



Training Health Care Managers for the 21st Century

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Objectives

- **Presentation of:**

-

- **The Great American Paradox**

- Relatively poor performing health care system

versus

- Excellent health care management education

- **An Academic Approach:**

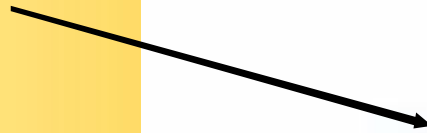
- Curriculum Content
- Competencies
- Experiential Learning

- **Conclusion**

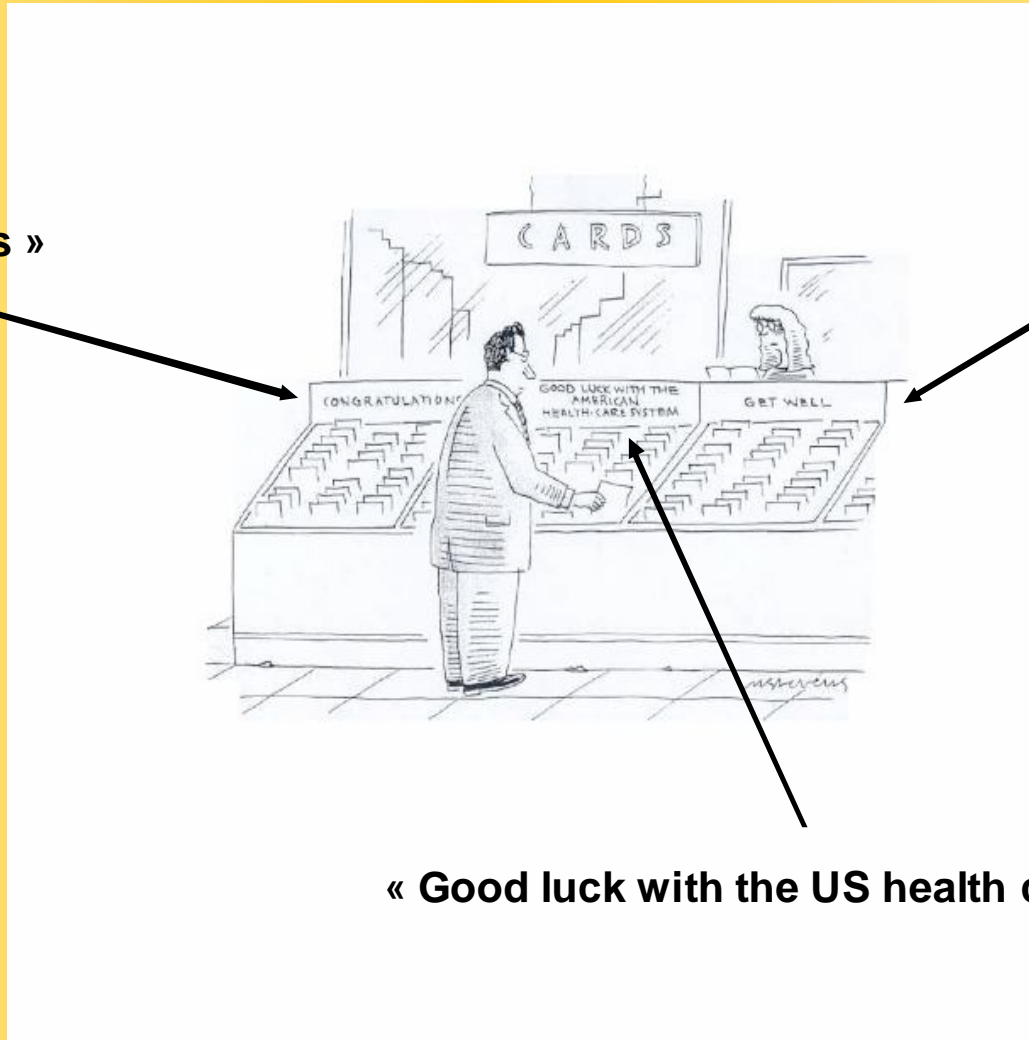


A View from *The New Yorker*

« Congratulations »



« Get well »

