

**ABSTRACTS ONLY**

**VOLUME 40  
ISSUE 3  
SUMMER 2020**

# **CASE RESEARCH JOURNAL**

**OUTSTANDING TEACHING CASES  
GROUNDED IN RESEARCH**

**SPECIAL ISSUE EDITORS  
ERIN SULLIVAN  
LINDA SWAYNE**

**EXECUTIVE EDITOR  
GINA GRANDY**

**PUBLISHED BY THE  
NORTH AMERICAN CASE  
RESEARCH ASSOCIATION**

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**Outstanding Teaching Cases Grounded in Research**

**Volume 40 • Issue 3 • Summer 2020**

# **Case Research Journal**

**Published by the**

**North American Case Research Association**



# **NACRA**

**NORTH AMERICAN CASE  
RESEARCH ASSOCIATION**

**Special Issue Editors**

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# *Case Research Journal* Editorial Policy

## North American Case Research Association (NACRA)

### CASE CONTENT

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The *Case Research Journal* (CRJ) publishes outstanding teaching cases drawn from research in real organizations, dealing with important issues in all administration-related disciplines. The CRJ specializes in decision-focused cases based on original primary research – normally interviews with key decision makers in the organization but substantial quotes from legal proceedings and/or congressional testimony are also acceptable. Secondary research (e.g., journalist accounts, high quality website content, etc.) can be used to supplement primary data as needed and appropriate. Exceptional cases that are analytical or descriptive rather than decision-focused will only be considered when a decision focus is not practical and when there is a clear and important gap in the case literature that the case would fill. Cases based entirely on secondary sources will be considered only in unusual circumstances. The Journal also publishes occasional articles concerning case research, case writing or case teaching. Multi-media cases or case supplements will be accepted for review. Contact the journal editor for instructions.

Previously published cases or articles (except those appearing in Proceedings or workshop presentations) are not eligible for consideration. The Journal does not accept fictional works or composite cases synthesized from author experience.

### CASE FORMAT

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Cases and articles submitted for review should be single-spaced, with 11.5 point Garamond font and 1" margins. Published cases are typically 8-10 pages long (before exhibits), though more concise cases are encouraged and longer cases may be acceptable for complex situations. All cases should be written in the past tense except for quotations that refer to events contemporaneous with the decision focus.

Figures and tables should be embedded in the text and numbered separately. Exhibits should be grouped at the end of the case. Figures, tables, and exhibits should have a number and title as well as a source. Necessary citations of secondary sources (e.g., quotes, data) should be included as endnotes at the end of the case (not at the end of the IM) in APA format. In the IM, necessary citations (e.g., citations of theoretical work from which the analysis draws) should be included using parenthetical author/year embedded in the text (similar to a traditional academic paper) that feeds into a list of references at the end of the IM. Note that the CRJ approaches citations differently in the case and the IM given the differing audiences for which each document is developed (i.e., the case is written for the student while the IM is written for the instructor). In some rare instances, footnotes may be used in the case for short explanations when including these explanations in the body of the text would significantly disrupt the flow of the case, but generally the use of footnotes in the case should be avoided if possible.

The following notice should appear at the bottom of the first page of the manuscript: Review copy for use of the *Case Research Journal*. Not for reproduction or distribution. Dated (date of submission). Acknowledgements can be included in a first page footnote after the case is accepted for publication, and should mention any prior conference presentation of the case.

It is the author(s)'s responsibility to ensure that they have permission to publish material contained in the case. To verify acceptance of this responsibility, include the following paragraph on a separate page at the beginning of the submission:

*In submitting this case to the Case Research Journal for widespread distribution in print and electronic media, I (we) certify that it is original work, based on real events in a real organization. It has not been published and is not under review elsewhere. Copyright holders have given written permission for the use of any material not permitted by the "Fair Use Doctrine." The host organization(s) or individual informant(s) have provided written authorization allowing publication of all information contained in the case that was gathered directly from the organization and/or individual.*

## INSTRUCTOR'S MANUAL

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Cases must be accompanied by a comprehensive *Instructor's Manual* that includes the following elements:

