

Index



A

accountable care organization (ACO), 20, 22-24, 232

Accreditation Association for Ambulatory Health Care (AAAHC), 152

accreditation programs/organizations, 152, 227-228

administrator, as stakeholder, 47

Advancing Team-Based Care Through Collaborative Practice Agreements, 52

advertising, 125

Affordable Care Act (ACA), 19-20, 25, 176, 197, 233

after-hours contacts, 147, 149

Agency for Healthcare Research and Quality (AHRQ), 28

quality priorities, 225, 226

Question Builder App, 248

TeamSTEPPS, 54

alternative payment model (APM), 20, 177, 202, 228, 231-232

ambulatory care practice

- attributes, 42-43
- essential elements, 12-17
- implementation model, 35, 36
- importance of standardization, 15
- introductory presentation, 149-150
- location, 124
- management system, 17
- pharmacist patient care process (PPCP), 6-8, 13-16
- philosophy of practice, 12-13
- settings, 17-25, 52-53

Ambulatory Payment Classification (APC), 190

American Academy of Medicine, 168

American Association of Colleges of Pharmacy, 9

American Diabetes Association, 146

American Medical Association (AMA), 233

American National Standards Institute X12, 159

American Pharmacist's Association (APhA), *Medication Therapy Management in Pharmacy Practice*, 28

American Society of Health-System Pharmacists (ASHP), Practice Advancement Initiative recommendations, 32-34

annual wellness visit (AWV), 192, 193-195

antibiotic stewardship, 29

appointments, missed, 140-141

appointment scheduling, 134-137, 140-141

art, definition of, 256

artificial intelligence (AI), 169

asthma resources, 148

ASTM International, 159

B

Balanced Budget Act (1997), 190

balanced scorecard, 216-217

big data, 169

billing, 173-208

- alternative payment model (APM), 20, 177, 202
- annual wellness visit (AWV), 192, 193-195
- case, 178, 183, 189, 191, 192, 195, 197-198, 201
- chronic care management (CCM), 192, 198-199, 200

- employer-sponsored programs, 207
 - federally qualified health center (FQHC), 19, 202-203
 - forms, 181
 - general rules, 181-182
 - healthcare common procedure coding system (HCPCS) codes, 178-180, 190
 - ICD-10 codes, 144, 181
 - incident-to, in office-based setting, 184-189
 - incident-to, in outpatient setting, 189-192
 - Merit-Based Incentive Payment System (MIPS), 199, 201
 - pharmacist-provider auxiliary relationship, 183
 - Quality Payment Program (QPP), 49, 199, 201
 - reimbursement rates, 182
 - resource-based relative value scale (RBRVS), 178, 180-181
 - structure, 178
 - transitional care management (TCM), 192, 195-198
 - block chain technology, 169
 - Board of Pharmacy Specialties, 76
 - building your books, 136
 - bundled payment model, 20, 24
 - burnout, 251-252
 - business plan, 76-77, 81-98
 - analysis of service, 86-90
 - background information and sources, 83
 - case, 83, 90, 94-95, 96-97, 98
 - conceptualization, 82
 - consistency of mission, 90-91, 266-267
 - cover page, 84-85
 - definition, 81-82
 - description of service, 90, 264-266
 - evaluation, 96, 271-272
 - example, 263-275
 - executive summary, 85, 263-264
 - facility, technology, and equipment, 93, 270-271, 274
 - feasibility, 83-84, 274-275
 - financial summary, 95-96, 271
 - implementation plan, 92-93
 - market analysis, 85-86, 267-269
 - marketing plan, 93-95, 269-270
 - organizational structure, 91-92, 271, 273
 - outline, 84
 - presentation, 97-98
 - process, 82-98
 - table of contents, 85
 - business plan example
 - consistency with mission, 266-267
 - description of service, 264-266
 - evaluation, 271-272
 - executive summary, 263-264
 - facility and equipment, 270-271, 274
 - financial summary, 271, 274
 - floor plan, 273
 - management and organization, 271, 273
 - market analysis, 267-269
 - marketing plan, 269-270
 - pro forma* income/expense statement, 274-275
-
- ## C
- cancer resources, 148
 - capital request, 81
 - Center for Pharmacy Practice Accreditation (CPPA), 152, 228
 - Centers for Disease Control and Prevention (CDC)
 - Advancing Team-Based Care Through Collaborative Practice Agreements, 52
 - antibiotic stewardship, 29
 - CVX code, 162
 - Good Laboratory Practices*, 154
 - laboratory testing requirements, 152, 154
 - Centers for Medicare & Medicaid Services (CMS)
 - accountable care organizations, 20, 22-24, 232
 - billing rules, 181-182
 - Independence at Home Demonstration project, 25
 - Medical Learning Network (MLN) Newsletter, 188
 - Medicare Physician Guide*, 188
 - Patients Over Paperwork initiative, 189
 - character, moral and ethical, 256
 - chart, shadow, 144
 - check-in, 140
 - cholesterol resources, 148
 - chronic care management (CCM), 192, 198-199, 200
 - chronic obstructive pulmonary disease (COPD)
 - resources, 148
 - CLIA waiver, 150, 154
 - clinical decision support (CDS), 168
 - clinical documentation architecture (CDA), 165, 166
 - clinical episode model, 20, 24
 - Clinical Laboratory Improvement Amendments (CLIA) waivers, 150, 154
 - clinical pharmacy, definition, 4
 - clinic/office manager, as stakeholder, 47
 - clinic operations, 130-151
 - collaboration, 138
 - EHR access, 138-139