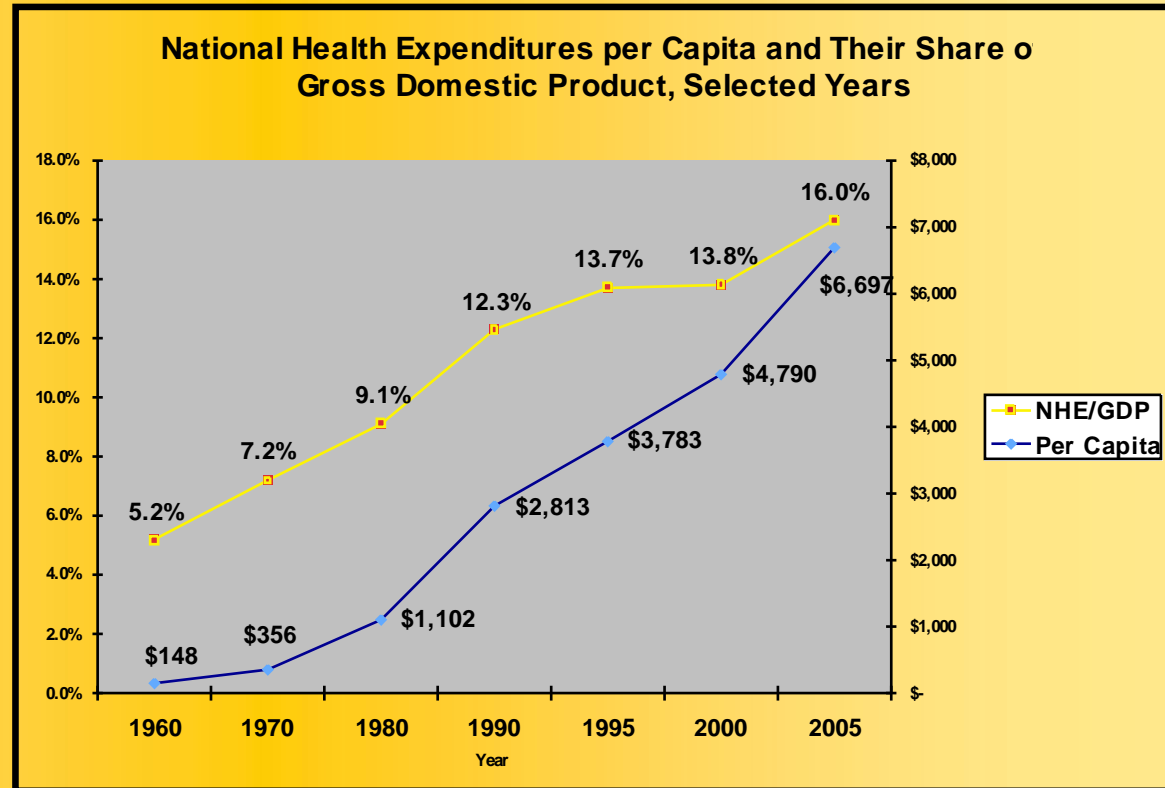


« Good luck with the US health care system »



Context: High Costs 1

- Since 1960, a tripling of % GDP to health care
- Now approaching \$7,000 (4,700€) per person
- Could reach 20% of GDP by 2015





Context: High Costs 2

- USA spends more total \$/€ and more per capita than any other industrialized country

United States

Italy

EXHIBIT 1
Health Spending in OECD Countries, 2001

Country	Total health spending per capita			GDP per capita		
	PPP\$	As percent of U.S. spending	Average annual growth, 1991-2001 (%)	PPP\$	Average annual growth, 1991-2001 (%)	Health spending as percent of GDP
United States	4,887	100	3.1	35,182	2.1	13.9
Switzerland	3,322	68	2.3	29,876	0.4	11.1
Norway	2,920	60	2.8	38,462	2.9	8.0
Germany ^a	2,808	57	2.4	26,199	2.2	10.7
Canada	2,792	57	2.1	28,811	2.1	9.7
Luxembourg ^b	2,719	56	3.0	48,687	3.2	5.6
Iceland	2,643	54	3.0	28,879	1.9	9.2
Netherlands	2,626	54	3.0	29,391	2.1	8.9
France	2,561	52	2.4	26,879	1.6	9.5
Australia	2,513	51	4.1	27,408	2.7	9.2
Denmark	2,503	51	2.2	29,218	2.0	8.6
Belgium	2,490	51	3.2	27,775	1.8	9.0
Sweden	2,270	46	2.6	26,052	1.9	8.7
Italy	2,212	45	1.5	26,345	1.4	8.4
Austria	2,191	45	2.5	28,324	1.7	7.7
Japan	2,131	44	3.9	26,652	0.9	8.0
United Kingdom	1,992	41	4.1	26,315	2.4	7.6
Ireland	1,935	40	6.5	30,002	6.7	6.5
Finland	1,841	38	-0.1	26,438	2.5	7.0
New Zealand	1,710	35	3.1	21,077	2.2	8.1
Portugal	1,613	33	5.3	17,560	2.1	9.2
Spain	1,600	33	3.2	21,294	2.3	7.5
Greece	1,511	31	4.4	16,137	1.7	9.4
Czech Republic	1,106	23	5.3	15,143	1.8	7.3
Hungary	911	19	2.1	13,431	2.6	6.8
Korea ^b	893	18	8.1	15,905	4.6	5.9
Slovak Republic ^a	682	14	NA	12,010	3.1	5.7
Poland	629	13	4.0	9,934	4.4	6.3
Mexico	536	11	2.8	8,903	1.3	6.0
Turkey ^c	301	6	6.3	5,734	0.8	4.8
OECD median	2,161	44	3.0	26,392	2.1	8.1

SOURCE: Organization for Economic Cooperation and Development (OECD) data, 2002.