1. **Case Synopsis:** A brief (three-quarters of a page maximum) synopsis of the case.
2. **Intended Courses:** Identification of the intended course(s) that the case was written for, including the case's position within the course. Please also indicate whether the case was developed for an undergraduate or graduate student audience.
3. **Learning Objectives:** The specific learning objectives that the case was designed to achieve. For more details on learning objectives, see the article titled "Writing Effective Learning Objectives" at the useful articles link.
4. **Research Methods:** A Research Methods section that discloses the research basis for gathering the case information, including any relationship between case authors and the organization, or how access to case data was obtained. Include a description of any disguises imposed and their extent. Authors should disclose the relationship between this case and any other cases or articles published about this organization by these authors without revealing the author's identity during the review process. If the case has been test taught and this has influenced the development of the case, this should be noted. This section should also indicate who in the organization has reviewed the case for content and presentation and has authorized the authors to publish it (note that this last component is not necessary for cases based on congressional or legal testimonies).
5. **Theoretical Linkages:** In this section please provide a brief overview of the theoretical concepts and frameworks that will ground the analysis/discussion of the case situation in theory and research. Please include associated readings or theoretical material that instructors might assign to students or draw on to relate the case to their field or to the course. In developing this section, recognize that business courses are often taught by adjunct faculty who are business professionals who may not be steeped in the theory of the discipline the way an active researcher might be. Develop this section with the intent of helping that type of instructor effectively apply and teach these theories/frameworks.
6. **Suggested Teaching Approaches:** Suggested teaching approaches or a teaching plan, including the expected flow of discussion with an accompanying board plan. Include a description of any role plays, debates, use of audiovisuals or in-class handouts, youtube videos, etc. that might be used to enhance the teaching of the case. Authors are strongly encouraged to classroom test a case before submission so that experience in teaching the case can be discussed in the *IM*. Authors are discouraged from including websites as integral resources for the teaching plan because websites are not static and the content of the website link may change between the writing of the case and an instructor's subsequent use of the case. This should also include a section on how best to teach the case online / remotely.
7. **Discussion Questions:** A set of assignment/discussion questions (typically three to ten depending on discipline) that can be provided to students to organize and guide their preparation of the case. For most cases, either the final or the penultimate question will ask students for their recommendation on the overarching decision facing the decision maker in the case along with their rationale for that recommendation.
8. **Analysis & Responses to Discussion Questions:** This section of the IM represents the core of the case analysis. Repeat each assignment/discussion question, and then present a full analysis of that question that demonstrates application of relevant theory to the case. Note that the analysis in this section should go beyond what a good student might present as an 'answer' to the question. Write to the instructor with an eye toward helping him or her understand in detail how the theory applies to the case scenario, how discussion of this particular question might be approached with students, where the limitations in the theory might be relative to the case scenario, and how the analysis contributes to the building of an integrated recommendation regarding the decision the case protagonist must make.
9. **Epilogue:** If appropriate, an epilogue or follow-up information about the decision actually made and the outcomes that were realized as a result of the decision made.
10. **References:** Provide full citations (in APA format) for all references that were cited in the Instructor's Manual.



## REVIEW PROCESS

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All manuscripts (both the case and the instructor's manual) are double-blind refereed by Editorial Board members and ad hoc reviewers in the appropriate discipline. Most submissions require at least one round of revision before acceptance and it is common for accepted cases to go through two or more rounds of revisions. The target time frame from submission to author feedback for each version is 60 days.

## DISTRIBUTION OF PUBLISHED CASES

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The right to reproduce a case in a commercially available textbook, or instructor-created course pack, is reserved to NACRA and the authors, who share copyright for these purposes. After publication, CRJ cases are distributed through NACRA's distribution partners according to non-exclusive contracts. NACRA charges royalty fees for these publication rights and case adoptions in order to fund its operations including publication of the *Case Research Journal*. Royalties paid are split 50/50 between NACRA and member authors.

## MANUSCRIPT SUBMISSION

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Submit the case manuscript and Instructor's Manual in one document via the *Case Research Journal*/ScholarOne website at <http://mc.manuscriptcentral.com/nacra-crj>. This site provides step by step instructions for uploading your case. You will also be provided the opportunity to upload two case supplements – this is to allow submission of a spreadsheet supplement for the student and for the instructor if needed. No identification of authors or their institutions should appear on either the main case/IM document or on the spreadsheets. All identifying information should be removed from the file properties before submission. If you have audiovisual content to your case, please contact the editor to determine the best way to make this content available to reviewers without revealing the authors' identities.

