IIHMR UNIVERSITY

Institute of Health Management Research

MBA Hospital and Health Management

Batch-24 (2019-2021)

Human Resource Management

Term Examination

1 Year

December 2019

Time - 3 Hour **MM-50**

The question paper contains 14 printed page/s. Question No. 1 is compulsory. Questions 2-5 are based on the case titled "*A new faculty Practice Administrator for the department of Medicine*"[1] that was already circulated as pre read Attempt any 3 questions out of 2-5.

Q. 1. Write Short notes on any two (2x 4=8)

a) Components of salary in Indian context including Fringe Benefits (at least 8 components)
b) Kirkpatrick model of Evaluation of training
c) Competency Mapping
d) Types of careers

Questions 2-5 are in context of the case attached. Attempt any three questions. Each question carries maximum 14 marks.

Q. 2 What criteria you would use in evaluating the four candidates? (14)

Q.3. What are the strengths and weaknesses of each candidate ? (14)

Q.4. Perform a job analysis of this Job (Job Description, Specification and Evaluation) (14)

Q.5. Enumerate at least 10 criteria on which you will propose to evaluate the candidate on job (performance evaluation) including atleast two quantitative KRAs (14)

Alternatively (in lieu of 2-5) you may handle the case as open ended and discuss any 4 issues related to Human resource Management in Wise Medical Centre ***(4x10.5= 42)***

[1] Kovner, A., McAlearney, A., & Neuhauser, D. (2009). *Health services management* (9th ed., pp. 37-50). Chicago, Ill.: Health Administration Press.

To save page the last part is included here in the box

available, although I don't see where you will have the time to fit everything in with the demands of this job, which are quite considerable, and with your family obligations. (She turns off the tape.)

The Recommendation

Brass: Well, Sandy, now all you have to do is tell Dr. Bones whom you recommend for the job.

Compson: I need to sleep on it. This selection process is much more difficult than I had envisioned, but that's what makes it so much fun.

Brass: I agree with you there. Sorry, but I've got to leave now. I will also mull this over and I'll give you my opinion tomorrow.

"*A new faculty Practice Administrator for the department of Medicine*"[2]

A New Faculty Practice Administrator for the Department of Medicine

Anthony R. Kovner and David M. Kaplan

Sandra Compson was leaving her position as faculty practice administrator at Wise Medical Center to raise a family. Dr. Sam Bones, chief of medicine, asked Compson to become involved in the selection of her replacement before leaving. Para1

Wise Medical Center is regarded as one of the largest and best-managed hospitals in Eastern City. The CEO, Dr. Worthy, was appointed in 2003. He has captained the dramatic growth of the medical center, its financial success, and the improvement of its medical teaching programs. Over the last five years, almost all the clinical chiefs have been replaced. Internal medicine is the largest department in the medical center. Dr. Bones is a specialist in cardiovascular disease and has an excellent reputation as a clinician. Para2

His department has grown very large, and Bones has difficulty in staffing the large number of beds with medical residents. Bones is praised for his leadership skills, his intelligence, and his caring for those who work with him. He has been criticized for his unwillingness to make tough decisions regarding the economics of the department and for not getting rid of physicians Para3

[2] Kovner, A., McAlearney, A., & Neuhauser, D. (2009). *Health services management* (9th ed., pp. 37-50). Chicago, Ill.: Health Administration Press.

who don't or won't meet his own and the department's high standards of quality. The medical center and the department face stiff financial pressures, and Dr. Worthy and others are trying to determine what the medical center's response to managed care should be. The medical center currently relies heavily upon referrals from its managed care panel, its network hospitals and clinics, and community physicians.

The faculty practice plan (FPP) in the department of medicine was formally launched upon the arrival of Dr. Worthy in 2003, as were the faculty practices in various other departments. The FPP in the department consists of 16 subspecialties and 100 providers who all share the faculty practice suite. The suite, which is 10,450 square feet, consists of 40 exam rooms, 10 consultation rooms, a reception and waiting area, a small laboratory, a technician's area, a billing office, and an office for the practice administrator. Para 4

The FPP staff for the department of medicine consists of six secretaries, two registered nurses, three midlevel providers, one medical technician, and one practice administrator. Larger physician practices including general internal medicine, neurology, and hematology/oncology bring additional staff with them when they are holding their sessions. Para5