miscellaneous considerations, 147, 149-150
 patient education, 146-147, 148-149
 referral process, 137-138
 scheduling, 134-137
 space considerations, 130-134
 teamwork, 145
 training, credentialing, privileging, 150
 triage, 138
 workflow, 139-142, 145
 codes, 160
 coding systems, standardized, 161-164
 collaboration, 13, 138
 competencies of, 25-26
 collaborative drug therapy management (CDTM),
 definition, 4
 collaborative practice agreement (CPA), 52
 College of American Pathologists, 134
 commercial payer contract manager, as stake-
 holder, 47
 commercial stimuli, 106
 communication, 243-244, 255
 Community Health Accreditation Program, 152
 community health center practice, 19
 community pharmacy practice, 19
 compassion, 255
 competency(ies)
 assessment, 76
 establishment, 254-255
 knowledge, 254-255
 for team-based care, 54
 of patients, 247-248
 complex adaptive system (CAS), 213-214
 compliance officer, 47, 69
 comprehensive medication management (CMM),
 31-32
 definition, 4, 31-32
 comprehensive medication review (CMR), defini-
 tion, 4
 comprehensive patient care services, 30-31
 connections, 255-256
 consolidated clinical documentation architecture
 (C-CDA), 165
 Consumer Assessment of Healthcare Providers
 and Systems (CAHPS) scores, 50
 consumer behavior, 104-114
 case, 105, 106, 107, 108-109, 113
 consumption phase, 109
 postpurchase evaluation, 109-110
 prepurchase phase, 104-105
 stimuli, 106-109
 tips for incorporation of behavior principles
 into marketing, 110

consumer need, 115-119
 Core Competencies for Interprofessional Collab-
 orative Practice, 54
 cost avoidance, 69-71
 Council on Credentialing in Pharmacy (CCP), 75
 credentialing, 75-76, 130, 150-151
Crossing the Quality Chasm, 242-243
 Current Procedural Terminology (CPT) codes, 178,
 179
 CVX, 162

D

data, big, 169
 DaVinci Project, 167
 demonstration devices, 147
 diabetes
 education and prevention programs, 206-207
 resources, 148
 diabetes self-management training (DSMT), 203,
 206
 dictation/scribe service, 142
 directed patient care services, 27
 direct supervision, 185
 disease state management, definition, 4
 documentation
 considerations, 141-142
 legal issues, 142-144
 dual eligibility, for Medicare/Medicaid, 175

E

ECHO (economic, clinical, and humanistic
 outcomes), 215-216
 economic outcome measures, 216
 education, patient, 146-147, 148-149
 efficiency, care, 71
 electronic health record (EHR) access, 138-139
 electronic medical record (EMR), 157
 empathy, 255
 employer-based reimbursement, 207
 entrustable professional activities (EPAs), 9, 10
 environmental scan
 equipment and supplies
 cost estimation, 64-65, 66
 for patient care space, 132, 134
esprit de corps, 251-252
 evaluation & management (E&M)
 codes, 179
 services, 184-189
 exam room, 130-134

blueprint, 133, 273
 essential items, 132
 expanded patient care services, 27-32
 expense estimation, 65-66
 extended visit code, 189

