

# ***Health Policy Newsletter***

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## Letters to the Editor

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## Letters to the Editor

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### **Physician Leadership**

Dear Dr. Nash,

I appreciated your thoughts on leadership education for physicians ("Managing the Medical Industrial Complex: Two Decades On," September 2004). Clearly Jefferson is playing a leadership role in this area. Another leader in this area is Intermountain Health Care (IHC) in Salt Lake City, Utah. Under the direction of Dr. Brent James, IHC's Advanced Training Program in Health Care Delivery Improvement is training senior leaders, middle management and front-line health professionals in the theory and application of cost and quality control. It is a four-week course dedicated to integrating state-of-the-art clinical quality techniques into the health services academic and management infrastructure. It not only trains physicians to be cognizant of systems in medicine, it is working to train health care executives to be more aware of the potential use of systems to improve both patient safety and support clinicians in being more efficient in the clinical environment. I think there is a strong necessity for both executives and clinicians to learn to integrate their disciplines, and I hope that more executives will avail themselves of clinical training programs while physicians continue to study the complexities of the marketplace.

I am beginning my third week in the program and highly recommend it to anyone interested in the area of cost and quality control and patient safety.

**John Beeson, MD**  
*St. Mary's Hospital*  
*Grand Junction, CO*

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Dear Dr. Nash,

I agree that something of a revolution has begun. As more and more of the leaders around our school seek out help in analyzing complex problems in planning and operations, our combined degree students have begun to have more positive visibility. I know that you are personally interested in health policy issues, but I think that general management will pave the way for an increased sophistication among physicians so that the eventual "reform" (that we have been talking about for decades) will run from top to bottom and back again.

**John M. Ludden, MD**  
*Norman S. Stearns Professor of Health Management*  
*Tufts University Medical School*  
*Boston, MA*

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Dear Dr. Nash,

I am amazed by the progress made at Jefferson and other medical schools in training tomorrow's physician executives. Your 1986 *New England Journal of Medicine* article ("Managing the Medical Industrial Complex"), which I frequently cite in my own presentations and workshops, has clearly paved a path for physicians interested in medical management. It has steered them toward the essential training curriculum, which closely resembles subjects taught in business school. But while many physicians have embraced business school as a means to enter the field of medical management, it seems that a good number have reacted negatively to physicians with MBA degrees and to the concept of physicians filling the ranks of management, let alone the CEO role.

Consider the comment from a physician whose letter was published in the October 25, 2002, issue of *Medical Economics*: "The most materialistically banal, ruthless, and avaricious people I have ever known now work in the medical field as administrators, investors, bureaucrats – and physicians. This is the reason for the sorry state of health care today."

Maybe you remember when *American Medical News* published an article titled "Physicians with MBAs? Not My Doctor!" Written in 1998 by a well-known physician leader, the article drew more letters to the editor than any article previously published in *AMNews*. An overwhelming number of the letters were critical of the article and touted the benefits of physicians with business savvy. But I ask: Is the positive sentiment toward physician executives now beginning to sour? What can those of us who participated in the Jefferson-hosted Second National MD/MBA Program Director Conference do about it at the third meeting? Have I identified a real problem, or have I selected biased examples to support my own opinion that, as the comic strip character Pogo put it, "We have met the enemy, and he is us"?

This certainly would not be the first time the medical profession has self-destructed.

**Arthur Lazarus, MD, MBA**

*Executive-in-Residence*

*Temple University Fox School of Business and Management*

*Clinical Associate Professor of Psychiatry*

*Temple University School of Medicine*

*Philadelphia, PA*

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Dear Dr. Nash,

As a fourth-year student in the five-year combined program with Jefferson Medical College and Widener University School of Business, I want to thank you for the opportunity to participate in this program and your continued dedication to mentoring individuals with interests in both business and medicine. What is particularly concerning to me at this point in my medical education is that in creating a future generation of physician leaders, there are very few mentors who possess the skills to develop individuals who have an MD/MBA background and are interested in becoming administrators in the future. Formal MBA and MD education is important, but just like the last two years of medical school and residency are for molding

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young physicians, we need programs to mold young physician administrators. Having completed my MBA last year and now being back on the wards, the information gained was extremely valuable. However, as I look towards becoming more involved in academic medicine and a physician administrator one day, I want to learn these skills from other physicians who are in academic medicine and have their MBA. There are practically no opportunities nor mentors for people with my interest.

**Adam Evans**

*Jefferson Medical College  
Class of 2005*

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