



## The Alliance for Medical Management Education Preparing Physicians to Assume a More Effective Role in the Leadership and Management of Medicine



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In the Spring of 1997, two internationally respected universities, The University of Texas at Dallas and The University of Texas Southwestern Medical Center at Dallas, formed a strategic partnership, the Alliance for Medical Management Education. The purpose of the Alliance is to help physicians develop the knowledge and skills they need to play a more effective role in the leadership and management of medical organizations.

The once central leadership role of physicians in the U. S. healthcare system has been seriously eroded over the past two decades. This erosion has been the result of efforts to restrain accelerating healthcare inflation. National healthcare expenditures have risen from 8% of gross national product in 1978 to over 14% today. Employers and government, who collectively finance over 80% of U. S. healthcare costs, have grown increasingly insistent that healthcare spending be more tightly managed.

Efforts to control spending have resulted in a significant loss of physician autonomy and economic leverage. In the past five years, physician reimbursement rates for many common procedures have dropped 30% to 50% in major metropolitan markets. Physician control over clinical decision making has also been reduced with

the introduction of specific medical controls, such as prior approval for elective procedures, limitations on the length of hospital stays and restrictions on specialist referrals.

Doctors have responded to this loss of control by forming a wide variety of physician practice organizations. These range all the way from loosely structured marketing associations to tightly controlled, publicly traded practice management companies. As the percentage of physicians joining practice groups has risen, the demand for physician leaders trained in the basics of medical management has outstripped the supply.

American Medical Schools, however, have not responded to this need. A 1998 report of the Council on Medical Education of the American Medical Association revealed that fewer than three percent of U. S. Medical Schools included practice management and business related subjects as part of their required courses. Less than five percent of the respondents to a 1996 nationwide survey of physicians believed that they were well prepared by their medical schools and residency programs to manage the business aspects of medicine.

In 1997, the Alliance for Medical Management Education was formed to address this unmet need. In

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Alliance's Internet site on the world wide web: [www.amme.utdallas.edu](http://www.amme.utdallas.edu)



May, 1998, the Alliance admitted the first class of physicians into its Master of Science in Medical Management program.

### **Master of Science in Medical Management**

The Master of Science in Medical Management is a unique, graduate-level management program for physicians only. It is a rigorous, highly interactive curriculum designed to help develop the knowledge and skills doctors need to :

- ★ understand the economic forces driving the healthcare revolution ;
- ★ become effective leaders and communicators ;
- ★ improve service quality and patient satisfaction ;
- ★ identify and evaluate alternative organizational strategies ; and
- ★ efficiently manage human, financial and information resources.

The curriculum was developed specifically to meet the unique needs of physicians. It is jointly taught by a faculty of 26 experienced, senior professors from The University of Texas at Dallas School of Management and The University of Texas Southwestern Medical Center at Dallas.

(See **Attachment 1** for a description of the schools)

Courses are taught in week-long residential modules spaced approximately every three months. Physicians and faculty work and reside together during these sessions at the American Airlines Training and Conference Center in Dallas. The Conference Center provides both residential accommodations and state-of-the-art classrooms and computer facilities. Classes run from early in the morning until late into the evening. Strong

bonds develop among physicians and faculty as they work together in an environment that fosters team building and development of group decision-making skills.

### **The Curriculum**

The curriculum is highly interactive. Participants cycle back and forth between gaining new knowledge through short, focused faculty presentations and applying it to medical situations through group analysis of healthcare industry cases and simulations.

The 36-credit hour curriculum is divided into two components : an 18-credit hour core and an 18-credit hour advanced curriculum.

The core curriculum develops the key analytical and communications skills physicians need to successfully lead a medical organization. It consists of six, 5½ day residential modules covering key areas in medical management, including :

- ★ Leadership and Organizational Behaviour in Medicine ;
- ★ Quality Management and Patient Satisfaction ;
- ★ Healthcare Accounting and Finance ;
- ★ Medical Risk Management and Contracting ;
- ★ Healthcare Information Systems ; and
- ★ Healthcare Economics and Policy.