F

facility
 fee billing, 189-192
 needs, 93
 federal medical assistance percentage (FMAP), 175
 federally qualified health center (FQHC), 19, 202-203
 fee-for-service (FFS), 15, 18, 67-69
 finances
 assessment, 65-72
 demonstrating value using comparative data, 72
 expenses, 65-67
 pro forma, 71-72
 value of service, 67-71
 focus groups, 117
 4 Ps of market mix, 122
 free text data, 160
 full-time equivalents (FTEs), 61

G

geographic practice cost indexes (GPCI), 180
Good Laboratory Practices, 154
 Griffin, Brooke L. (narrative), 256-257
 growth anticipation/management, 72-76

H

health information technology (HIT), 157-171
 advances, 167-169
 case, 159-160, 167, 170
 goals, 158
 Pharmacy Health Information Technology Collaborative, 139, 169-170
 relevance to pharmacist practice, 165-169
 standardized coding systems, 161-164
 standardized electronic structured documents, 164-165
 standards, 158-159
 terminology, 160-165
 value sets, 164

Health Information Technology for Economic and Clinical Health Act (2009), 157
 Health Insurance Portability and Accountability Act (HIPAA), 140, 144, 181
 Health Level Seven International (HL7), 158-159, 165, 166, 167
 Fast Healthcare Interoperability Resources (FHIR), 167
 health maintenance organization (HMO), 175
 HealthPartners, 70
 healthcare
 current state of, 2, 212-213
 settings, 17-25
 spending, 1-2
 Triple Aim framework, 2-3, 42, 211
 healthcare common procedure coding system (HCPCS) codes, 178-180, 190
 Healthcare Effectiveness Data and Information Set (HEDIS), 49, 227, 233
 healthcare failure mode and effect analysis (HFMEA), 223, 224
 heart failure resources, 149
 Hippocratic oath, 240
 history of present illness (HPI), documentation for billing, 186, 187
 hospital readmissions, 197-198
 hospital readmissions reduction (HRR) program, 232
 humanistic measures, 50, 215-216
 hypertension resources, 148

I

ICD-10 codes, 144, 181
 identification badge, 147
 Implementation System Model, 35, 36
 incident-to billing, 67-69
 institutional outpatient settings, 189-192
 and location of space, 132-133
 Medicare requirements, 184-185
 in physician-based setting, 184-189
 indemnity plan, 175
 Independence at Home Demonstration project, 25
 in-depth interviews, 118
 Indian Health Service, 216
 influence, 255-256
 information technology (IT), 158
 in-home care, 25
 initial preventive physical examination (IPPE), 193
 Institute of Electrical and Electronics Engineers (IEEE), 159

Institute of Healthcare Improvement, 233
 Triple Aim framework, 2-3, 42, 211

Institute of Medicine (IOM), *Crossing the Quality Chasm*, 242-243

Institute for Patient and Family-Centered Care, 242

integration of pharmacist into practice, 54-57, 134-136

intermediate outcomes, 50

International Consortium for Health Outcomes Measurement, 233

Interprofessional Education Collaborative Expert Panel (IPEC), competencies for collaborative practice, 25-26, 54

interprofessional team member, 10

interview, for marketing research, 118

J

jidoka principle, 221

Joint Commission of Pharmacy Practitioners (JCPP)
 accreditation program, 228
 establishment of medication management services, 5
 pharmacist patient care process (PPCP), 6-8, 13-16
 Pharmacy Health Information Technology (HIT) Collaborative, 139, 169-170
 resources, 151-152

just-in-time principle, 221

K

knowledge, as competency, 254-255

L

labor expenses, 61

laboratory testing policies, 152, 154

lawsuit avoidance, 143

lean process, 220-221

location of service, 124

Logical Observation Identifiers Names and Codes (LOINC), 159, 162

M

machine learning, 169

malpractice avoidance, 143

Marcus & Millichap's Medical Office Research Report, 65

market research and analysis, 44-45, 85-86, 114-119
 case, 83, 115, 117, 118-119
 items, 89
 qualitative research and data, 116-118
 quantitative research and data, 116, 118-119
 reevaluation of practice, 119