Compson, the practice administrator, is responsible for scheduling the subspecialty clinic sessions for each division within the department of medicine. Each provider is assigned a session with dedicated rooms. The medical center utilizes an electronic scheduling system, where all the providers have dedicated blocks of time to schedule patient appointments. It has been estimated that several of the physicians do not have enough volume to fill their sessions, while other physicians have a large backlog of patients and a long wait time to be seen. Para6

The FPP suite currently operates from 9 a.m. to 5 p.m., Monday through Friday. Visits have increased by 15 percent over a three-year period from 15,000 to 17,250. Demand is such that if more staff and space were available volume might be able to increase by an additional 7 percent with little or no additional investment. Para7

Compson has limited access to the financial information such as revenue, expense, and billing records for the faculty practice since an outsourced company performs all of the faculty practice outpatient billing. (It is important to note that the medical center's patient accounts department handles the inpatient billing.) The billing system ties directly into the scheduling system. Dr. Worthy and his leadership team selected both the billing/scheduling system and the billing company in 2003. The systems are outdated and the subspecialties have limited knowledge of their financial standing. Historically, this hasn't been a tremendous issue because all of the physicians are salaried and do not have any financial incentives to increase productivity. Para 8

The original operating concept of the faculty practice suite was to create a place with an upscale ambiance where physicians could see their patients.

The purpose for creating the suite was to recover scattered examination space throughout the medical center and to take advantage of economies of shared space. Based on these concepts, decisions were made early to maximize treatment space at the expense of chart storage space, which is limited. In fact, many providers are forced to bring their charts to and from other locations to each clinic session. The practice had evaluated an electronic medical record system in 2005, but it was deemed too expensive. Para 9

Recently, the division of cardiology wanted to create a heart failure program and approached Dr. Worthy and Compson with a proposal that would have generated an additional 600 patients and 200 additional heart valve surgeries a year, bringing an additional $1.2 million in revenue to the medical center. But with no space available to accommodate this demand, and no capital to build a new facility, the proposal was denied. Para10

Bones's final interview with Compson follows:

Bones: Sandra, as you know, you've done a splendid job here this past year and we'll be sorry to lose you. The situation of the departmental faculty practice as I see it is this: During the past few years the practice has been organized and it has grown dramatically. We seem to be having a lot of operating problems, such as limited space, poor support for the physicians, and antiquated billing and scheduling systems. The question now is, what skills and experience should the ideal practice administrator possess to enhance the practice? What do you think?

Compson: Well, Dr. Bones, as you know, I've enjoyed tremendously the opportunity to work with you and with the members of the department and I will be sorry to leave, although I am looking forward very much to raising a family. I think the kind of person you need is not necessarily the type of person you needed back in 2003. Then you needed someone who could "put out fires" and try to keep the place running. Now I think you need a systems person who can make the place run more effectively, while simultaneously keeping up the morale of the staff and communicating with the physicians.

Bones: I agree with you. I want someone personable and energetic, who isn't afraid of work, who can get along with the doctors and the hospital administration. I think the most important thing is getting our physicians the kind of support they need to run a first-class faculty practice. The systems aren't working down there. According to the reports I've seen (see Tables I.2 and I.3), the department isn't making the kind of money that it should be making, and we should be making it much more efficient and productive for our physicians to practice here.

Compson: As you know, per your instructions, I've started the interviewing process and will send you all the good candidates. I have spoken to

TABLE I.2 Faculty Practice Suite Billings and Collections, Fiscal Year 2005

Month	Billings	Collections	Contractual Allowances	Gross Collection Rate	Net Collection Rate
September	$ 3,241,151	$ 1,199,226	$ 1,296,460	37%	62%
October	$ 3,213,040	$ 1,349,477	$ 1,285,216	42%	70%
November	$ 2,864,251	$ 859,275	$ 1,145,700	30%	50%
December	$ 2,203,564	$ 1,013,639	$ 881,426	46%	77%
January	$ 3,514,687	$ 1,827,637	$ 1,405,875	52%	87%
February	$ 2,647,159	$ 952,977	$ 1,058,864	36%	60%
March	$3,268,573	$ 1,830,401	$ 1,307,429	56%	93%
April	$ 3,358,751	$ 1,612,200	$ 1,343,500	48%	80%
May	$3,046,892	$ 1,736,728	$ 1,218,757	57%	95%
June	$ 2,781,441	$ 1,668,865	$ 1,112,576	60%	100%
July	$ 2,813,332	$ 1,153,466	$ 1,125,333	41%	68%
August	$ 2,215,116	$ 863,895	$ 886,046	39%	65%
Total	**$35,167,957**	**$16,067,788**	**$14,067,183**	**46%**	**76%**