At least one author must be a member of the North American Case Research Association. Membership dues are included in annual registration for the NACRA conference, or may be paid separately through the main NACRA website.

For questions, contact:

**Gina Grandy**, Editor

[crj.editor@uregina.ca](mailto:crj.editor@uregina.ca)



## **Adopting *Case Research Journal* Cases for use in your classes**

Faculty members can adopt cases for use in their classrooms and gain access to Instructor's Manual through one of NACRA's distribution partners.

NACRA currently has agreements with the following distributors.

- **Harvard Business School Press** (<http://hbsp.harvard.edu/>)
- **Ivey Publishing** (<https://www.iveycases.com/>)
- **The Case Centre** (<http://www.thecasecentre.org/educators/>)
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- **Study.net** ([www.study.net](http://www.study.net))
- **CCMP [Centrale de Cas et de Médias Pédagogiques]** (<http://www.ccmp.fr>)
- **XanEdu** (<https://www.xanedu.com/>)

If you want to use one of these distributors, but cannot find the CRJ case you want, contact the NACRA VP Case Marketing, Brent D. Beal, [bbeal@uttyler.edu](mailto:bbeal@uttyler.edu), to see if we can have it added for you.

Textbook authors can also adopt CRJ cases for inclusion in their textbooks for a modest fixed royalty fee. Please contact the NACRA VP of Case Marketing for more information.

## From the Guest Editors – Special Issue on Health Care

**Erin Sullivan**, Department of Healthcare Administration, Sawyer Business School,  
Suffolk University & Center for Primary Care, Harvard Medical School

**Linda Swayne**, University of North Carolina at Charlotte

Welcome to this special issue of the *Case Research Journal* that features health care cases. We want to start by noting the timeline for this issue: We crafted the Call for Cases for this *Special Issue on Health Care* almost two years ago, in February 2019. The submission deadline for the issue was February 15, 2020. Thus, we want to acknowledge that cases in this issue are from a time before COVID-19 radically altered the global health care landscape. There is little doubt that COVID-19 has accelerated transformation in health care, and many would argue that if there is a silver lining to the pandemic, it is the unprecedented change that has occurred in a matter of months, within an industry that has been historically slow to change. As we write this, the changes continue and the future contours of the industry have yet to settle and take shape. Nevertheless, we believe that the cases included in this issue, from a time before COVID-19 entered our collective lexicon, have enduring lessons for undergraduate and graduate students alike.

Today, despite total health care spending as a major component of the U.S. economy (percent of the U.S. GDP 17.9 % in 2016 and 2017; 17.7% in 2018),<sup>1</sup> few health care cases are being written. This *Special Issue of the Case Research Journal on Health Care* was created to stimulate more educators to write cases about health care, adding to the health care collection of cases to be used in Masters in Healthcare Administration (MHAs), Masters in Public Health (MPH), and Masters in Business Administration (MBAs) to introduce students to a significant sector. See Table 1 for a summary of the cases included in this special issue.

We note that health care is a complex industry that many people do not fully understand.<sup>2</sup> Physicians drive the system but feel like they do not control it; health systems are competitors in today's world, but as much as they might try, they cannot control their "customers" of which they have two: physicians who care for patients within the confines of a single health system, including care coordination and referrals to other physicians and services in the same system; and patients who are the "customers" needing care. The customer cannot judge whether the care they receive is really good but only whether they feel better and they may not have a choice of where they receive care, as insurance often pays based on negotiated contracts with health systems and employers; the patient is typically confined to a network of limited options if they want the cost of their care covered. The U.S. spends a huge amount on health care (in fact, we are an outlier in terms of spending), but our outcomes are mediocre, at best, when compared to other high-income countries. We have much to do to make health care affordable and available to all citizens. Health care cases can open students' minds to the issues in this industry and the difficulties in resolving them.