NOTE: Growth rates are calculated from national currency units, not U.S. dollar purchasing power parities (PPPs). NA is not available.

^a 1990.

^b 2000.

^c 1998.



Difficult Challenges: Infant Mortality Rate

- Infant mortality rates for whites in the US versus selected European nations
- Overall drop during period 1935 to 1970, but, relative to other countries, slippage
- Particularly bad over time for non-white infants

Figure 2a—Infant Mortality Rates: Selected European Countries and White Infants in the United States, 1935-68

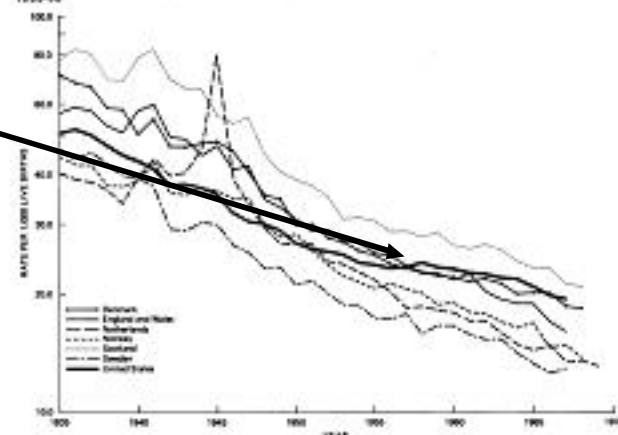
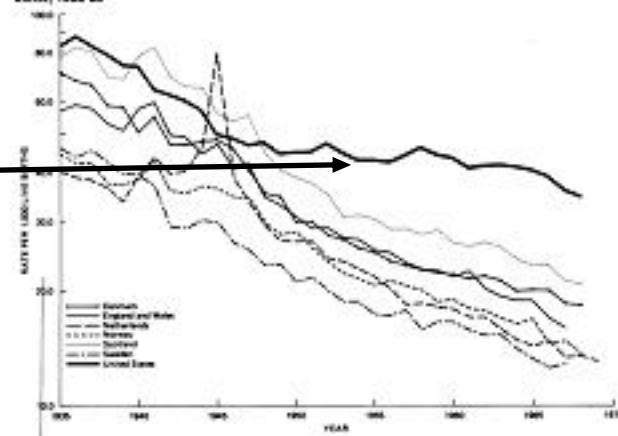


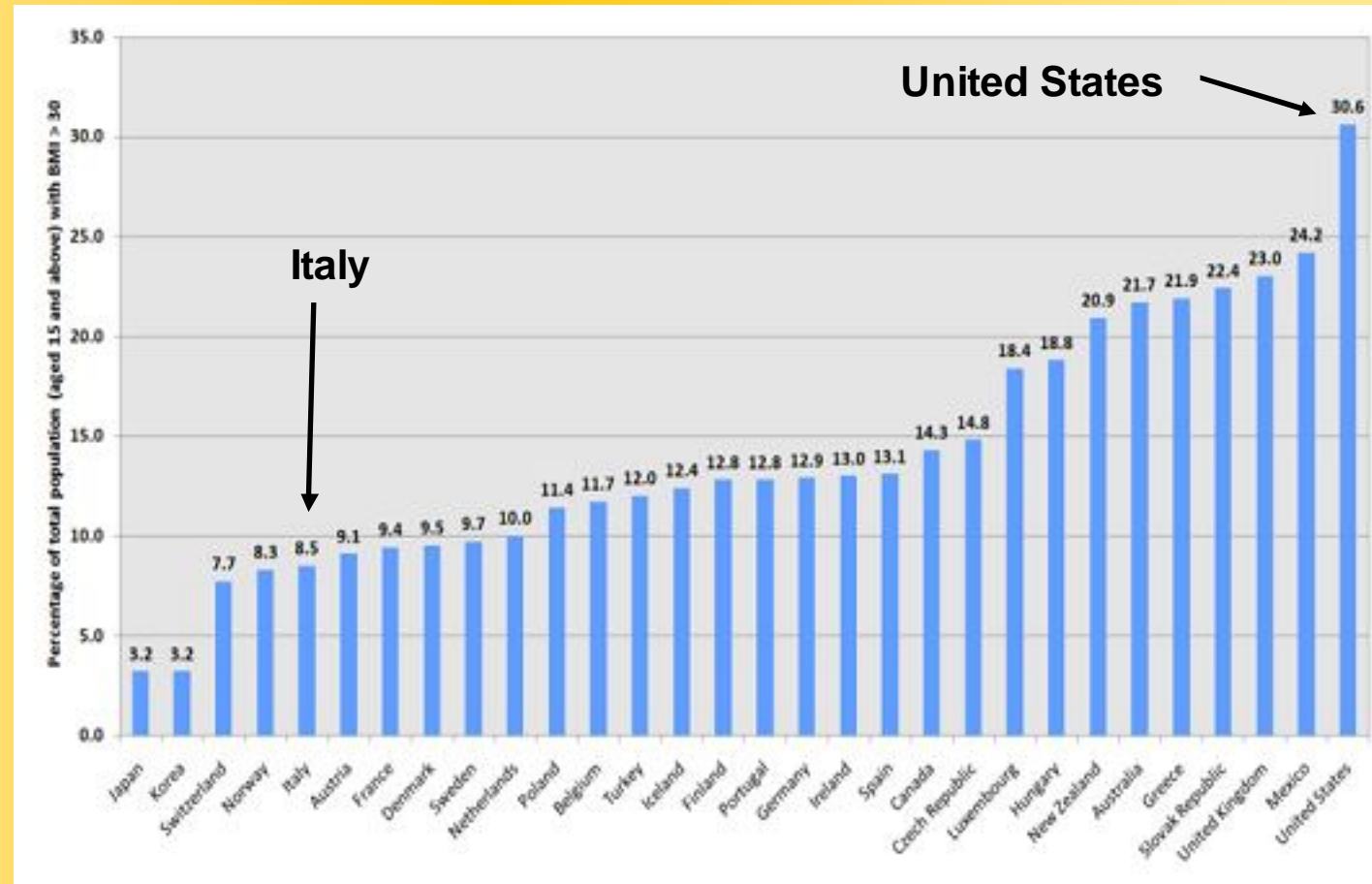
Figure 2b—Infant Mortality Rates: Selected European Countries and Nonwhite Infants in the United States, 1935-68