TABLE I.3 Faculty Practice Suite Quarterly Statistics: Departmental Key Indicators, Fiscal Year 2004–Fiscal Year 2005

	2004	2005	% Variance
Total Number Providers	80	100	25%
Percent Utilization	72%	68%	−6%
Visits	15,000	17,250	15%
Total Provider Sessions	9,600	12,000	25%
Revenue	$15,599,794	$16,067,788	3%
Expenses	$12,703,456	$13,338,629	5%
Net Profit/(Loss)	**$2,896,338**	**$2,729,159**	**−6%**

several directors of programs of healthcare administration and to the hospital human resources department. There aren't a lot of good people available with systems and management experience in healthcare. I don't want someone who is strictly a systems person. The manager must be in touch with the needs, wants, requirements, and expectations of the customers. I see the customers of the faculty practice as both the physicians and the patients.

Bones: Sandra, I agree with you there. I know you'll excuse me, but I have to attend an important strategic planning meeting for the hospital. I still don't quite understand what they're going to do, but I wish they'd give more emphasis in the plan to building up the medical center's research capabilities.

Compson: All right. Then I'll be getting back to you soon. I will make appointments with Renee, your secretary, for all the promising candidates.

One month after Sandra Compson's interview with Bones, she has completed interviews with 11 candidates for the position. She has eliminated from consideration four graduates from health administration programs who lack appropriate work experience and three medical center employees in the finance department who she feels would not relate well to the physicians in the group. Compson made tape recordings of her interviews with the remaining four promising candidates and has had difficulty in choosing among them. Para11

Compson's first interview was with David O'Brien, currently an assistant director for patient accounts in the finance department. The patient accounts area is responsible for all inpatient billing within the medical center. The second interview was with Sal Sorrentino, a recent graduate from the City University program in health policy and management. Prior to attending the program Sal was the assistant director of a neighborhood health center. The third interview was with Marcia Rabin, a classmate of Sorrentino's at City University and director of human resources at a large multispecialty practice. The final candidate was Bonnie Goldsmith, who recently completed two years with the U.S. Department of Health and Human Services in Washington, D.C., after graduating with a master's in health administration (MHA) from City University. Compson has elected to review the tapes with Tim Brass, the senior vice president of clinical operations, before forwarding her recommendations to Dr. Bones. Para12

David O'Brien

Compson (to Brass): The first interview is with David O'Brien. He is approximately 25 years old, and dresses very conservatively. When I spoke with Barbara Karen, Wise Medical Center's senior vice president of finance, she said David was energetic and conscientious, and that he gets things accomplished. She gave him a very positive reference for this position. When asked about his weaknesses she did say that he was a bit intense, and sometimes intimidates and antagonizes others. She continued to say that David has no problems, it seems, in getting along with his superiors, but has limited experience in working with physicians. (Compson plays a tape of the interview.)

Compson: David, can you tell me in a few words something about your background and experience?

O'Brien: Sure, Ms. Compson. I attended Upstate College, where I was a business major. After graduation I started working in the hospital finance department, specifically patient accounts as a biller. Just last year I was promoted as the assistant director within patient accounts. My

eventual goal is to receive my master's degree at City University, in its MHA program.

Compson: Going at night?

O'Brien: Well, I don't think there will be any problem. Others have done it here at the medical center, and I want to get out of finance and into management.

Compson: Dave, what would you say has been your greatest accomplishment in patient accounts?

O'Brien: I would say that I've really improved the system for inpatient billing and collections, starting with getting the bills out on time, all the way through to collections, and in refining and improving the data system that indicates how well we are performing. Performance has improved since I've taken the job—in speed, in accuracy, in the percentage collected, and in the time it takes for the hospital to get its money.

Compson: Dave, that does sound impressive. If you were faculty practice administrator, what would you consider to be your greatest asset?

O'Brien: I would say it's my ability to get a job done. There are too many people in this field who are just willing to go along with the way things have always been done until there's pressure from leadership to change, and then it's often too late to do something, or to do it the right way.

Compson: And what would you say is your greatest liability?

