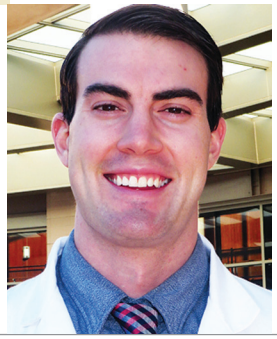

PERSPECTIVES

The MD/MBA

An Emerging Dual Degree in Health Care

Jack D. Lemon, B.A.

Editor's Note: *This article is the latest of several we have published by medical students.*[i, ii, iii] *It is always refreshing to gain a fresh perspective from those embarking on medical careers now, when the practice of medicine is so different from when most of us started.*

The author is a student in Temple University's combined MD/MBA program. His article is highly relevant in our current era, since the business aspects of medicine are playing an increasingly important role.

At the end of the article are some comments we solicited from Dr. Monty Duke, who was one of the prime movers in the initiative to have many of our medical staff leaders pursue advanced studies.

INTRODUCTION

Physicians with dual graduate degrees have been a staple of leadership in the medical profession for quite some time. For obvious reasons, the other degree has traditionally been a PhD or MPH. Physicians with PhDs, with their additional training in research methods, gain more insight into bench and translational research, and can be instrumental in transforming cutting edge research into practical treatments for patients. Physicians with MPHs have insights into epidemiology and population health that can improve the health of entire communities.

But though physicians have excelled in science and art, they have lagged behind in the business world, and not until recently has an MD/MBA dual degree become more prevalent in the medical community. These businessperson-physicians are especially important in health care administration, where they can incorporate good business practices into the clinical realm. As one of my professors said: "medicine is a science, health care is a business, healing is an art. A good physician must be well versed in all three." This stuck with me because it encompasses the many seemingly conflicting hats a good physician must wear.

THE ADVANTAGES OF THE MD/MBA

MD/MBAs can have a valuable position in the U.S. health care system of the future, because their primary commitment is to patient care. They can combine the ability to provide compassionate, quality patient care with an understanding of how to make business decisions that reduce the waste of health care dollars, and sustain financially successful health care systems. They can hopefully avoid the friction that can develop between those few misguided health care administrators who focus mainly on numbers and margins, and physicians who focus on caring for their patients.

There is no shortage of animosity directed towards health care administration from physicians. One need not look far to find a myriad of op-ed articles across medical journals and newspapers bemoaning physicians' loss of independence and a good deal of vitriol directed towards health care administration. My own experience demonstrates the misunderstandings that can arise between the administration and the medical staff when they do not make the necessary effort to understand each other's needs and concerns.

Though it's only one example and is certainly not universal, a case in my home state of Colorado provides a cautionary lesson. In 2012, the physician/CEO of Denver Health stepped down after 20 years on the job. She had often been required to make difficult business decisions, but she was nonetheless trusted by the staff because she was an M.D. whose commitment to patient care was never

[i] Hendrix E. Poliomyelitis in Lancaster County with emphasis on the iron lung. J Lanc Gen Hosp. 2015; 10(2): 55-60.

[ii] Bell TM. A brief history of bloodletting. J Lanc Gen Hosp. 2016; 11(4):119-123.

[iii] Magoon C. Chinese and American premedical education: are they really so different? J Lanc Gen Hosp. 2017; 12(1): 22-23.

questioned. The hospital then hired a non-physician CEO who immediately made changes that upset the medical staff. His philosophy was that of an MBA: he hired expensive consulting firms, focused mostly on RVUs, and generally ignored the traditional mission of the hospital. After three years of butting heads with the medical staff, he resigned and was replaced by an M.D. who brought Denver Health back in line with its traditional mission of serving Denver's underserved population.

These types of failures in the health care system can be avoided through collaboration between health care staff and administration. Interdisciplinary care is a buzzword in health care these days and I believe this extends beyond those involved in direct patient care. It is not simply physicians and others delivering care that need to collaborate; administrators involved on the systems level should be included in this interdisciplinary care model. The adversarial model is unproductive; if these physicians and administrators come together, patients thrive along with the hospitals systems.[1] Collaboration rather than confrontation across all aspects of a hospital's spectrum of operation makes for a thriving business and improved patient outcomes. I envision MD/MBAs playing a role in bridging this gap between administration and physicians; they have expertise in both areas and understand the need for quality care that is cost effective.

But though an MBA gives physicians the dual capabilities in medicine and business, many physicians are averse to thinking about the business of health care. They do not go into medicine with the goal of making money, but rather to heal their patients. I have sometimes gotten the feeling that speaking about the practicalities of payments and business decisions can be a taboo in the medical community. Some physicians even see their counterparts with MBAs as "traitors," with a medical degree that is tainted by an MBA.[2]

But this attitude has been changing, as the business of medicine has been encroaching on the doctor-patient relationship. Physicians are frustrated when health care systems push them to see more patients in less time, thus preventing them from forming the interpersonal relationships with patients that prevent physician burnout. They spend more time on ancillary tasks, and lose time doing what they are passionate about; spending face to face time with patients. Many physicians are grappling with the feeling that they have lost autonomy and are simply a "cog in the wheel" of a health care system. I suggest that this problem is due in part to the fact that as business has made its way into health care, physicians have not been prepared to take on these business leadership roles.

