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COURSE BROCHURE

Advanced Hospital Finance and Healthcare Economics Training Course

24 January – 4 February 2027
Dubai

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Ref: 783_29631 **Date:** 24 January – 4 February 2027 **Location:** Dubai **Fees:** 8000 GBP

Hospital Finance and Healthcare Economics is a 2-week advanced training course for hospital finance directors, controllers and budget managers that ends with a costed financial sustainability plan for their own facility. Rising care costs, payer pressure for value and capital-hungry clinical technology are forcing finance leaders to link every budget line to activity and outcomes. Jupiter Prime Training delivers this course for leaders who steer hospital finance and healthcare economics decisions.

Why Hospital Finance and Healthcare Economics Matters Now

Three forces are reshaping hospital finance and healthcare economics. Payers increasingly reimburse by case mix and outcome rather than by volume, so a facility must know its true cost per episode. Clinical directors and boards compete for scarce capital for imaging, theatres and digital records, and need a defensible appraisal method. Ageing populations and chronic disease raise demand faster than income. A hospital that costs care accurately protects margins and protects services; one that does not cross-subsidises blindly and cuts the wrong lines. The course rests on activity-based costing ABC, diagnosis-related group DRG funding logic, discounted cash flow DCF appraisal and cost-effectiveness analysis CEA.

Who Gains Most from Hospital Finance and Healthcare Economics

- Finance leaders accountable for the annual operating budget and its variance reporting to the board
- Controllers responsible for patient-level costing, cost allocation and service line profitability
- Revenue cycle heads who own coding accuracy, claims, denials and cash collection
- Capital planning leads who prepare business cases for equipment, buildings and information systems
- Budget managers who partner clinical departments on staffing, supplies and activity forecasts

A hospital finance department gains most when its costing, revenue and planning leads attend together and agree one costing model and one appraisal method.

Hospital Finance and Healthcare Economics Capabilities

Participants move from reporting historical spend to pricing clinical activity, testing investments and judging whether a treatment earns its cost.

- Build a patient-level costing model from general ledger, payroll and activity feeds — service line pricing decisions
- Design a flexible, activity-driven hospital budget — clinical directors and the board
- Calculate denial rates, days in receivables and cash conversion — revenue cycle priorities
- Appraise capital proposals with net present value and sensitivity testing — the investment committee
- Apply cost-effectiveness and cost-utility methods to competing interventions — formulary and service choices
- Communicate a multi-year sustainability case in clinical and financial terms — trustees and payers

Key Hospital Finance and Healthcare Economics Terms

- Cost per case — the full cost of treating one patient episode, combining direct clinical resources and an allocated share of overheads.
- Case mix index — a weighted measure of the clinical complexity of a hospital's patients, used to compare costs and set reimbursement.
- Revenue cycle — the chain from patient registration and coding through claim submission and denial handling to final cash receipt.
- Net present value — the value today of an investment's future cash flows minus its initial outlay, discounted at a chosen rate.
- Incremental cost-effectiveness ratio — the extra cost of one intervention over another divided by the extra health gain it produces.
- Quality-adjusted life year — a measure of health outcome combining length of life with its quality, used to compare treatments.

Hospital Finance and Healthcare Economics Day by Day

Day 1: The Economics of Hospital Care

- Healthcare Market Failure and Third-Party Payment — Why Prices Behave Differently
- Hospital Cost Structures and Fixed Cost Burden — Capacity Choices
- Funding Models From Block Grants to Case Payment — Income Risk
- Demand Drivers and Epidemiological Shifts — Long-Range Service Planning
- Finance Function Maturity Assessment — Priorities for the Department

Day 2: Building the Hospital Budget

- Zero-Based and Incremental Budgeting Compared — Budget Method Selection
- Activity Forecasting From Admissions and Clinic Volumes — Resource Envelopes
- Workforce Establishment Costing and Skill Mix — Staffing Budgets
- Flexible Budgets for Variable Clinical Activity — Fair Departmental Targets
- Budget Calendar and Clinical Sign-Off — Accountability for Spend

Day 3: Costing Clinical Activity

- Activity-Based Costing for Wards and Theatres — Accurate Resource Attribution
- Overhead Allocation Bases and Step-Down Methods — Cost Distortion Control
- Patient-Level Information and Costing Systems — Data Feed Design
- Cost Per Case and Case Mix Index — Benchmark Comparisons
- Theatre Minute and Bed Day Costing — Capacity Pricing