O'Brien: Well, you know, in every organization some people are against change, because either it affects their own interest or because they just don't like change. After all, every change in somebody's department has to affect everyone involved in a relative, if not in an absolute, way. As my teacher used to say, "You don't make an omelet without breaking eggs." And I guess as I look for ways to implement change I must rub some people the wrong way.

Compson: What aspect of the job in the faculty practice do you think is most important?

O'Brien: I think it's improving the net revenues. I've spoken with the billing clerk in the practice and she thinks the doctors could vastly improve utilization of the facility by making changes in the scheduling, so that docs aren't allocated time slots if they're not using them effectively. Also, the reports generated by the practice could be greatly improved. I'd like to track physician productivity in dollars relative to the opportunity costs involved in their using examining room space.

Compson: Before you go, is there anything you would like to ask me about the job?

O'Brien: As a matter of fact there is. We've talked about the salary and the benefits, but if I perform as expected, what is the likelihood of a decent increase after the first year? You know I have a wife and two young children.

Compson: Well, I'd say the chances are pretty good. Dr. Bones is fair and I think he would be generous if the practice results improved significantly. (She turns off the tape recorder.)

Brass: He seems like a fine candidate.

Salvatore Sorrentino

Compson (to Brass): Sal Sorrentino is the next candidate. Sal is 27 years old. He is presentable—although he dresses a bit on the flashy side—and is fast talking and enthusiastic. When I spoke to his reference, Dr. Plotkin of the neighborhood health center, he highly recommended Sal for the position. He said Sal was idealistic, energetic, and pleasant. If there was any weakness, Dr. Plotkin thought that Sal has a tendency to initiate or implement new policies and procedures without understanding the implications. I asked him to clarify, or to provide an example, and he said Sal had decided to change the way patients were scheduled without getting any input from the physicians, nurses, or secretarial staff. The result was that patients were being triple booked, and having in some cases to wait for over two hours for their appointment. The issue was quickly resolved, and Dr. Plotkin believed that Sal had learned his lesson. Dr. Plotkin did reiterate that he highly recommends Sal for this position. (Compson plays a tape of the interview.)

Compson: Sal, can you tell me in a few words something about your background and experience?

Sorrentino: Yes, I can. I was a political science major at City University, then I got involved with various community and non-profit groups. While working with St. Angelo's Church, I was active in trying to improve the availability of maternal and child health services to the Latino population; as a result, I met the assistant director for community relations at the neighborhood health center. It turns out that we were both vitally concerned with helping patients, and helping to provide needed services to the community. Before long I was offered a position as an administrative assistant at the health center. Shortly after starting this job, I was able to secure a scholarship to the City University graduate program in health policy and management.

Compson: And what would you say, Sal, was your greatest accomplishment at the neighborhood health center?

Sorrentino: Well, one of the things I am proudest of is the community health fair I planned and organized. We involved community groups of all ethnic and work-related backgrounds and got the health professionals to staff the booths at the fair. We worked with business corporations to get prizes and literature on, for example, proper nutrition. We conducted screening examinations for eye problems and provided tuberculosis and

Pap tests. We followed up with all patients who needed help after the fair was over. The fair was well-attended and many people learned for the first time about the services the center had to offer. Of course, I accomplished a lot of other things, such as implementing a new billing system at the satellite of the neighborhood health center.

Compson: Tell me more about that.

Sorrentino: It wasn't so much really. We needed to get more information than we were getting about patients coming for service. We had to make an effort to collect from those patients who could pay something and to have records that were suitable for reporting purposes. It was hard to implement because the staff was more interested in the patients getting service than in collecting the money.

Compson: I see. In the position we have been talking about, what do you think would be your greatest asset?

Sorrentino: Well, I see the highest priority for the group as that of attracting more patients. As my father told me, the way you make money in a business is primarily by increasing revenue rather than cutting back on expenses. I think the practice could improve rapport with patients and make changes in the suite so that the setting would be more attractive and comfortable for them. I think the practice would probably need an attractive brochure. The waiting area should be spruced up. I think the patients should know in advance how much services will cost. I'd like to devote part of my time to developing relationships with HMOs and managed care plans to negotiate enhanced rates to help increase receipts. In addition, I believe that the practice could benefit by extending the hours of operation, such as opening on Saturday mornings, or starting extended evening hours.

Compson: That sounds like an excellent idea. I've been pushing for Saturday hours also, but we aren't using our full capacity during the week as it is now. Another question, Sal, what do you think would be your greatest liability, if any, if you were chosen for the position?

