Curriculum Vitae

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SUMMARY

I have more than 30 years of experience in the healthcare industry with hands-on experience in many operational environments, including hospital case-management, quality, revenue cycle, physician group practice, private home healthcare organization, accreditation, and patient registration. I have consistently provided leadership with a focus on hospital culture, helping complex departments identify and address problems while improving outcomes. I possess a keen ability to facilitate change in a manner that promotes continuous process improvement by setting realistic timeframes and encouraging accountability. I strive to be an effective communicator with a passion for engaging, guiding, and leading hospital staff toward successful outcomes and optimal practices.

EDUCATION

M.S., Leadership and Organizational Change, Northern Kentucky University, 2012
B.A., Elected Studies; Associate Degree in Business, Thomas More College, 1988
A.D., Nursing, Northern Kentucky University, 1984

PRESENT EMPLOYMENT

Berkeley Research Group- 2015 – Present Associate Director

Provide patient throughput, case management, utilization management, discharge planning, revenue cycle denial prevention, and performance improvement expertise to hospital clients through focused consultation and project management.

PREVIOUS POSITIONS

2009 to March 2015 **Principal**
Compass Clinical Consulting—Cincinnati, OH

Provide case management, quality management, project management, and performance improvement expertise to hospital clients through focused consultation and interim leadership.

- Facilitated resolution of process issues and implemented solutions to the workflow problems, providing standardization and reduction of denials and write-offs.
- Redesigned case management department from utilization review to care coordination.
- Implemented EMR, McKesson software system for the Case Management Department.
- As Interim Director of Case Management, reduced Medicaid denials by $1M, LOS by 1.0 day; reduced ICU utilization, and reduced observation rates.
- As Interim Director of Quality and Accreditation, prepared hospitals and achieved full accreditation. Led team through the completion of TJC accreditation survey after previous problem surveys.
- Performed hospital assessments during TJC and CMS mock surveys; assisted hospitals in preparing for HFAP accreditation surveys.

2005-2008 **Branch Manager**
Interim Healthcare (home healthcare agency)—Edgewood, KY
Accountable for operations, quality and cost-effective patient care to ensure compliance with federal, state, and local government laws and guidelines.

- Built stable workforce thereby improving training and competency.
- Medicare revenues increased 38%.
- Reduced AR days from 45 to 38, with effective referral and authorizations.
- Implemented EMR for field staff.
- Successful Medicare survey.

1998-2005 **Director of Physician Practices, Case Management, Ancillary Clinics**
Deaconess Association—Cincinnati, OH
Managed seven physician offices with 17 physicians in four specialties.
- Revised physician compensation plan focusing on productivity and office expenses.
- Implemented referral process to identify and control leakage.
- Standardized and stabilized practices, establishing infrastructure to support patient volumes and quality healthcare.
- Revenue increased 23% through education to the physicians on evaluation and management documentation.
- Successful cost controls implemented with extensive education to office staff on supply utilization and bad debt.

Director of Case Management/PHO
Deaconess Association—Cincinnati, OH
Redesigned and developed new model for case management.
- Merged coding and case management departments to implement concurrent coding; physician documentation improved and case-mix increased.
- Multidisciplinary rounds implemented to improve overall communication.
- Developed quality and utilization reports by MD in Meditech to profile physicians; information evaluated by Quality Review Committee and Concurrent Review Committee.
- Led revenue cycle team, exceeding first-year goals of over $1M.

- Designed and implemented case management in a Managed Care Medicare PHO resulting in a decrease of inpatient utilization from 2400 to 980 days per thousand.

1990-1998 **Utilization Management Coordinator**
ChoiceCare—Cincinnati, OH
- Reviewed inpatient medical necessity, appropriate setting, length of stay, and quality standards on-site at hospitals.
- Worked with physicians, hospital staff, and internal/external customers on meeting the needs of the member.
- Decreased days per thousand from 390 to 250.

Cost Analyst
ChoiceCare—Cincinnati, OH
- Developed reports to analyze physician costs and utilization trends.
- Maintained quarterly hospital analysis.
- Reviewed and analyzed provider contracts to project additional costs or savings for the company.
- Provided information regarding risk factors of new employer groups and renewal of current employer groups.

1990-1992 **Registered Nurse, Newborn ICU Level III**
University Hospital—Cincinnati, OH

1988-1990 **Director of Nursing**
Medical Economics Network—Edgewood, KY
- Reviewed, audited, and analyzed medical claims for employers and insurance companies.
- Identified and provided presentations to clients regarding potential savings factors.

1984-1991 **Registered Nurse, Medical/Surgical, Mother/Infant, Newborn Intensive Care**
St. Elizabeth Medical Center—Edgewood, KY

PROFESSIONAL AFFILIATIONS

American Case Management Association

PUBLICATIONS

ARTICLES

(1) Marshall, T. (April 2013 & May 2013) Two-article series on Hospital Readmissions. Hospitals & Health Networks Magazine

(2) Gutbezahl, C. & Marshall, T. (July 2014) Identifying High-Risk Populations. Dorland Health Case In Point.

COMMENTS, OPINIONS, EDITORIAL MATTER, AND PUBLISHED INTERVIEWS

Interviews published in Hospital Case Management. (Nov 2018, June 2018, Jan 2019)