

Effective Governance & Management of Your Practice

The day-to-day operation of a medical practice is becoming increasingly complex and the dynamics between the physician / owners, staff physicians, managers, supervisors, clinical staff and office staff provides ample opportunities for miscommunications and the development of dysfunctional operations. This course will deal with proscribed and defined techniques to help overcome many of the problem areas that creep into a medical practices operations. Clear communication channels, organizational structure, division of labor and other leadership and management techniques will be discussed in this unique course. This course is ideal for physicians, managers and supervisors of medical offices.

This Practice Management Webconference is just \$99 for Members & their Practices:

- | = A 90-minute live Webconference including a formal presentation and time for Q&A
- | = The course is given once as a live Webconference, on Wednesday April 23, 2008 (convenient for your staff) and then via streaming Internet technologies shortly thereafter. Your \$99 registration fee covers either one or both presentations and handout materials.
- | = The ability for ACS Fellows and practice managers to e-mail follow-up questions to Economedix Practice Management Advisors for personalized responses



Course Objectives - Completion of this Practice Management Course will provide:

1. Understanding how different organizational structures can effect practice operations
2. A review of best practices in the organization of a private medical practice
3. A definition of various "roles" required for physician / owners and managers to play
4. Techniques for better communications at all levels to support better management processes
5. The integration of governance, leadership and management to propel the practice to higher performance levels

Sponsored by the American College of Surgeons, PAHCOM, HNA & Others

Accreditation - The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education to physicians.

Credits - The American College of Surgeons designates this educational activity for a maximum of 1.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity. PAHCOM has pre-approved this educational activity for 1 CEU towards the PAHCOM CMM designation. To earn the credit, participants must complete the combination Evaluation / CME - CEU Form, that is included in the course materials, and FAX this form back within seven days following the date of the Webconference.

Faculty - The faculty for the course is Mr. Tom Loughrey, MBA, CCS-P. Mr. Loughrey is Chairman of Economedix and a noted practice management consultant to physicians, medical offices and medical societies. For over a decade, Mr. Loughrey has provided consulting services to the College as a part of the Consultant's Corner at the annual ACS Clinical Congress and regularly is engaged by ACS to speak and teach at meetings and workshops throughout the country.

Registration & Information - This completed form can be Faxed Toll Free to **877-813-9784**; or mailed to **Economedix - 297 Valley Road # 200 - Wexford, PA 15090**; For complete details and secure On-Line Registration simply go to: <http://www.YourMedPractice.com>

Thank you for your interest in this Program!



Practice: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Contact: _____ E-Mail: _____

Yes, we want to participate in the **Effective Governance & Management Course** ... and will attend
[] Wednesday April 23, 2008 @ 1 PM Eastern, [] Web-based On-Demand ... or [] Both Presentations.

Form of Payment: [] Check Payable to Economedix, LLC & mailed to: 297 Valley Rd # 200 - Wexford, PA 15090
or [] Credit / Debit Card (MC, Visa, Discover or American Express)

Card Number (15 or 16 digits): _____ Expiration Date: ____ / ____

3 Digit CVV Code* : _____ Name on Card: _____

Card Billing Address: _____

Card Billing City, ST Zip: _____

* Please use 4 Digit Code on front of AMX Card