Day 4: Service Line Performance

- Service Line Profit and Loss Statements — Which Services to Grow
- Contribution Margin and Break-Even Volumes — Service Viability
- Variance Analysis by Price, Volume and Efficiency — Corrective Action
- Clinical Variation and Cost Outliers — Pathway Redesign Targets
- Finance Business Partnering With Clinical Directors — Shared Ownership

Day 5: Managing the Revenue Cycle

- Registration and Eligibility Verification — Front-End Revenue Leakage
- Clinical Documentation and Coding Accuracy — Correct Reimbursement
- Claims Submission and Denial Root Cause Analysis — Recovery Priorities
- Days in Accounts Receivable and Cash Conversion — Liquidity Planning
- Payer Contract Modelling — Negotiating Tariff Terms

Day 6: Capital Investment Appraisal

- Discounted Cash Flow and Net Present Value — Investment Ranking
- Internal Rate of Return and Payback Period — Board Hurdle Rates
- Equipment Lifecycle and Total Cost of Ownership — Replace or Repair
- Lease Versus Purchase Evaluation — Financing Structure
- Sensitivity and Scenario Testing — Investment Risk Exposure

Day 7: Economic Evaluation of Interventions

- Cost-Effectiveness Analysis and the ICER — Treatment Choice
- Cost-Utility Analysis With Quality-Adjusted Life Years — Formulary Decisions
- Cost-Benefit and Cost-Minimisation Methods — Choosing the Right Lens
- Decision Trees and Markov Models — Long-Term Outcome Projection
- Budget Impact Analysis — Affordability of New Technologies

Day 8: Financial Risk and Liquidity

- Cash Flow Forecasting for Thirteen Weeks — Short-Term Liquidity
- Working Capital and Supplier Payment Terms — Cash Release
- Financial Ratio Analysis for Hospitals — Early Warning Signals
- Procurement Savings and Supply Cost Benchmarking — Non-Pay Efficiency
- Financial Controls and Fraud Prevention — Assurance to Trustees

Day 9: Value and Performance Reporting

- Value-Based Healthcare and Outcome Per Unit Cost — Strategic Positioning
- Finance Dashboards and Board Reporting Packs — Executive Attention
- Productivity Measures for Clinical Departments — Efficiency Targets
- Cost Improvement Schemes and Quality Impact Assessment — Safe Savings
- Communicating Finance to Clinicians — Credible Messages

Day 10: Practising the Financial Sustainability Plan

- Five-Year Income and Expenditure Projection — Sustainability Gap Size
- Applying Patient-Level Costs to Service Portfolio Choices — Reconfiguration
- Applying Appraisal Results to the Capital Plan — Investment Sequencing
- Applying Revenue Cycle Gains to Cash Projections — Recovery Targets
- Completing the Financial Sustainability Plan — Board Approval

Applying Hospital Finance and Healthcare Economics After the Course

- Lead a costing review of one high-volume service line, rebuilding its cost per case with activity-based drivers and presenting the margin to its clinical director.
- Run a denial root cause analysis on one quarter of claims and agree three coding and documentation fixes with the revenue cycle team.

Hospital Finance and Healthcare Economics Questions FAQ

What is hospital finance and healthcare economics, and why does it matter now?

Hospital finance and healthcare economics is the discipline of budgeting, costing, funding and evaluating hospital care. It matters now because case-based payment, costly technology and rising demand mean every service must show its cost and its value to payers and boards.

Which roles gain most from hospital finance and healthcare economics training?

Finance directors, controllers, costing accountants, revenue cycle heads and budget managers gain most. You benefit most if you report to a board, partner clinical departments or prepare investment cases.

How does hospital finance and healthcare economics differ from general healthcare management?

It goes deeper into money and evidence. A general management course covers operations, people and quality broadly, while this course works on costing models, revenue cycle measures, discounted cash flow appraisal and cost-effectiveness methods at an advanced level.

What do you bring back from hospital finance and healthcare economics training?

You bring back a costed financial sustainability plan for your facility. It combines patient-level costs, a revenue cycle recovery target, ranked capital proposals and an economic evaluation approach your board can test and approve.

Hospital Finance and Healthcare Economics: The Way Forward

The financial sustainability plan first informs which service lines to grow, redesign or withdraw. Finance directors take it to the board and executive team, while budget managers use it with clinical directors to set targets. After its first cycle, revisit the discount rate and the cost-effectiveness threshold, as both shape which investments and treatments the hospital can afford.