

2006-2007 :: Executive M.S. in Healthcare Management

1. Mission Statement:

The mission of the Executive Master of Science in Healthcare Management is to help physicians advance their professional careers by providing them with the critical business and interpersonal skills they need to become more effective leaders of their healthcare organizations.

2. Objectives:

2.1 Operating Management:

Students will demonstrate the knowledge and skills required to improve operating efficiency in a healthcare organization.

2.1.1 Related General Education Outcome Item(s): 10. Foundational Knowledge in Discipline(s); 11. Advanced Knowledge in Discipline(s); 16. Independent Thought

2.1.2 Related Strategic Plan Item(s): II-1 The Education of Leaders

2.1.3 Related Institutional Priority Item(s):

CPT-2 Maintain 60/40 mix UG/GR with highest academic standards; CPT-3 Significantly improve quality of UTD's graduate students

2.1.4 Standards and Associations:

The Association to Advance Collegiate Schools of Business International (AACSB, <http://www.aacsb.edu/>). In 2002 UT Dallas' School of Management (SOM) was granted full AACSB accreditation of its undergraduate, master's, and doctoral programs in both business administration and accounting. The executive MS in Healthcare Management is offered through an educational partnership with UT Southwestern Medical Center, which is accredited by the Accreditation Council for Continuing Medical Education to award Category 1 CME credit to program participants.

2.1.5 Student Related Objective: Yes - This is a student related objective.

2.2 Financial Management: Students will demonstrate the ability to make financial decisions that create economic value.

2.2.1 Related General Education Outcome Item(s): 3. Quantitative Methods; 10. Foundational Knowledge in Discipline(s); 11. Advanced Knowledge in Discipline(s); 16. Independent Thought

2.2.2 Related Strategic Plan Item(s): II-1 The Education of Leaders

2.2.3 Related Institutional Priority Item(s):

CPT-2 Maintain 60/40 mix UG/GR with highest academic standards; CPT-3 Significantly improve quality of UTD's graduate students

2.2.4 Standards and Associations:

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2.2.5 Student Related Objective: Yes - This is a student related objective.

2.3 Strategic Thinking:

Students will demonstrate the strategic thinking skills required to create sustainable competitive advantage in a healthcare organization.

2.3.1 Related General Education Outcome Item(s): 10. Foundational Knowledge in Discipline(s); 11. Advanced Knowledge in Discipline(s); 16. Independent Thought

2.3.2 Related Strategic Plan Item(s): II-1 The Education of Leaders

2.3.3 Related Institutional Priority Item(s):

CPT-2 Maintain 60/40 mix UG/GR with highest academic standards; CPT-3 Significantly improve quality of UTD's graduate students

2.3.4 Standards and Associations:

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program participants.

2.3.5 Student Related Objective: Yes - This is a student related objective.

2.4 Leadership Effectiveness:

Students will develop the interpersonal skills required to improve personal leadership effectiveness in a healthcare organization.

2.4.1 Related General Education Outcome Item(s): 1. Communication; 9. Social & Behavioral Science; 16. Independent Thought

2.4.2 Related Strategic Plan Item(s): II-1 The Education of Leaders

2.4.3 Related Institutional Priority Item(s):

CPT-2 Maintain 60/40 mix UG/GR with highest academic standards; CPT-3 Significantly improve quality of UTD's graduate students

2.4.4 Standards and Associations:

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2.4.5 Student Related Objective: Yes - This is a student related objective.

3. Measures & Findings:

3.1 Case Analysis and Discussion .:

. . MED 6402: (i) Apply appropriate financial decision-making methods to a capital project. . MED 6405 (i) Analyze the reasons for the success or failure of a healthcare IT project. (ii) Analyze the governance requirements of a healthcare IT project. . MED 6406 (i) Evaluate alternative competitive strategies for a healthcare organization. . MED 6407 (i) Analyze the interests and positions of key healthcare regulators and interest groups. . MED 6408 (i) Analyze the leadership styles of successful healthcare leaders.

3.1.1 Assessment Timeframe: Each time the class is offered.

3.1.2 Success Criteria:

MED 6402 (i) 80% able to correctly apply and interpret discounted cash flow method. . MED 6405 (i) 80% able to correctly identify key reasons for the success or failure of an implementation project. (ii) 80% able to correctly create suitable project governance and oversight guidelines . MED 6406 (i) 80% able to correctly evaluate whether a competitive strategy is sustainable. . MED 6407 (i) 80% able to correctly distinguish between interests and positions. . MED 6408 (i) 80% able to successfully map and compare individual motivational needs to the motivational requirements of the job.