One obvious solution to this problem is to qualify physicians for leadership positions in health care systems. Yet, at every level of their education, most physicians receive little or no training in business. Though many of the major issues facing health care today are systemic and business-related, medical training has largely remained the same since the Flexner report in 1910. Premedical undergraduate students still spend most of their time completing requirements about medical topics. Medical schools provide no lectures on business topics, and residency programs are solely focused on training residents in their specific fields. As a result, these highly intelligent, highly trained physicians are outstanding in their particular fields, but lack sufficient knowledge of practical topics such as managing finances, making good business decisions, or knowing how to effectively increase health care value for their patients. Nevertheless, business in medicine is here to stay; physicians need to incorporate business acumen into their practices, both to remain autonomous, and to remain in leadership positions in health care.

There is clearly an increasing demand for MD/MBAs; 60 of the 143 M.D. programs offer an MD/MBA dual degree track, and around 500 medical students graduate with this dual degree each year.[3] There is an obvious financial incentive for students to pursue the MD/MBA. Dual degree physicians earn about $100,000 more than their M.D. counterparts in their first jobs after residency, because they take on multiple roles in addition to direct patient care. With medical school tuition skyrocketing, there is an increasingly important practical consideration – the need to pay off the enormous debts incurred during training. However, in a study from 2000 that surveyed MD/MBA students, the highest ranked reason for pursuing the dual degree, was to make a difference in medicine.[4] The vast majority of these programs require a fifth year of schooling, with students taking a year off between the second and third years of medical school to complete their MBA requirements. There are a few exceptions, such as Temple's program, which is an

online evening MBA that allows students to complete both degrees in four years.

There are benefits and drawbacks to both formats. Programs like Temple's allow students to finish their degrees in less time, but the pace is grueling, and students need to juggle two graduate degrees simultaneously. In this case, classwork in one of the programs will inevitably suffer, as students triage their most important coursework to prepare for exams or complete projects. On the other hand, though five-year programs give students a year of dedicated time to focus on their MBA, and may indeed provide a better educational experience overall, these programs add an extra year to an already lengthy training period.

The potential applications of the MD/MBA degree are vast, from bringing medical innovations to market, to improving hospital practice, to being a force for positive change in American medicine. At the individual level, there is evidence that having an MBA makes physicians better doctors. They are more comfortable with uncertainty, and with problems that have multiple solutions; these are useful attributes in making decisions about both business and patient care. On a larger scale, a physician with an MBA can provide financial and management expertise to a private practice group where business sense is notoriously uncommon. These smaller practices tend to lack an administrative division, and physicians usually make their own business decisions without much outside input or business training. On the largest scale, physicians with an MBA can make high-level business strategy decisions, while upholding a hospital or hospital system's core commitment to patient care.

FINAL THOUGHTS

I don't know yet exactly how I will use my MBA, but as one of my professors with an MD/MBA put it; "if you are not seated at the dinner table, you may be listed on the menu." I see these two degrees as highly synergistic; my medical training gives me the tools to positively impact my patients' health on a daily basis, and my business training allows me to create a thriving, sustainable practice that benefits both patients and health care organizations.

There are many opportunities moving forward, but for now, I anticipate going into academic medicine where I can practice, teach, and use my business education to make an impact on an individual and community level. It is easy to look at medicine with a cynical eye currently, but I see the problems facing health care as exciting opportunities to change the system for the better.

COMMENT BY DR. LEE M. DUKE

CHIEF PHYSICIAN EXECUTIVE AND SENIOR VICE PRESIDENT, LANCASTER GENERAL HEALTH

Dr. Lee M. Duke

We are grateful for, and enriched by, these personal reflections from Temple medical student Jack Lemon, about the challenges and motivations of obtaining dual degrees in medicine and business. His observations reveal the value of an academic open port that encourages outside perspectives on our programs and methods of delivery. He correctly asserts that the number of medical students pursuing dual degrees has steadily increased; in some schools over 50% of students are enrolled in dual curriculums. Their studies are no longer limited to traditional PhD and MPH programs, but now include curriculums in business, systems engineering, and safety/quality disciplines. This experience doubtless mirrors the increasing complexity of health care delivery, and its accelerating change. Surveys estimate that physicians lead over 30% of the nation's health systems. This requires a wider and different knowledge and experience base than simple medical training provides. Broader education has contributed to a common language with our colleagues in nursing and operations, and improved our joint ability to navigate this change.

I assumed the role of chief physician executive in May 2008, and my first charge from CEO Tom Beeman was to engage the medical staff to lead this change. Nearly 200 physicians have now completed the Physician Leadership Academy. Another 25 have graduated from the Wharton Health Care executive program, and most recently 16 physician leaders obtained their MBA from the St. Joseph's Haub School of Business. These graduates make up the department chairs, division chiefs, CET leadership, quality/safety officers, and academic affairs leadership; their vast clinical experience is now tempered by didactic and experiential learning in other disciplines.

As I look back on my own medical school

experience, I feel fortunate to have acquired one degree. I cannot imagine the time, energy, and commitment required to succeed in two disciplines simultaneously. (We probably spent too much time on the Krebs cycle back then.) But reflecting on my experience obtaining an MBA, I also cannot imagine pursuing these advanced studies without having a background of clinical service. The combination of clinical experience and studying business with my colleagues, has provided me with organizational and professional insights into how to find better ways, seek common interests, provide a better product for our deserving patients and community, and do more than deliver numbers to the bottom line. Success in this endeavor starts with a common language, but requires many other skills.

We all wish Jack much success, and hope that he, and others like him, consider coming back to Lancaster when they have acquired all the skills our profession will need in the future.

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