

# ROCHESTER RHIO

### Staying in Business, Perseverance and Changes in 2020

#### **Survival Series 2020**

Date: Wednesday, October 28, 2020

Time: 8:30 am—10:30 am Place: Virtual Meeting

(details will be emailed prior to event)

#### **TOPICS:**

Adding to the tools in your tool chest:

- You have a Covid Plan, do you have a post Covid Plan?
- Communication look back, any improvement opportunities? What worked vs hindsight is 20/20
- Funds flow, Expenses, Revenue, Net result
- Telehealth, now that you have done Telehealth, what can you do to maximize the tools?
  - o Clinical and Administrative uses
  - o Evaluating
  - o Telepresenter
  - o Quality Assurance
  - o Performance Metrics

#### **PRESENTERS:**

## Lisa Smith, MBA Eagles Wings

Lisa Smith, MBA is owner and President of Eagles Wings Consulting. She has extensive expertise working with senior management teams in health-care, both from the health insurer and the healthcare provider perspective. She specializes in healthcare financing and business management.

#### Mary Zelazny, MBA Finger Lakes Community Health

Mary Zelazny is CEO of Finger Lakes Community Health. Mary has led a major expansion effort to provide access to healthcare services throughout the Finger Lakes region, including the development of enhanced programs and services designed to reach out to the many culturally diverse communities it serves.

## Staying in Business, Perseverance and Changes in 2020, October 28, 2020 Online registration is available at www.mcms.org

Name(s):		
Practice Name:		
Phone Number:		E-mail:
MCMS may բ	ohotograph this event for their attendance, all prog	marketing purposes. Unless this permission is revoked in writing to MCMS, by virtue of gram participants agree to the use of the event photo in MCMS marketing.
*Note to Non-me	Registration Fees: MCN embers: If you complete a	AS and 7th District Member: \$35 per office Non-member: \$50 per office a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.
☐ Payment of \$	is enclosed. (	Check payable to "MCMS")   Please e-mail a receipt.   Please bill my credit card \$
Cardholder Name:		Card Number:
Exp. Date:	Verification Code:	Address associated with card:
Zip:	Signature:	

This program has been approved for 2 CEU's

Send completed form and payment to:

Monroe County Medical Society, 200 Canal View Blvd., Ste 202, Rochester, NY 14623 Fax: (585) 473-7641 Email: nkeller@mcms.org