Difficult Challenges: Obesity

The United States has one of the highest obesity rates in the world





Difficult Challenges: No Universal Coverage

USA

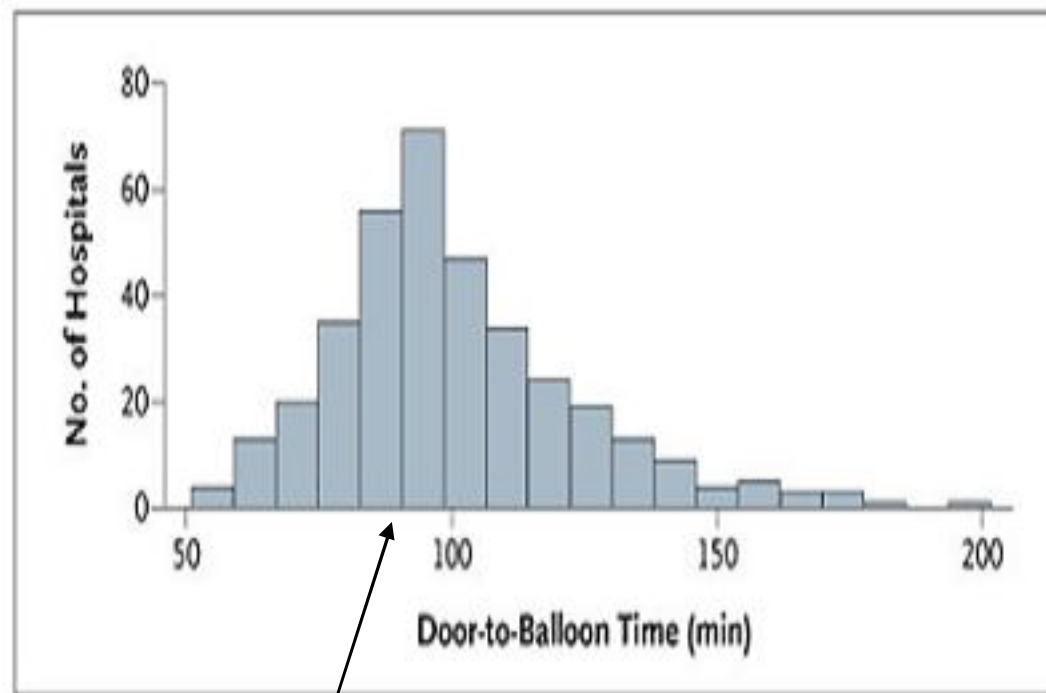


- Countries in dark green: some form of universal coverage
- Countries in bright green: trying to establish universal coverage
- Countries in gray: no universal coverage
- Countries in red: US coverage for Iraq and Afghanistan



General Poor Performance 1

- Door-to-balloon time for AMI should be less than 90 minutes for percutaneous coronary intervention (PCI)
- Average for random sample of 365 hospitals = 100.4 minutes



90-minute criterion



General Poor Performance 2

- Only about 55% of ambulatory care given by doctors and nurses was in line with clinical recommendations

Table 3. Adherence to Quality Indicators, Overall and According to Type of Care and Function.