3.1.3 Related Objective(s):

Operating Management; Financial Management; Strategic Thinking; Leadership Effectiveness

3.1.4 Results Related To Success Criteria: MED 6408

(i) The class teams analyzed the leadership style of Paul Levy, CEO of Beth Israel Deaconess Hospital, mapping his motivational behavior against the motivational requirements of the job and evaluating the team climate created by his actions.

3.1.5 Numerical Results:

MED 6408 (i) 90% of the class was able to successfully map the motivational behavior and job requirements of the CEO as well as those of his direct reports, the COO and CFO.

3.1.6 Achievement Level: Met

3.1.7 Further Action: No

3.2 In-Class Exercise:

. . . MED 6401 (i) Analyze competing interests and sources of power in a negotiation. . MED 6402 (i) Analyze and interpret healthcare financial statements. . MED 6403 (i) Create performance metrics for a healthcare organization. (ii) Apply appropriate cost management tools to improve financial performance. . MED 6404 (i) Evaluate the efficiency of key medical service processes. (ii) Identify and evaluate key service processes that create patient value. . MED 6406 (i) Analyze the external environment of a healthcare organization. . MED 6410 (i) Demonstrate authentic listening and authentic feedback in a coaching situation. .

3.2.1 Assessment Timeframe: Each time the class is offered.

3.2.2 Success Criteria:

MED 6401 (i) 80% achieve a negotiating score of 8.0 or better. . MED 6402 (i) 80% able to correctly identify and interpret key liquidity, solvency and profitability ratios. . MED 6403 (i) 80% able to correctly identify the perspectives and performance criteria of a healthcare balanced scorecard. (ii) 80% able to correctly identify and interpret both direct and variable healthcare cost data. . MED 6404 (i) 80% able to correctly draw and interpret a process map. (ii) 80% able to correctly apply basic process improvement tools to a key service process. . MED 6406 (i) 80% able to correctly apply and interpret Porter "Five-Forces" model. . MED 6410 (i) 80% achieve a coaching evaluation of 8.0 or better. .

3.2.3 Related Objective(s):

Operating Management; Financial Management; Strategic Thinking; Leadership Effectiveness

3.2.4 Results Related To Success Criteria: MED 6403

(i) The students developed a balanced scorecard for St. Thaddeus Pediatric Research Hospital. Their task was to both develop appropriate balanced scorecard perspectives and identify relevant performance criteria for each perspective.

(ii) The class teams performed a cost/volume/profit analysis on a hospital and an outpatient clinic

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MED 6410

(i) The class conducted three rounds of an executive coaching practicum, where pairs of students first served as coach, then as coachee. Each coachee awarded a confidential numerical evaluation to the coach on five key coaching criteria.

3.2.5 Numerical Results:

MED 6403 (i) Virtually all of the class was able to develop appropriate perspectives, but a significant minority was unable to identify appropriate performance metrics. (ii) Over 90% of the class was able to correctly allocate variable costs in order to establish break-even levels of service. . MED 6410 (i) On a scale of 1-10, the average evaluation was 8.7

3.2.6 Influencing Factors:

MED 6403 (i) Not enough time was given to explaining how performance measures must tie to organizational strategy. This is a very difficult concept to master.

3.2.7 Achievement Level: Partially Met

3.2.8 Further Action: Yes

5. Closing the Loop:

5.1 Revise syllabus of MED 6403:

. MED 6403 (i) We will give more time to explaining the linkages between performance metrics and organizational strategy. Developing a simple example to illustrate the point would be helpful.

5.1.1 Related Objective(s): Operating Management

5.1.2 Related Measure(s): In-Class Exercise

5.1.3 Responsible Person: John McCracken

5.1.4 Target Date: October 2008, the next time the class is offered.

5.1.5 Priority: Medium Priority

6. Analysis:

6.1 Program/Unit Strengths:

6.1.1 Objectives/Outcomes Exceeded or Met: See Findings

6.1.2 Other Strengths:

The program's principle strength is that it is case-based and focused on developing the specific skills required by our target market, physicians who want to assume a more effective role in the leadership and management of their healthcare organizations. Student feedback and learning assessments are used to continually update both content and instructional methods to achieve the program's learning objectives.

6.2 Program / Unit Weaknesses:

6.2.1 Objectives / Outcomes Partially or Not Met: See Findings

6.2.2 Other Weaknesses:

One limitation is sufficient funding for marketing. The program is not state supported; tuition revenues must be sufficient cover all administrative, faculty and marketing costs. In order to attract enough qualified students, the program must be nationally marketed, and national marketing is expensive.