marketing, 101-127
 7 Ps of marketing mix, 93-94, 122-126
 case, 102, 105, 106, 107, 108-109, 113, 115, 117, 118-119
 consumer behavior, 104-114
 definition, 101-102
 educating consumers on service, 113-114
 envisioning consumer needs and wants, 103-104
 relationship, 126-127
 research, 114-119
 service characteristics, 110-113
 strategic thinking about, 102-103
 tips for incorporating consumer behavior principles, 110
 unrealistic expectations, 112
 value proposition, 102-103

marketing department, 121

marketing plan, 93-95
 7 Ps of market mix, 93-94, 122-126
 creation and implementation, 122-127
 groundwork, 121-122
 identification and assessment of practice model, 120
 situation analysis, 120-121

measures
 anatomy, 218
 for demonstrating value of service, 49-51
 quality, 217-220, 221

Medicaid, 133-134, 175-176
 regulation of free items for patients, 134
 state-level quality improvement, 233

Medicaid Adult Core Set, 233

medical decision making (MDM), documentation for billing, 187-188

medical devices
 CLIA-waived, 154
 demonstration, 147

Medical Learning Network (MLN) Newsletter, 188

medical necessity, 182

medical office, 18

medical supplies, 64-65, 66

Medicare, 176-177
 accountable care organization (ACO), 20, 22-24, 232

annual wellness visit (AWV), 192, 193-195
 bundled payment model, 24
 diabetes prevention program, 206-207
 Part A, 176, 181
 Part B, 176, 181
 Part B billing, 184-189
 Part C (Medicare Advantage Plan), 177
 Part D, 27-28, 133-134, 177, 204-206
 Physician Fee Schedule, 182, 189, 231
 preventive visit, 193
 quality improvement initiatives, 229
 regulation of free items for patients, 134
 Shared Savings program, 22, 24, 232
 Star Ratings, 212, 229-230
 Medicare Access and CHIP Reauthorization Act (MACRA), 177, 199, 201-202, 230
 Medicare Administrative Contractors (MACs), 177
Medicare Physician Guide, 188
 medication management, definition, 4
 medication management services (MMS), 5
 medication optimization, definition, 4
 medication reconciliation, 29
 definition, 4, 29
 skills/knowledge needed for, 9
 medications
 high-risk, requiring comprehensive management, 31
 skills needed to teach adherence, 9
 storage, 134
 usage rates, 3
 medication therapy management (MTM), 115-116, 204-205
 in accountable care organization, 23
 codes, 179, 205-206
 definition, 4, 28
 elements of, 28
 reimbursement, 67
 through Medicare Part D, 27-28
 Medigap, 175
 Merit-Based Incentive Payment System (MIPS), 199, 201
 mHealth, 168
 mindfulness, 250-251
 mission
 consistency, 90-91
 statement of, 114-115
 mobile health (mHealth), 168

N

National Academy of Medicine (NAM), 225
 National Association of Boards of Pharmacy Accreditation Program, 152
 National Association of Chain Drug Stores (NACDS), *Medication Therapy Management in Pharmacy Practice*, 28
 National Committee for Quality Assurance (NCQA), 20, 152, 227
 National Council for Prescription Drug Programs (NCPDP), 159, 166
 National Drug Codes (NDCs), 161
 National Library of Medicine (NLM), 161, 164
 National Provider Identifier (NPI), 181
 National Quality Forum (NQF), 227
 National Quality Measures Clearinghouse, 49
 Next Generation ACO model, 22, 232
 no-show management, 59, 140-141

O

office
 furniture, 66
 security, 149
 space, 65, 130-134
 supplies, 64-65, 66
 office manager, as stakeholder, 47
 Office of the National Coordinator for Health Information Technology (ONC), 157, 168
 office visits, duration, 59-60
 ontology, 162
 organizational structure, 91-92
 Ottawa Hospital Research Institute, 249
 outcome measures, 49-50, 215-216
 Outpatient Prospective Payment System (OPPS), 190
 overhead, 67

P

PACE, 232
 Part D medication therapy management, 27-28
 patient care
 check-in, 140
 rooming process, 140
 tasks associated with, 10
 patient care services
 as defined by patient needs, 5-6
 directed, 27