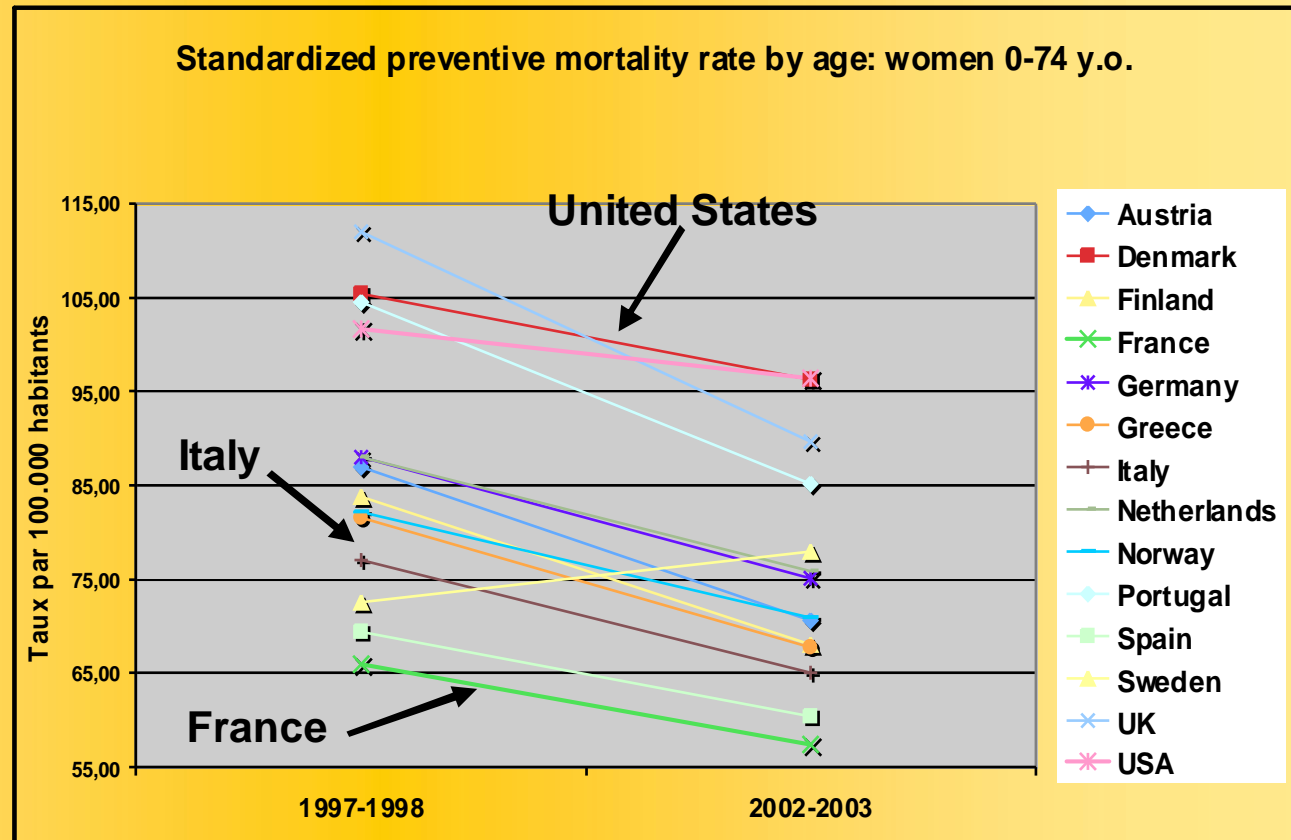
Variable	No. of Indicators	No. of Participants Eligible	Total No. of Times Indicator Eligibility Was Met	Percentage of Recommended Care Received (95% CI) ^a
Overall care	439	6712	98,649	54.9 (54.3–55.5)
Type of care				
Preventive	38	6711	55,268	54.9 (54.2–55.6)
Acute	153	2318	19,815	53.5 (52.0–55.0)
Chronic	248	3387	23,566	56.1 (55.0–57.3)
Function				
Screening	41	6711	39,486	52.2 (51.3–53.2)
Diagnosis	178	6217	29,679	55.7 (54.5–56.8)
Treatment	173	6707	23,019	57.5 (56.5–58.4)
Follow-up	47	2413	6,465	58.5 (56.6–60.4)

* CI denotes confidence interval.



General Poor Performance 3

Amenable or preventive mortality (bacterial illnesses, certain cancers, diabetes, certain heart diseases) are high in the United States and have not improved as quickly as other European countries.