(See **Attachment 2** for a description of the learning objectives of each core course)

Each core module is eligible for three graduate academic credit hours and 45 hours of Category 1 Continuing Medical Education (CME) credit. Successful completion of the 15 month core is acknowledged by the award of a Certificate in Medical Management.



The advanced curriculum is open to physicians who have completed the core and who have committed to medical management as a major element of their professional career. The advanced curriculum is an integrative, capstone experience consisting of:

- ★ a 10-day residential module on advanced operational management ;
- ★ a 10-day residential module on strategic management and organizational leadership ; and
- ★ a faculty supervised research study of the physician's own practice organization using the knowledge and skills developed in the residential program.

Like the core, the advanced curriculum is case based and fosters development of team leadership and group decision making skills. Successful completion of both the core and the advanced curriculum is recognized by the award of the Master of Science in Medical Management degree.

The masters curriculum is periodically reviewed by the Alliance Advisory Council, a 25-member panel of nationally recognized physicians and healthcare executives. The purpose of the Council is to provide program guidance and overall direction as well as advise on important healthcare industry trends and developments.

### **Current Class Profile**

The first masters class includes 45 physician leaders from all over the U. S. The average age is 48, with most having 15-20 years of clinical experience. There are 8 women and 37 men. Most are either the managing partner or medical director of their physician organization or departmental chairman of their academic medical center.

Forty percent have medical school faculty appointments, and 20% have advanced academic degrees beyond the MD. All are board certified, and all are actively engaged in clinical practice.

During the week-long residential sessions, the physicians are divided into 6-7 member teams for purposes of case analysis and problem solving. Formal classroom hours extend from 8:00 A. M. – 6:00 P. M. At the end of the day, the doctors rate the faculty presentations and provide written feedback on the day's learning objectives. Discussion among physicians and faculty continues over dinner, after which the doctors break into their respective teams for reading and case preparation for the next day. Faculty reviews the physicians' written comments and makes preparations for the following day's learning.

The Alliance masters program is rapidly gaining recognition as one of the nation's top-quality physician leadership and management programs. It is not, however, the Alliance's only activity. In addition to the masters program, the Alliance also sponsors periodic conferences on national healthcare policy issues, and is planning the development of an Internet-based, on-line physician network.

### **Conferences on Healthcare Policy Issues**

In November, 1997, the Alliance sponsored its first national conference, *Taking Back Medicine : What Physicians Need to Know to Regain Control*. Held in Dallas, the conference dealt with what doctors need to do to regain their once central role in the American healthcare delivery system. It included distinguished speakers from across the U. S. and was attended by over 200 physicians.



The conference was recorded and distributed on CD-ROM using a Windows based, multi-media technology. The technology integrates audio, video and graphics into a highly effective presentation format, making it available to anyone with a personal computer.

A second conference is planned for the spring of 1999 dealing with the impact on physicians of horizontal consolidation in the American hospital and health insurance industries. Like the first, this conference should attract physicians and healthcare professionals from throughout the U. S. Plans are being made to broadcast the conference on a national business television network.

### **Physician On-line Network**

The third major Alliance activity is a planned interactive, on-line physician network. Scheduled to become operational in the spring of 1999, it will be a secure, physician-enabled Internet community for doctors only. One purpose will be to distribute educational materials developed in the Masters curriculum. Equally important, it will also facilitate peer discussion among doctors nationwide on key medical management issues, such as physician compensation, managed care contracting, quality management and medical cost control.

### **The Future of the Alliance**

The mission of the Alliance is to provide physicians with the knowledge and skills they need to assume a more effective role in the leadership and management of medicine. The University of Texas at Dallas School of Management and The University of Texas Southwestern Medical Center at Dallas have firmly committed to that goal through their joint sponsorship of a high quality medical masters program ; conferences on national

healthcare policy issues ; and an on-line physician forum for the sharing of medical management information and experience.

Although less than two years old, the Alliance has already become one of the premier strategic partnerships of its kind in the United States. Its programs will continue to evolve and improve in the years ahead, but it will never lose sight of its central mission to serve healthcare by educating physician leaders.