- expanded, 27-32
- types of, 27-32
- patient-centered care, 242-247
 - definition, 13
 - negative/positive language, 243-244
 - in patient-centered medical home, 20-21
- patient-centered medical home (PCMH), 20-22, 242
- pharmacist integration into, 54-57
- pharmacist's roles in, 56-57
 - team members in, 21
- Patient-Centered Outcomes Research Institute, 242
- Patient-Centered Primary Care Collaborative (PCPCC), 20, 22, 233, 242
- patient education, 146-147
 - web resources, 148-149
- patient volume, 58-61
- patients
 - complexity of, 58-59
 - engagement, 247-249
 - safety, 29
 - as stakeholder, 47
- Patients Over Paperwork initiative, 189
- payers, 174-178
 - commercial, 174-175, 233
 - Medicaid, 175-176
 - Medicare, 176-177
 - mix, 174
 - responsibility for quality, 228-229
- pay-for-performance, 51
- payment models, 20
- Peabody, Francis, 240
- personal health information (PHI), 144
- personal selling, 126
- pharmaceutical care, 4, 115-116
- pharmacist
 - after-hours contact of, 147, 149
 - characteristics of successful, 254-256
 - integration into practice, 54-57, 134-136
 - knowledge and skills, 8-11
- pharmacist patient care process (PPCP), 6-8
 - responsibilities, 3-8
 - terminology for describing responsibilities and services, 3-5
 - time requirements, 61-62, 63-64
- Pharmacist e-Care Plan CDA (clinical documentation architecture), 166
- pharmacist patient care process (PPCP), 6-8, 13-16
- pharmacist-provider electronic health record (PP EHR), 139
- Pharmacy Health Information Technology (HIT) Collaborative, 139, 169-170
- Pharmacy Quality Alliance (PQA), 32, 225
- pharmacy readiness, 77
- philosophy of practice, 12-13, 239-257
 - characteristics of successful pharmacist, 254-256
 - effective healthcare team, 250-254
- patient centeredness, 242-247
- patient engagement, 247-249
 - statement of, 240
- physical exam, documentation for billing, 186, 187
- physical stimuli, 107
- physician, as stakeholder, 47
- Physician Consortium for Performance Improvement (PCPI), 233
- physician fee schedule (PFS), 182, 189, 231
- Pioneer accountable care organization, 22, 24
- plan-do-study-act (PDSA), 222
- point of care devices and tests, 152, 154
- point of service payment, 175
- policy and procedures, 130, 151-154
 - document, 151-152, 153
 - for no-shows/late cancellations, 141
- point-of-care testing, 152, 154
- population health promotion, tasks associated with, 10
- Practice Advancement Initiative (PAI) recommendations, 32-34
- practice management, 17
- practice model
 - construction of, 51-57
 - scope of practice, 51-52
 - setting, 52-53
 - team-based, 54-57
- preferred provider organization (PPO), 175
- prescription drug plans (PDPs), 177
- preventive visits, Medicare, 193-194
- price/pricing policy, 123-124
- Primary Care Initiative, 232
- privileging, 75-76, 130, 150
- pro forma*, 71-72, 96, 274-275
- process measures, 49, 50, 215
- professional organizations
 - patient educational materials, 148-149
 - quality improvement programs, 233
- professionalism, Brown and Ferrill's taxonomy, 254
- progress notes, 142, 144
- promotion, 124-125
- Ps, marketing plan, 93-94, 122-126
- public reporting, 51

Q

Quadruple Aim, 42
 qualitative research, 116-118
 quality
 definition, 213
 domains, 214-217
 quality improvement
 case, 216, 220, 223, 235
 creators and leaders, 223-233
 partners, 212
 processes, 220-223
 quality improvement organizations (QIOs),
 226-227
 recommendations, 235
 and systems thinking, 213-214
 quality measures, 217-220, 221
 categories and types, 220, 221
 challenges, 234-235
 for demonstrating value of service, 49-51
 important characteristics, 218-219
 selection, 234
 Quality Payment Program (QPP), 49, 199, 201,
 230-231
 quantitative research, 116, 118-119
 Question Builder App, 248