Another challenge is finding and retaining highly qualified faculty. The vast majority of students are board-certified in their practice specialty, professionally successful (many have several publications), and range in age from the mid 30s to over 70. To successfully relate to and teach this audience requires two key skills: (1) classes are team taught, so faculty members must be willing to work as a team and be adept at real-time, simultaneous interaction with both their colleagues and the students; and (2) because no one is master of both business and medicine, faculty must be comfortable with not having all the answers. This requires self-confidence, curiosity, openness and a willingness to learn from others. These skills are not easy to find, particularly among younger faculty.

6.3 Other Areas Needing Improvement:

Notwithstanding that the US spends much more on healthcare (both absolutely and as a share of GDP) than any other nation in the world, it still suffers from uneven quality, administrative inefficiency, skyrocketing costs and lack of access for a significant percentage of the population. Many knowledgeable observers believe that the US healthcare system has reached the limits of homeostasis—the ability of a complex system to maintain stability in the face of change—and that cataclysmic change and reform will eventually occur.

Physician leaders will have a major role to play in this process, and it is a continual challenge to peer into the future in an attempt to divine what knowledge and skills they will need to function effectively in a changed environment, whatever form or shape it takes. It is therefore critical to continually listen to our audience, adopt a broad view, and challenge and rethink the program's learning objectives.

7. Report:

7.1 Executive Summary:

The Executive Master of Science in Healthcare Management is designed to meet the needs of experienced physicians who have moved—or desire to move—into a position of administrative or leadership responsibility in their medical organization but lack the requisite formal business training. Physician admitted into the program must have an MD or DO from an accredited college or university and a current, unrestricted license to practice medicine in the United States. The program also admits a limited number (no more than 10% of the class) of senior clinical administrators with at least seven years management experience in a US healthcare organization.

Classes are jointly taught by experienced business and medical faculty from the UTD School of Management and UT Southwestern Medical Center. A select group of physician executives with exceptional credentials also serve on the faculty in order to bring special expertise and experience to the program. UT Southwestern is licensed by the Accreditation Council for Continuing Medical Education (ACCME) to provide Category 1 CME credits to class participants.

The program is not taught on a semester basis. The 36-hour program consists of nine separate classes whose format and content are uniquely designed to meet the work schedules and educational needs of its narrowly defined target market. A different 4-day long class is offered every two months, so each class is repeated only once every 18 months. If a physician misses a class, he/she must wait eighteen months to make it up. Alternatively, participants have the option of substituting a faculty supervised research project for a single missed class.

The content of the classes is designed around the knowledge and skills identified by the American College of Physician Executives as required of successful physician executives. The ACPE is recognized by the American Medical Association's House of Delegates as the specialty society of medical administration.

A very strict process of continuous quality control is followed in the program:

1. Classes are jointly taught by both management and medical faculty. Prior to every class, the faculty meet to establish both daily learning objectives and an overall class learning objective. They then develop a curriculum and case exercises that support those objectives. Every class is redesigned and improved every time it is taught based on the feedback received in step 5 below.
2. At the end of each class day, every participant fills out a continuing medical evaluation (CME) form in which they provide their comments and rate the instructors, their individual evaluation of the subject matter, and their understanding of the day's learning objective.
3. Also at the end of each class day, a response card is distributed to each student which asks two questions: (i) What is the main idea you learned today; and (ii) What is the main unanswered question(s) you leave class with today?
4. At the end of each class day, the CME forms and response cards are collected and reviewed by the teaching faculty. They also discuss and evaluate the students' success in meeting the learning goals described in this Assessment Tool 6. The next day's instruction is then discussed and amended as appropriate.
5. At the conclusion of the class, the program director and the participating faculty evaluate the overall success of the class and create written notes to inform future faculty discussions the next time the class is scheduled to be taught (step 1).

7.2 Top 3 Program/Unit Accomplishments: The success of the program is suggested by the fact that many graduates have recommended the program to their professional colleagues who have subsequently enrolled. Moreover, many graduates have achieved national professional prominence.

7.3 Top 3 Program / Unit Challenges:

One challenge is sufficient funds for marketing. The program receives no state support, so revenues must be sufficient to pay all administrative, faculty and marketing costs. The program draws from a national audience--the class has attracted physicians from over 20 states--so marketing is a significant expense.

A second challenge is making the program sufficiently attractive to induce physicians to bear the high opportunity cost of the time required away from their practice. An informal survey of our students suggests that the opportunity cost of their time spent attending the classes and doing the follow-up work assignments is well over \$100,000. For some of the surgical specialties, it is a multiple of that.

A final challenge is finding, developing and retaining qualified faculty to teach in the program for the reasons described in the Analysis section.