**Table 1. A Quick Look at the Cases in Volume 40, Issue 3 (Summer 2020)**

<b>Title, Authors</b>	<b>Decision Maker, Location</b>	<b>Decision Focus and Year of Decision</b>	<b>Keywords</b>
<b>Doctors Divided: The Battle Over Relative Physician Compensation in Ontario</b> Meredith J. Woodwork, Stephen D. Risavy, and Karin Schnarr	Dr. David Jacobs, Toronto, Ontario, Canada	Dr. David Jacobs, a radiologist and physician leader, must decide whether to attempt to reform the Ontario Medical Association (OMA), or to launch a new association, the Ontario Specialists Association (OSA), which would be devoted to addressing the minority interests of the province's specialists. 2018	Organizational behavior, Negotiations, Physician compensation, Minority representation, Nonprofit management
<b>Neuroscience Outpatient Center at the American University of Beirut Medical Center: Optimizing Efficiency Using the Evidence-based Management Approach</b> Rasha Bohsali, Line Reda, and Lina Daouk-Öyry	Maher Youssef Beirut, Lebanon	The waiting room was overcrowded and patients were unhappy with the wait time. What were the problems versus the symptoms that Youssef needed to determine to improve service delivery and increase patient satisfaction? 2017	Operations management, Process improvement, Healthcare, Efficiency
<b>Overuse of Hospital Emergency Departments (EDs) for Primary Care</b> Miriam Wisemann, Javier Hernandez-Licht, Heather Pierce, Eric Weinstock, and Anna Dilernia	Dr. Joseph Scott Coral Gables, Florida, U.S.	Hospitals with EDs cannot refuse treatment for those who enter. Overuse is ongoing and costly. How can the hospital "teach" consumers where to go for non-emergency care? 2019	Healthcare management, Healthcare policy, Process improvement, Efficiency, Regulatory Compliance, Teaching & the case method
<b>Rock Valley Physical Therapy: Private Equity and Culture</b> Terry McGovern and Charles Hilterbrand	Dr. Mike Horsfield, Moline, Illinois, U.S.	Dr. Mike Horsfield, MBA and CEO of Rock Valley Physical Therapy (RVPT), had received a lucrative offer from a private equity firm to buy RVPT's business, which would provide much needed capital for continued growth and buyout for shareholders who planned to retire. However, Horsfield was concerned about how a profit-focused private equity investor might change RVPT's culture and its patient-focused medical practice. 2018	Organizational behavior, Organizational culture, Private equity, Organizational Values, Succession planning, Exit strategy
<b>SJD Barcelona Children's Hospital's Journey to Innovation</b> Marcel Planellas, Manel Peiró, and Suzanne Jenkins	Dr. Manuel del Castillo, Barcelona, Catalonia, Spain	Dr. Manuel del Castillo, CEO of the SJD Barcelona Children's Hospital, had defined a number of strategic innovation priorities for the hospital, but needed to decide how best to approach implementation and whether to adopt a more centralized or decentralized approach. 2019	Innovation and change management, Change strategy, Change management, Complex systems
<b>Splitting the Founders' Pie: Is Equal Equitable?</b> Heidi Bertels and Elizabeth McCrae	Vanessa Vankerckhoven, Koen Beyers Antwerp, Belgium	Inventors, developers/managers are trying to equitably split the work/rewards for two new medical devices. 2012	Entrepreneurship, Founding teams, Spin-off, Startup, Conflict management, Negotiations, Product development, Patents

<b>Staff. AI: Pricing for Disruptive Technology</b> James Wallace and Clinton Daniel	Dr. Carl Einarsson Boston, Massachusetts, U.S.	Dr. Einarsson, MBA developed an innovative software solution for hospitals to select and schedule locum tenens physicians. The test hospital found it to be very effective and implemented it for other staff needs in addition to MDs. How should Dr. Einarsson price this innovative product that saved hospitals millions of dollars? 2018	Healthcare management, Entrepreneurship, Disruptive technology, New ventures
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This special edition would not have been possible without the help of the *Case Research Journal* editor, Gina Grandy, who helped us with the ScholarOne quirks. Question: Is there any software that doesn't use Google Chrome? Answer: ScholarOne! Gina graciously taught us how to use the software and managed our problems when it just wouldn't work. She answered emails promptly enabling us to keep the review process going and always provided sound advice. Thanks, Gina! We appreciate you and all your outstanding work on *CRJ*. We had amazing reviewers who dedicated themselves to make the cases better every time they reviewed them. Because *CRJ*'s reviews are blind, none of the authors can thank you personally for the help in meeting the high standards needed to gain publication in *CRJ*. So an enormous "Thank you" to the reviewers from us on behalf of the case writers. Additionally, we would be remiss if we didn't thank Christina Tathibana, *CRJ* Editorial Assistant, for her work after the cases were accepted. When authors receive the final acceptance letter, it feels like, "Finally, we are finished with that case!" and that is when Christina steps in and really helps accomplish the last hurdles for publication. She makes sure all the documents are in order, that all the exhibits are publication ready, and all the materials are included for the cases to be put into the Harvard Business School Publishing case database, as well as databases of our other publishing partners. Thank you, Christina.