Sorrentino: I don't know. I want to get things done in a hurry, I guess. I'm eager for results. Maybe I have a tendency to move a little too fast. Not really. It's hard to talk of one's faults. I really think that I would excel in this position and I'd like the opportunity to do so. I'm not always that good at following through on all the little details of an operation. But I'm excellent at working with people who will see to all the details.

Compson: I'm a little sorry to hear that because I think a lot of details are involved in this work.

Sorrentino: I didn't mean to say that I didn't like detail work or that I wasn't good at it. I would just say that it's a relative weakness—I really prefer

has performed very well on all the big jobs that he has given her to do, that she was reliable and competent. (Compson plays a tape of the interview.)

Compson: Ms. Rabin, can you tell me in a few words something about your background and experience?

Rabin: Certainly, I guess you don't want me to go back to high school, but I was president of my student government at Suburban High. In college I majored in psychology, and for a while I thought I would like to be a psychologist. But my father works in a hospital; he is director of housekeeping at Sisters Hospital, and encouraged me to go into healthcare management. After attending the City University master's program, I was hired as the director of human resources at Partner's. Previously they didn't have a department of human resources, but when the Group bought two additional practices and expanded from 10 to 50 physicians a department was established. While at Partner's I worked under the tutelage of Mr. Les Carson, the CEO.

Compson: What would you say was your greatest accomplishment as director of human resources?

Rabin: Really, I think it was my ability to fill all the entry-level jobs, or rather to keep filling them. Also, we started and finished a job classification system under my supervision, and inaugurated an annual pay increment schedule that I think worked more fairly than the previous system. I think my real accomplishment was in legitimating the department of human resources in the group practice, where such a department had never existed before. This meant being able to service other departments and to accomplish jobs for them that used to take up a lot of their time or that they couldn't do as well before.

Compson: That sounds interesting. In terms of the present position with Dr. Bones, what would you say is your greatest asset?

Rabin: I don't know exactly how to answer that question. My first response would be to say I like and am good at doing systems work—creating order out of chaos and working effectively with people so that they feel it is their system, not something that I pushed on them. Of course, this is difficult to do because, in my case, the departments had to accept the human resources system we established; it's the only way to do things as part of a large organization. But at least the pacing and some of the details were left to them, and first we proved that we really could be of help to them.

Compson: And what, if you'll pardon my asking, would you say is your greatest liability?

Rabin: Well, if you must know, Ms. Compson, I'm not aggressive enough. Sometimes I think my efforts aren't properly appreciated, and I don't push myself to the front the way some people do. I work hard and I

work well and it annoys me, sometimes more than it should, that others who don't work so hard and do so well push themselves forward and move ahead faster.

Compson: What aspect of the job, as I have tried to outline it to you, would you say is the most important, I mean at this time in the history of the faculty practice?

Rabin: I think you have to set up more clearly defined ways of doing things, *systems* if you prefer the word. I noted in the materials that you shared with me that your collection rate isn't what it should be and that your utilization of examining rooms is well below capacity also. I don't think that this kind of systems work is so different from my work in human resources, plus I have taken a few courses in quantitative analysis and feel pretty comfortable with numbers.

Compson: Are there any questions that you would like to ask me?

Rabin: Well, one question is how have the physicians, most of them men, related to having a woman in this position? Second, when can you let me know if you are offering me the job? I have been offered a job as assistant director of human resources at King Hospital, and although they aren't pressing me that hard, I would like to be able to tell them something soon.

Compson: With regard to the first question, sure, some of the physicians don't give you the respect as a manager that you would like to have, but I don't know to what extent this has to do with my being a woman. I think being a woman also has its advantages, with some of the docs. To answer your second question, I think it will take about a month for Dr. Bones to decide on a candidate. I can't tell you what you should say to the King people. You are one of the four candidates whom I am sending on to see Dr. Bones. (She turns off the tape.)

Bonnie Goldsmith

Compson (to Brass): Permit me to introduce our last candidate, Bonnie Goldsmith. She dresses conservatively and gives the impression of a modest, unassuming, kindly, young woman of 27. Her boss, Dr. Muldoon, who recently left the Centers for Medicare and Medicaid Services (CMS), recommended Bonnie as hard working, modest, and reliable. He said Bonnie gets along with people, but tends to lack drive as well as the ability to think independently. However, Dr. Muldoon says that once a task is clearly outlined, Bonnie is thorough, dedicated, and relentless. As an example he praised Bonnie's work on a recent Task Force on the Aging report. (She plays a tape of the interview.)