R

referral
 binder, 143-144
 process, 137-138
 reimbursement
 methods, 67-69
 payers, 174-178
 relationship marketing, 126-127
 relationships, working, 255-256
 relative value unit (RVU), 178
 reporting hierarchy, 17-18, 91-92
 reproducibility, 42
 resource-based relative value scale (RBRVS), 178,
 180-181
 resources, 261-262
 case, 60, 61-62, 64
 maintaining service with limited, 73
 needs evaluation, 57-65
 for patient education, 148-149
 return on investment (ROI), 95
 risk manager, as stakeholder, 47
 rooming process, 140

root cause analysis (RCA), 223, 224
 RxNorm, 161-162

S

safety, patient, 29
 scalability, 42
 scheduling, 134-137, 140-141
 scope of practice, 51-52
 scribe service, 142
 service proposal
 attributes of ambulatory care practice, 42-43
 available resources, 65
 care delivery model, 52-53
 case, 43-44, 45, 48-49, 51, 53
 demonstrating value through evidence, 48-51
 demonstrating value using comparative data,
 72
 equipment, supplies, and other resources,
 64-65, 66
 financial assessment, 65-72
 managing growth, 72-76
 needs assessment, 44-45
 reassessment of service, 77
 resource needs and financial impact, 57-72?
 resource requirements, 58-64
 scope of practice, 51-52
 stakeholders, 45-48
 steps for development, 42-43
 team-based care model, 54-57
 services
 characteristics, 110-113
 demand analysis, 58-61
 education of consumers on, 113-114
 outline of, for business plan, 122-123
 7 Ps of the marketing mix, 93-94, 122-126
 shadow chart, 144
 show rate, 59
 Six Sigma, 222, 223
 Skelley, Whalen Jessica (narrative), 245-246
 smoking cessation resources, 149
 SNOMED CT (Systematized Nomenclature of
 Medicine Clinical Terms), 162-163, 181
 SNOMED International, 159
 SOAR analysis, 86
 social stimuli, 107
 soft dollars (cost avoidance), 69-71
 space needs, 130-134
 staff
 auxiliary, definition for billing purposes, 188
 credentialing and privileging, 75-76

expectations for pharmacists, 252-254
 expenses related to, 61, 65-66
 full-time equivalents, 61
 hiring of, 73-75
 marketing skills and credentials of, 125
 in patient-centered medical home (PCMH), 21
 reporting structure, 91-92
 support, 63, 134, 135
 time requirements, 61-64
 stakeholders, 45-48
 standardized electronic structured documents,
 164-165
 stroke resources, 149
 structure measures, 49, 215
 surrogate outcomes for clinical events, 50, 215
 surveys, 50
 sustainability, 42, 73
 SVOR analysis, 86
 SWOT analysis, 86-88
 systems thinking, 213-214

T

targeted medication review, 4
 team-based patient care, 25-26
 effective, 145, 250-251
 effective integration into, 54-57
 TeamSTEPPS, 54
 telehealth, 24-25, 168
 340B Drug Pricing Program, 202-203
Through the Patient's Eyes, 242
 thyroid resources, 149
To Err Is Human, 143
 Tool for Assessing Ambulatory Care Pharmacist
 Practice, 35
 training, 74, 150
 transition of care, 29
 transitional care management (TCM), 192,
 195-198
 Triple Aim framework, 2-3, 42, 211
 21st Century Cures Act (2016), 157

U

unstructured data, 169
 U.S. Department of Health and Human Services,
 19
 U.S. Food and Drug Administration, 152, 154, 161,
 168
 Utilization Review Accreditation Commission
 (URAC), 20, 152, 228

V

vaccines, storage of, 134
 value
 assessment of service's potential, 67-71
 comparative data for demonstrating services,
 72
 definition of, 42
 value-based payment model (VBPM), 20, 68-69,
 228-229
 value chain, 102
 value proposition, 102-103
 Value Set Authority Center (VSAC), 164
 value sets, 164
 virtual private network (VPN), 139
 vision statement, 114-115
 visits, duration, 59-60
Vital Signs, 235-236
 vocabularies, in information technology, 164

W

websites
 CLIA-waived laboratory tests, 154
 HL7 Fast Healthcare Interoperability
 Resources, 167
 Medicare Physician Fee Schedule, 182
 Medicare quality initiatives, 229
 Merit-Based Incentive System, 201
 patient education materials, 148-149
 Pharmacy Health Information Technology
 Collaborative, 139
 quality improvement organizations (QIOs),
 226
 RxNorm database, 162
 shared decision making, 249
 word-of-mouth promotion, 124-125
 workflow, 139-142, 145
 World Health Organization (WHO), 181, 223, 224