To publish in *CRJ*, authors have to develop an understanding that the reviewers' job is to find the problems with the case to help the authors re-write the case and Instructor's Manual so that others will be able to learn from it. One author said, "The reviewers hate me!" but rest assured that was not true. They like you and your case so much that they are willing to give hours of their time to help you improve your case to the point that it is publication ready. Authors and reviewers need to be committed to the process of revising, understanding the hallmarks of excellent *CRJ* cases and Instructor's Manuals (IMs), and working with editors to reach the stage where reviewers' comments transition into "good" and "excellent" in response to the numerous questions that authors must answer. So thank you, authors, for accepting that advice was given to help, not criticize, and your willingness to re-write one more time. We are proud of this special edition and know that students will learn from your case. Congratulations!

Sincerely,  
**Dr. Erin Sullivan**  
Guest Editor, *Case Research Journal*

Sincerely,  
**Dr. Linda Swayne**  
Guest Editor, *Case Research Journal*

## NOTES

<sup>1</sup> Hartman, M., Martin, A.B., Benson, J., & Catlin, A. (2020). National health care spending in 2018: Growth driven by acceleration of Medicare and private insurance spending. *Health Affairs*. 39, 1: 8-17.

<sup>2</sup> Anderson, G.F., Hussey, P., & Petrosyn, V. (2019). It's still the prices, stupid: Why the U.S. economy spends so much on health care, and a tribute to Uwe Reinhardt. *Health Affairs*. 38, 1: 89-95.

# Abstracts Only

## ENTREPRENEURSHIP

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| <ul style="list-style-type: none"><li>• <i>Entrepreneurship</i></li><li>• <i>Founding teams</i></li><li>• <i>Spin-off</i></li><li>• <i>Startup</i></li><li>• <i>Conflict management</i></li><li>• <i>Negotiations</i></li><li>• <i>Product development</i></li><li>• <i>Patents</i></li></ul> | <p><b>Splitting the Founders' Equity Pie: Is Equal Equitable?</b> 1</p> <p>Heidi M. J. Bertels,* College of Staten Island at City University of New York and Elizabeth McCrea, Seton Hall University [718-982-2924, professorbertels@gmail.com]</p> <p>What is the best way to divide the equity “pie” among the founding partners of a new venture? Should everyone get an equal slice? And if not, how should the team determine who gets what? After years of development work by faculty, staff, and students at a Belgian university, five people affiliated with the school decide to create a spin-off venture to commercialize the two medical devices they co-created. Their start-up coach warns them that, despite how it might seem, an equal split is not always fair. What might look like a straight-forward decision on the surface, could have big implications for the firm going forward. Until now their contributions had been different but balanced, but, much of the work to get the venture off the ground was yet to be done. And not all team members were willing to leave their full-time jobs to manage the venture. How could the team negotiate a fair split that rewarded all their contributions: past, present, and future?</p> |
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### Intended Courses and Levels

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This case is appropriate for an advanced undergraduate or graduate entrepreneurship course. This case can also be used in a negotiations course or for negotiation practice in a standard entrepreneurship course.

### Learning Objectives

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At the conclusion of the case discussion, students should be able to:

- Distinguish between patent inventorship and patent ownership;
- Identify and assess the important factors to consider when building a founding team and when negotiating a startup's equity split;
- Analyze the relative value of contributions made during the pre-start-up and post-start-up phases; and
- Recommend a reasonable equity split for the founders of an entrepreneurial firm to support the venture over the long term.