General Poor Performance 4

In the Institute of Medicine (IOM) now famous 2000 book, *To Err is Human*, estimates that:

- 44,000 to 98,000 annual preventable deaths
- More deaths than those who die from motor vehicle accidents, breast cancer, or AIDS
- The culprits:
 - diagnostic errors (delay, outmoded tests)
 - treatment errors (performance, drugs, delay)
 - preventive/follow up errors (monitoring)
 - other errors (communication lapses, equipment)



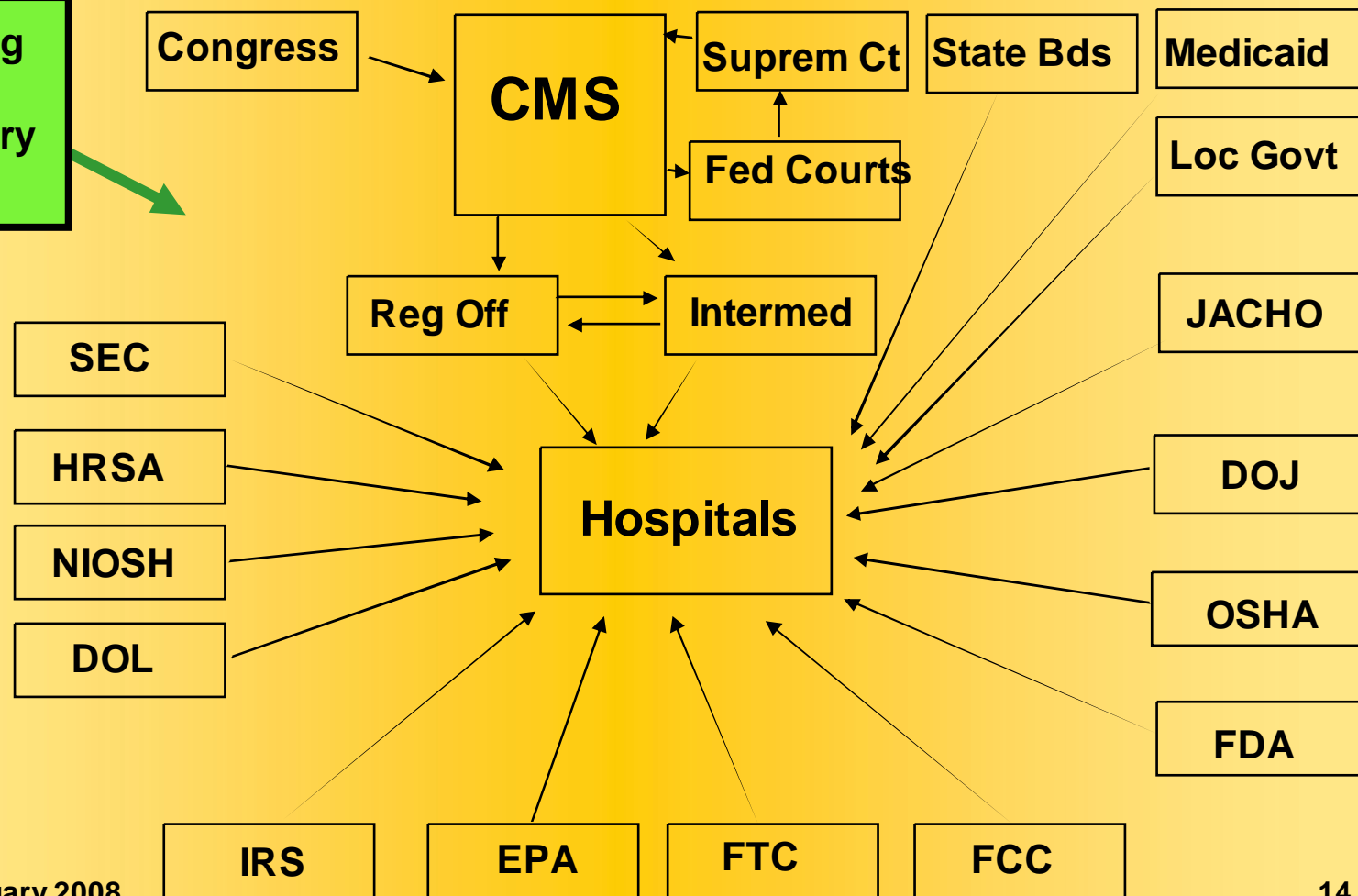
Why?