## **Attachment 1**

### **THE ALLIANCE PARTNERS**

#### **The University of Texas at Dallas School of Management**

The University of Texas at Dallas is a nationally recognized graduate research institution, offering 28 programs at the bachelor's level, 32 at the master's level and 18 at the doctoral level. Forty-five percent of the University's 9300 students are enrolled in masters and doctoral level programs.

The School of Management is the largest school of the University, serving over 2200 graduate students and 1200 undergraduates. It offers programs of study in organizational development, decision sciences, marketing, finance, accounting and international management leading to the PhD, MBA, MS, and MA degrees. The School of Management also offers a variety of executive programs geared to the specialized needs of working executives and professionals.

#### **The University of Texas Southwestern Medical Center at Dallas**

The University of Texas Southwestern Medical Center at Dallas ranks among the top academic medical centers in the nation. It has more Nobel laureates on its faculty





than any other medical school in the world. The center includes three degree-granting components : Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences, and Southwestern Allied Health Sciences School.

The activities of UT Southwestern are directed toward four goals : to educate future health professionals and scientists, to provide compassionate, scientifically based clinical care for the sick and preventive care for the well ; and to provide a continuum of medical education for practicing physicians and medical scientists.

## Attachment 2

### CORE CURRICULUM LEARNING OBJECTIVES

#### **Leadership and Organizational Behaviour in Medicine**

Examines the critical determinants of medical leadership, including overcoming organizational barriers to change, dealing with the problem physician and redirecting physician resistance into support.

An important objective is to help physician leaders develop an effective medical leadership team. Case studies illustrate how to create a motivating environment and align the medical team with the organization's strategic direction.

The course also develops insight into group decision making and how to use group processes to generate organizational commitment.

#### **Quality Management and Patient Satisfaction**

Evaluates quality from the patient's point of view, including measuring patient satisfaction and influencing the patient's choice of provider.

Physicians learn how to analyse and reengineer medical service delivery. They develop tools for medical

process improvement, including process mapping, feedback loops and cost-benefit analysis. The course also examines the ethical conflicts inherent in cost-benefit analysis.

Case studies help identify organizational barriers to change and the reason process improvement efforts often fail.

#### **Healthcare Accounting and Finance**

Critically analyzes healthcare financial statements and uses financial information to develop performance benchmarks and control medical costs.

Physicians learn to make informed decisions concerning medical service mix and pricing. Case studies illustrate how to identify and control major cost drivers in a medical practice and how to analyse the relative profitability of medical services, patient population and geographic markets.

Learning objectives include the identification of factors that induce negative behaviour in the budgeting process ; and the relevance of both financial and non-financial performance measures in establishing physician compensation and incentives.

#### **Medical Risk Management and Contracting**

Defines and measures total provider risk, including population risk, operating risk and financial risk.

Physicians practice defining an acceptable level of organizational risk and evaluating the costs and benefits of alternative risk reduction strategies. They also learn to develop and communicate an appropriate medical risk management strategy.

Data on publicly traded medical companies is used to examine the relationship between organizational risk and the rate of return on investment required by individual and institutional investors.



### Healthcare Information Systems

Examines key medical management information needs and applications, including how data and data-base management is used to support clinical decision making, medical outcomes management, organizational benchmarking and quality improvement efforts.

Physicians perform a medical information cost/benefit analysis and develop an overall information technology strategy. They identify the major planning, budgeting, procurement and implementation issues associated with information systems implementation.

### Healthcare Economics and Policy

Analyzes the principal economic drivers of for-profit and not-for-profit healthcare organizations ; compares government vs. private reimbursement systems ; and evaluates the economic consequences of current consolidation trends in the hospital and managed care industries.

Physicians assess the impact of state and federal legislation on the cost and quality of healthcare services. They develop a regulatory compliance strategy as well as a strategic organizational response to current legislative and regulatory trends.



fertility  
antibiotic resistance  
bacterial evolution