# HEALTHCARE MANAGEMENT

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<ul style="list-style-type: none"><li>• <i>Healthcare management</i></li><li>• <i>Entrepreneurship</i></li><li>• <i>Disruptive technology</i></li><li>• <i>New ventures</i></li></ul>	<b>Staff.AI: Pricing for Disruptive Technology</b>	15
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James Wallace\* and Clinton Daniel, University of South Florida [Muma  
College of Business, 4202 E Fowler Ave, Tampa FL 33620,  
jwallace6@usf.edu]

Staff.AI is a start-up technology company featuring a new resource-sharing application for hospitals and health care professionals. Developed by neurosurgeon Dr. Carl Einarsson, the application addresses the substantial cost of staffing personnel for temporary requirements of acute care hospitals. Utilizing familiar mobile technology of Airbnb, TaskRabbit, Uber, and other resource-sharing companies, Staff.AI matches hospital staffing needs with available professionals, streamlining the recruiting process, reducing staffing agency costs, and correlating data of medical teams and clinical efficacy. Having conducted a successful beta-test with a major academic medical center and recruited capital, Dr. Einarsson must determine a reasonable pricing model to bring the company's namesake product to market.

## Intended Courses & Levels

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This case is designed for a health care management or entrepreneurship course. The case is best used with students who have a fundamental knowledge of accounting and financial modeling.

## Learning Objectives

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Issues addressed in the case include launching a disruptive innovation in the marketplace, the complexities of pricing in the health care industry, and the interaction of pricing, revenue and earnings growth, as well as enterprise value.

After reading this case, students should be able to:

- Identify general pricing models for business-to-business software (e.g., single sale, subscription fee, placement fee, performance/success fee, etc.);
- Identify and evaluate considerations of pricing on enterprise growth and value (e.g., first mover/rapid development strategy vs. fast follower/market-based pricing);
- Recognize the challenges of pricing disruptive technologies; and
- Recognize and assess the complexities of pricing in the health care industry.

# HEALTHCARE MANAGEMENT

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- ***Healthcare Management***
- *Healthcare policy*
- *Process improvement*
- *Efficiency*
- *Regulatory compliance*
- *Teaching & the case method*

## **The Overuse of Hospital Emergency Departments for Primary Care 33**

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The members of the Systemwide Emergency and Urgent Care Council (SWEUCC), the council for emergency services at Baptist Health South Florida (BHSF), pored over the emergency department (ED) data usage reports for four of its urban hospitals for fiscal years 2016-2019. The ED overuse problem was not getting better. In fact, it was getting worse. The data showed an increasing number of patients used the Urban 4 hospital EDs for non-urgent care and for medical conditions that could have been treated in a primary care setting. Dr. Scott, the Medical Director for the ED was called upon to recommend possible solutions. In anticipation of his upcoming meeting with SWEUCC, Dr. Scott considered: Should SWEUCC follow a strategy to improve its existing Carevenience program to reduce ED usage, follow the Center for Medicare and Medicaid (CMS) regulatory recommended best practices, or find a different strategy?

### **Intended Courses and Levels**

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The case is intended for an introductory core course in healthcare management or in a healthcare management capstone course. The case is designed for use in the following graduate healthcare programs: Healthcare Master's in Business Administration; Master's in Healthcare Administration; and Master's in Public Health.

### **Learning Objectives**

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- Define and explain overutilization in the ED setting;
- Identify key stakeholders and how overutilization of the ED and increased costs affect their respective interests;
- Compare and contrast industry data to understand the overutilization problem at BHSF and determine the severity of the problem at BHSF versus the national marketplace experience;
- Use and analyze data to identify wasteful spending; and
- Construct and recommend solutions to ameliorate the overuse of ED services. Students should learn how to analyze possible solutions and provide a persuasive argument to defend their recommendations.