- **Mick's Hypothesis:**
 - **Health care managers and leaders in the United States must operate in a larger system that contains vast contradictions, arising from two underlying forces:**
 - **An enormous amount of regulation**
versus
 - **An emphasis on market competition**
 - **This makes running our hospitals and other delivery organizations especially difficult and challenging**



Schematic of Hospital Regulation in the United States

A baffling mix of regulatory forces





Competition and Markets

- **US Department of Justice and the Federal Trade Commission:**
 - Enforce anti-trust laws to promote competition among hospitals and physician offices
- **Much federal legislation since 1973 has been to foster “managed competition”**
 - Develop the requisite forces that encourage competition between provider organizations (hospitals and related health delivery organizations)
 - Put another way, remove barriers to effective operation of health care markets



Competition and Markets

- **Examples of legislation to foster markets and economic competition:**
 - **The Health Maintenance Organization Act of 1973**
 - **The Diagnosis-Related Group (DRG) hospital reimbursement system for Medicare payment to hospitals**
 - **The Resource-based relative value scale (RBRVS) reimbursement system for Medicare payment to physicians**



The Huge Challenge

- **In a perverse way, we in America have to train our health care administrators and future leaders in a more exacting way than we would if the US health care system were more organized, rationalized, and coordinated.**
- **Otherwise, the performance of the system would be even worse than it currently is.**
- **So: what has the field done in America to rise to this challenge?**



Commission on Accreditation of Healthcare Management Education (CAHME)

- North American (USA and Canada) organization that reviews health management programs according to a set of criteria considered essential for excellent training
- Beginning this year (2008), all programs' teaching programs will be evaluated across two different dimensions:
 - Academic criteria for courses and curriculum
 - Competencies



Academic Content: 19 Substantive Areas

1. **Population health and health status assessment**
2. **Health policy formulation, implementation, and evaluation**
3. **Organization development/organization behavior theory and application**
4. **Management and structural analysis of health care organizations**
5. **Operations assessment and improvement**
6. **Management of human resources and professionals**
7. **Information systems management and assessment**
8. **Legal principals: development, assessment, application**
9. **Governance, structure, roles, and responsibilities**
10. **Leadership: visioning, change management, and team development**



Academic Content: 19 Substantive Areas

11. **Written, verbal, and interpersonal communication skills**
12. **Statistical analysis and application**
13. **Economic analysis and application**
14. **Market analysis, research, and assessment**
15. **Financial analysis and management**
16. **Ethics in business and clinical decision-making**
17. **Strategy formulation and implementation**
18. **Quality assessment and patient care improvement**
19. **Professional skills development**



Coverage of 19 Areas Is Flexible: Examples of 4 Areas from VCU

CRITERION or CONTENT AREAS	1 st Semester	2 nd Semester	3 rd Semester	4 th Semester
1. Population health and health status assessment	602 Health System Design 609 Management Epidemiology	647 Hospital Operations		
2. Health policy formulation, implementation, and evaluation	602 Health System Design	624 Health Economics	631 Insurance	
3. Organization development/organizational behavior theory and application	646 Basic Mgmt & Org Behavior			
4. Management and structural analysis of health care organizations	602 Health System Design 646 Basic Mgmt & Org Behavior	647 Hospital Operations	612 Information Systems & Information Technology	648: Strategy



Competencies Defined

- **The essential knowledge, skills, and other attributes that are essential for performing a specific task or job***
 - Competencies should define what graduates should know and be able to do.
 - The competencies should describe in measurable terms the knowledge, skills, and abilities a successful student will demonstrate on graduation.
 - The relationship between competencies and learning objectives should be explicit and be demonstrably related to the Program's mission, goals, and objectives.

* CAHME, *Self-Study Handbook for Graduate Programs in Healthcare Management Education*, April 2007, page vii. (available at www.cahme.org)



Competencies: Who Defines Them?

- No *required* model or approach to defining competencies or their measurement; choice left to each educational program
- Two popular approaches that are available:
 - National Center for Healthcare Leadership (NCHL): emphasizes skills expected of mid-career health care managers (www.nchl.org)
 - Healthcare Leadership Alliance (HLA): developed by a consortium of professional organizations, e.g., the American Hospital Association, the American College of Healthcare Executives, the Medical Group Management Association, and others (www.healthcareleadershipalliance.org)



The VCU Competency Model

- **Developed 10-12 years ago to help determine the impact of the curriculum on skill acquisition for our two masters programs**
- **Validated against the HLA model with special reference to hospital management**
 - **Studies based on faculty, recent graduates, and practicing administrators who are or have been student preceptors during internships and residencies.**
 - **Tested by three other American health management programs with similar evaluation results as obtained from VCU faculty, recent graduates, and preceptors (Trinity University, University of Alabama-Birmingham, and Medical University of South Carolina)**



The VCU Competency Domains

- **VCU**
 - **Healthcare Leadership Alliance**
-
- | | |
|--|--|
| 1. Leadership | 1. Communication and Relationship Management |
| 2. Communication & Relationship Management | 2. Leadership |
| 3. Business Skills and Knowledge | 3. Professionalism |
| 4. Professionalism | 4. Knowledge of the Health Care Environment |
| 5. Health Care Knowledge | 5. Business knowledge and skills |
| 6. Applied & Integrative Learning | |