Compson: Bonnie, can you tell me a few words about your background and experience?

Goldsmith: Yes, I was a zoology major at City University. Originally I wanted to be a physician. In fact, I attended medical school for one year, then decided it just wasn't for me. I didn't know what I wanted to do. I don't know why but I thought that working in a hospital admitting department might be interesting, and I did that for a while. My father is a psychiatrist. The administrator is a good friend of my father's, and he talked to me and convinced me to apply to City University's graduate program in health policy and management. Back in school I really enjoyed the coursework related to quality improvement, information systems, and statistical analysis. A whole new world opened up to me, although I must confess I had a bit of difficulty with some of the heavy reading and writing courses. After graduation, I was fortunate to get a position with the CMS. Once again, my father's connections helped to open some doors for me. For the past two years at the CMS I have been working to help complete a Task Force on the Aging report, which was finally published three months ago.

Compson: What would you say has been your greatest accomplishment at CMS?

Goldsmith: I would say it was the staff work I did on the President's Task Force on the Aging. I went into a lot of nursing homes and other chronic care institutions and saw what a lousy deal most of our aged get. It isn't so much this way in Europe, which I visited a couple of years ago with my father. In Europe, the homes are more like residences and fewer people go into homes. When they do go, they can take their furniture with them, and it doesn't cost as much.

Compson: What kind of solutions did you come up with?

Goldsmith: Well, it's a pretty difficult problem. I mean the part about making it possible not to have to institutionalize the elderly. I guess there are tax incentives that could be passed to allow people to keep their relatives at home. Also, more people should be able to bring their relatives into homes for day care activities and to institutionalize them for a week or two each year if necessary, either because the aged member of the household is sick or because other members of the household want a rest. Of course, we need better regulation of nursing homes to set standards for care and to establish closer relations between homes and hospitals.

Compson: I see. What do you think would be your greatest asset in the position that exists here within the department of medicine?

Goldsmith: I don't know. Perhaps it's my ability to get along with and to understand the needs and problems of the medical profession. I don't have a big ego. I like analytical work, solving operations problems, and I think I'm pretty persistent in trying to solve them.

Compson: And your greatest liability?

Goldsmith: Well, some people think I'm not aggressive enough. I don't know what this means, really, unless it is forcing your opinions on others. I guess I'm not a great innovator, and I don't like to work that much. I mean I work hard, but I don't want work to be an obsession, like it is for my father. I mean that I'm married, with a nice husband and a young son, and I want to enjoy my work and do well, but I also want to enjoy my family. I guess you could call it a lack of ambition. But I think this country needs more people like me, people whose satisfaction comes from a job well done rather than striving for money, status, and power. I'm intellectually committed to group practice as a better way to deliver healthcare, and I'd like to do my part to see that primary care is improved in this country. So this may be a liability or an asset, I don't know.

Compson: I'm not sure either. But certainly if you do the job well, what you say makes sense. Well, enough of that. What aspects of the job strike you as most important?

Goldsmith: Well, I don't know. Certainly, the practice has to be organized systematically, and billing has to be improved. I'd like to track these processes scientifically, see what the standards are and should be, track the variance from standards by analyzing all the steps in these processes, and then work with all the individuals involved from physicians to receptionists in improving these systems. This might require a number of meetings, and I don't know how feasible such meetings would be because of people's time requirements. There are a few questions I would like to ask you.

Compson: Please go ahead.

Goldsmith: My first question is, do you think the faculty practice is going to grow? The second is incidental, but I would like to know more about the benefits, such as tuition remission, as I was thinking of furthering my education at City, perhaps taking some more courses in statistical analysis.

Compson: I think the faculty practice will continue to grow. Space is our key constraint now, and the medical center will have to figure out how we are going to better deal with managed care. Also, should we eventually combine the faculty practice plans in the various departments into one multidisciplinary group practice that is also in the managed care business? Of course this all has to be squared with the department's ambitious goals in teaching and research. Sometimes, despite the excellent reputation of the medical center and the quality of its leadership, I wonder if we can possibly excel in all these different areas as well as in all of the leading areas of clinical medicine. With respect to your second question, yes, I believe tuition remission for such purposes is