# INNOVATION AND CHANGE MANAGEMENT

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- *Innovation and change management*
  - *Change strategy*
  - *Change management*
  - *Complex systems*
- SJD Barcelona Children's Hospital's Journey to Innovation** 57

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The CEO and Director of Innovation of SJD Barcelona Children's Hospital are preparing to present the hospital's new innovation strategy to the Management Committee. Having defined a number of strategic innovation priorities, they now need to decide how best to approach implementation and whether to adopt a more centralized or decentralized approach. As part of this decision, questions regarding the management of budgets, performance metrics, and speed also need to be considered. During the previous ten years, the two doctors had introduced innovation slowly, using minimal resources and fostering the voluntary contributions of the hospital professionals. Over time, the focus evolved from isolated projects that solved specific problems for specific groups of patients to cross-departmental projects that affected the core business, such as digital health and new business models. During the same time period, the hospital sought new revenue via internationalization in order to sustain financially the complex level of care it offered. Given the hospital's evolution, the two doctors debated how to strengthen and accelerate the change effort going forward.

## Intended Courses and Levels

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This case is intended for an introductory healthcare management course, an introductory business course or innovation course in business or healthcare programs. It could also be used in an executive education program for healthcare management professionals to introduce them to innovation and healthcare systems. The focus is on implementing innovation within healthcare organizations and the internal management approaches required to generate systematic change in such complex organizations.

## Learning Objectives

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The main learning objective of this case is to stimulate reflection about how to develop a change strategy to implement innovation in a complex professional organization such as a maternal and children's hospital.

Specifically, students will learn to:

- Understand the challenges of implementing innovation in complex systems such as healthcare;
- Analyze the change strategy and organizational change process;
- Evaluate the advantages and disadvantages of alternative change strategies with centralized vs. decentralized approaches; and
- Develop recommendations regarding the change strategy and organizational structure to adopt in a professional organization.

# OPERATIONS MANAGEMENT

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- *Operations management*
- *Process improvement*
- *Healthcare*
- *Efficiency*

## Neuroscience Outpatient Center at the American University of Beirut Medical Center: Optimizing Efficiency Using an Evidenced-Based Management Approach 73

Lina Daouk-Öyry,\* Line Reda, and Rasha Bohsali, American University of Beirut [Bliss Street, Beirut, Lebanon 1107 2020 +9611350000, ld51@aub.edu.lb]

This case addresses the challenges faced by the Neuroscience Outpatient Center (NOC) at the American University of Beirut Medical Center (AUBMC) and unfolds the Evidence Based Management Approach adopted to Optimize Efficiency and respond to the rising obstacles. After briefly describing the healthcare industry, the changes in ambulatory care model and the vision of AUBMC, authors dive into the challenges encountered by patients, physicians, and management at the NOC. The NOC is the first of several multidisciplinary centers launched at AUBMC to centralize services and facilitate patient care in an optimal manner. Such centers foster collaboration among faculty and ensure integration of care. This case focuses on the operational challenges faced by the NOC that ultimately impact the level of service and patients' experiences. The center was struggling to maintain patient satisfaction and optimal operations in place. The evidence-based healthcare management unit at AUBMC assisted the center's management in collecting the needed quantitative and qualitative data that can serve as a tool to provide effective recommendations to the center and improve patient experience.

### Intended Courses and Levels

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This case would be relevant in both advanced undergraduate and graduate courses on operations management, healthcare operations, and evidence-based management. It could be used in the core operations course of an MHA or MPh Program as it highlights and provides an opportunity for students to understand and apply the principles of evidence-based management in practice.

### Learning Objectives

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This case will encourage the students to:

- Appreciate operational complexities of the healthcare industry and their impact on patient experience;
- Conduct a qualitative situational analysis by applying evidence-based reasoning to assess multiple sources of data;
- Develop a better understanding of quality management and process improvement in healthcare settings;
- Assess and develop an optimal integrative solution in support of increased patient and staff satisfaction; and
- Develop sustainable solutions that account for current and future growth needs.