Leadership

Domain	Knowledge/Skill
Leadership	Leading and managing others
	Planning and implementing change
	Ability for honest self-assessment



Communication and Relationship Management

Domain	Knowledge/Skill
Communication and Relationship Management	Interpersonal communication
	Writing skills
	Speaking to groups
	Presentation skills
	Working in teams



Business Skills and Knowledge 1

Domain	Knowledge/Skill
Business Skills and Knowledge	Solving business problems and making decisions
	Planning and managing projects
	Systems thinking
	Financial management
	Quantitative skills
	Information and technology management
	Human resources management



Business Skills and Knowledge 2

Domain	Knowledge/Skill
Business Skills and Knowledge	Legal principles
	Risk management
	Strategic planning
	Marketing
	Quality and performance improvement
	Economic analysis
	Organizational dynamics and governance



Professionalism

Domain	Knowledge/Skill
Professionalism	Professional and managerial ethics
	Continuing education and life-long learning
	Professional and community contribution
	Time management



Health Care Knowledge

Domain	Knowledge/Skill
Health Care Knowledge	Health care issues and trends
	Standards and regulations
	Population health and status assessment
	Health policy formulation, implementation, evaluation



Applied and Integrative Learning

Domain	Knowledge/Skill
Applied and integrative learning	Critical thinking and problem solving skills
	Synthesize knowledge/skills
	Team-based activities
	Integrate field of practice/career guidance



Rankings of the Top 12 Competencies

- Top 12 Competency Areas Based on the Mean Ranks by All Respondents From 4 Health Management Programs (n = 327)

Competency Area	MUSC		Trinity		UAB		VCU	
	Rank	Mean	Rank	Mean	Rank	Mean	Rank	Mean
Interpersonal Communications	1	4.89	1	4.91	1	4.92	1	4.96
Ethics	2	4.86	4	4.76	3	4.79	2	4.86
Teamwork	3	4.70	3	4.81	4	4.76	4	4.81
Problem Solving	4	4.68	6	4.75	5	4.75	4	4.81
Presentation Skills	6	4.64	7	4.67	9	4.65	8	4.65
Project Management	6	4.64	6	4.75	6	4.74	6	4.74
Leading Others	7	4.57	3	4.81	2	4.80	5	4.75
Writing Skills	9	4.55	13	4.51	15	4.57	10	4.61
Time Management	9	4.55	15	4.48	10	4.64	8	4.65
Personal Leadership	11	4.52	12	4.54	8	4.67	17	4.45
Health Care Issues	11	4.52	17	4.40	15	4.57	12	4.58
Planning Change	13	4.50	8	4.66	12	4.61	14	4.52



Very High Agreement Among Four Health Management Programs

- **Correlation Matrix For Mean Responses to 30 Competencies Rated by All Respondents From 4 Health Management Programs (n = 327)**

	MUSC	Trinity	UAB	VCU
MUSC	1.00			
Trinity	0.96	1.00		
UAB	0.96	0.98	1.00	
VCU	0.97	0.96	0.96	1.00



Experiential Learning (Learning by Doing)

- **This area emphasizes the “applied and integrative” learning aspect of the VCU Master of Health Administration (MHA) Program**
- **It consists essentially of a placement in a health care organization for an extended period of time (12 months), not as a “regular” employee, but as a student-resident or student-intern**
- **This part of the program is highly structured, systematically monitored, and continuously evaluated**



Goals of Residency

- **Critical thinking and problem solving skills as well as management competencies in applied, experiential settings.**
- **Integrative experiences that require students to draw upon, apply, and synthesize knowledge and skills covered in the program of study.**
- **Involvement in team-based activities.**
- **Working relationships with health administration employers in the field of management practice.**



Oversight

- **Preceptor training**
- **Site visits by Residency Coordinator and Program Director**
- **Resinet participation**
- **Management study**
- **Student self-evaluation**
- **Preceptor evaluation**



Philosophy

- **Compare the didactic and experiential parts of the learning experience to a chair with a woven seat:**
 - **Warp** - The reeds that go from side to side of the chair seat
 - **Woof** - The reeds that go from front to back of the chair seat
 - Neither alone can hold the weight of a person; but, together, they can hold the weight of many times that of the chair itself
- **The Warp is the didactic part**
- **The Woof is the experiential part**



Conclusion

- **Great concern about the future of health management education in the United States**
- **Much hope placed on the acquisition of competencies**
 - **Still very early to tell if this approach will work generally**
 - **Because we have been collecting data on practical management skills for over a decade, we at VCU know, that employers rate competencies very highly**
- **The more our graduates are seen as possessing these competencies, the better they are regarded**
- **We can only hope that the day will arrive when these skills and competencies will have more positive impact than they have under the current health care system that exists in the United States**