUT THE UNIVERSITY

The University of St. Augustine for Health Sciences (USAHS) is a graduate institution that offers degree programs in physical therapy, occupational therapy, speech-language pathology, graduate nursing, education, health administration, and health sciences, as well as continuing education programs. Founded in 1979, USAHS has locations in San Marcos, California; St. Augustine, Florida; Miami, Florida; Austin, Texas; and Dallas, Texas. USAHS is regionally accredited by the Western Association of Schools and Colleges Senior College and University Commission (WSCUC), 1001 Marina Village Parkway, Suite 402, Alameda, CA 94501, (510) 748-9001, www.wascsenior.org.

Master of Health Administration (MHA)

USAHS offers an online Master of Health Administration (MHA) program designed for working healthcare professionals who want to improve systems of operations, informatics, operations, policy and other key functions of healthcare organizations. The program is taught online with optional on-campus immersion weekends (resuming in Spring 2022) and an optional internship. Whether you choose the traditional or accelerated track, or our specialization in Health Informatics, you will gain real-life experience and expand your professional network. During your capstone project, you will work with an industry mentor.