## ORGANIZATIONAL BEHAVIOR

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| <ul style="list-style-type: none"><li>• <i>Organizational behavior</i></li><li>• <i>Negotiations</i></li><li>• <i>Physician compensation</i></li><li>• <i>Minority representation</i></li><li>• <i>Nonprofit management</i></li></ul> | <p><b>Doctors Divided: The Battle Over Relative Physician Compensation in Ontario</b> 89</p> <p>Meredith J. Woodward,* Stephen D. Risavy and Karin Schnarr, Wilfrid Laurier University [75 University Avenue West, LH4112, Waterloo, Ontario, Canada, N2L 3C5, mwoodwark@wlu.ca]</p> |
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In fall 2018, Dr. David Jacobs, a radiologist and physician leader in Toronto, Ontario, Canada, was frustrated in his attempts to reform the Ontario Medical Association (OMA), the professional association which represented all provincial physicians. He must decide whether to keep trying, or to launch a new association, the Ontario Specialists Association (OSA) devoted to addressing the minority interests of the province's high-billing specialists. The minority specialist group felt poorly represented by the OMA and unfairly treated in contract negotiations for physician services with the province's Ministry of Health, the sole payer of insured physician services in Ontario. The central issue dividing the minority specialists and the majority primary care physicians was a fair resolution to the issue of "relativity" – or relative physician compensation between areas of clinical practice. The minority high-billing specialists were facing another round of fee cuts in order to redirect money to the lower billing majority including primary care.

### Intended Courses and Levels

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This case is best suited to senior undergraduate or graduate courses in negotiation or health care management. In particular, the case illustrates the issue of minority interest group representation in negotiation, specifically the unique interests of specialist physicians in the province of Ontario, Canada, in contract negotiations with the sole payer of insured medical services, the Ontario Ministry of Health. This IM is designed for a negotiation class within a health care context; however, it could also be used in a health care class with a focus on negotiation issues in that context. Because the case touches on many topics within negotiation, it is best used towards the end of a negotiation course.

### Learning Objectives

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After preparing analysis of this case, students should be able to:

- Explain the fairness/organizational justice issues related to minority representation;
- Describe how types of power relate to negotiation outcomes;
- Apply an equity theory lens to the issue of relative physician compensation; and,
- Analyze the relevant negotiation concepts, and the strategy and tactics used within the negotiations.

# ORGANIZATIONAL BEHAVIOR

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• <b><i>Organizational behavior</i></b>	<b>Rock Valley Physical Therapy: Private Equity and Culture</b>	<b>107</b>
• <i>Organizational culture</i>	Terry M. McGovern, University of Wisconsin-Parkside and Charles M. Hilterbrand Jr. University of Mississippi [900 Wood Road, Kenosha, WI. 53141-2000; 262-595-2280; mcgovert@uwp.edu].	
• <i>Private equity</i>		
• <i>Organizational values</i>		
• <i>Succession planning</i>		
• <i>Exit strategy</i>	In April of 2018, Mike Horsfield, CEO of Rock Valley Physical Therapy (RVPT), was scheduled to meet with shareholders to discuss the future ownership of the company. Most of the shareholders and a large number of important, long-term employees expected to retire in the coming years, with retirements starting in 2020. RVPT's line of credit was tied up in their growth strategy, leaving them unable to cash out those seeking retirement. Horsfield had a lucrative offer from a Private Equity (PE) firm to buy into the business, which would provide the funding for those planning to retire, but he was concerned about how a profit-focused PE investor might change RVPT's culture and its patient-focused medical practice. The offer was tempting, but he was unsure how to present the offer to the shareholders and whether he should argue for or against accepting the PE firm's offer. As the only MBA among the shareholders, Horsfield's opinion carried weight and could sway the decision.	

## Intended Courses and Levels

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The case study is written for an undergraduate or graduate course in organizational behavior, especially for programs focused on the business of healthcare. It gives students the opportunity to analyze issues related to culture, growth, and ownership change in the healthcare setting. This case might be positioned towards the end of an organizational behavior course. Due to the systemic nature of the subject matter it would benefit students to have some grounding in organizational behavior concepts (culture; individual, interpersonal, and organizational processes; and structures).

## Learning Objectives

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- To identify and understand the relationship between a strong organizational culture and high growth in health care;
- Assess the relationship between culture and organizational effectiveness;
- Identify and evaluate the advantages and disadvantages of securing private equity investment and PE's potential impact on culture; and
- Evaluate options and recommend a course of action.



# NACRA

North American Case Research Association

NACRA is a collaborative organization of approximately 500 researchers, case writers and teachers, mostly in the business disciplines, who support each other's research and writing efforts.

