

Editorial

The Need for Health Policy Instruction in Medical Education

Brian J Shiozawa M.D., M.H.A.

Captain US Army, Flight Surgeon, 81st Civil Affairs, Fort Hood, Texas, USA

Physicians need to understand the complexities of the healthcare industry. While medical education challenges students to develop clinical competency, it consistently fails to prepare physicians for the rigorous and dynamic environment of healthcare. Gone are the days when physicians could focus solely on patient care and leave the administrative tasks to the executives. As de facto healthcare leaders, physicians play a more intimate role than their training prepares them for in the world of healthcare. Even as one of the consistent complaints of physicians is excessive administrative burdens, the new challenge for medical education is to prepare physicians to balance clinical competence with the growing leadership demands of the healthcare industry. Physicians need administrative training during medical school to be able to adequately practice medicine in our modern healthcare environment.

A well-documented challenge is between physicians and healthcare executives. While most physicians enter medicine so as to treat patients and solve clinical dilemmas, many do not anticipate the administrative tasks associated with maintaining a functional workplace. However, the movement from volume-based toward value-based care, as well as developing appropriate organizational systems, necessitates collaboration between physicians and healthcare executives. According to Punke, physicians and healthcare executives “need to be working together as a team and be collectively accountable”... [And] be more closely aligned, and integrated for success [1].” Todd Evenson further agrees that collaboration is “paramount... to improve outcomes” because “successful practices understand the business of care delivery – how to bridge business and clinical functions to provide safe, efficient, and effective care [2].” Successfully establishing improved business and clinical functions requires improved administrative understanding on the parts of physicians.

As clinical leaders, physicians do more than oversee direct patient care. More and more major healthcare organizations are capitalizing on physician expertise in making effective business decisions. Administrative decisions affect clinical care. Quality clinical care is the ultimate responsibility of the physician. Physician executives serve as interface professionals because they have the experience to clinically correlate their recommendations. Unlike their non-clinical healthcare executive counterparts, they have a different understanding of the core business of healthcare. These beliefs are supported by physician chief executive officers (CEOs) leading several of the most prominent hospitals in the country. According to the 2013 *U.S. News and World Report* hospital rankings, the top five hospitals are led by physicians with 10 of the top 18 also being physician-led [3]. While it is not clear what the specific effect physicians have on performance improvement from the data, some arguments include increased understanding and credibility and better communication [4]. This rising trend is

further supported by a recent cross-sectional study by Amanda Goodall who found that there is a strong, positive association between the ranked quality of a hospital and whether the CEO is a physician [5].

While many physicians develop management and leadership skills over the course of their career, several enhance their skills with additional degrees, such as M.H.A.s and M.B.A.s. Healthcare executive M.B.A. programs exist at several schools that offer flexible schedules and focused training in the healthcare industry. Dual M.D./M.B.A. and D.O./M.B.A. degrees are on the rise as well. Most programs, however, are still in their infancy with their potential unrealized and some have been poorly integrated with the medical curriculum. Dr Maria Chandler, director of the University of California – Irvine M.D./M.B.A. program, has been working to give all U.S. medical students the opportunity to pursue a dual M.B.A. degree. She notes that dual degree graduates from U.C. Irvine demonstrate higher performance in both clinical and business categories. While it is unclear whether a self-selection bias for more competitive and well-rounded students exists for such a dual degree program, her findings suggest that pursuing a dual degree does not limit mastery of the clinical material [6].

Dual degree programs facilitate a new era of physician leadership. However, such programs may be more suitable for students with business interests. According to a study by Windsor W. Sherrill, “students interested in public health needs and underserved populations are not well represented in the dual-degree programs [7].” Such findings suggest that dual degrees are more applicable for career- and leadership-focused physicians. Thus, dual degrees cannot serve as an industry solution for physicians to develop an appreciation for the fundamentals of healthcare administration.

A more practical solution was proposed by medical students at State University of New York– Brooklyn in 1996 when they organized a Health Care Policy Forum to provide instruction in healthcare policy [8]. More recently, Dr. Mitesh Patel et al. [9] called for a standardized core health policy curriculum in medical schools and residency programs [9]. Such a curriculum, if adopted nationally, could improve the delivery of healthcare in America. In today’s environment, medical education needs national curriculum reform to prepare physicians to navigate the complex and evolving healthcare system. Administrative skills are necessary for all physicians regardless of specialization. Training students with a fundamental knowledge in health policy will result in a greater appreciation and understanding of the roles of executives. It may also improve symptoms of physician burnout. Transitioning into healthcare leadership offers physicians new career opportunities while capitalizing on their clinical expertise. As physicians assume a natural leadership role as clinical experts, it is fundamental to the evolution of medicine and healthcare that physicians receive

the foundational training necessary to meet the demands of providing healthcare in America. To further promote and facilitate this industry improvement, the American Medical Association and the American Association of Medical Colleges need to advocate for a national health policy curriculum in medical education.

Disclaimer: The views expressed are those of the author and do not reflect those of the 85th Civil Affairs Brigade, Carl R. Darnall Army Medical Center, the Army Medical Department, or the Department of Defense.

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Address for Correspondence: Brian J Shiozawa, M.D, M.H.A, Captain US Army, Flight Surgeon, 81st Civil Affairs, Fort Hood, Texas, USA, E-mail: brian.shiozawa@gmail.com

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