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Doctors as accidental leaders? No more

Healthcare in Asia needs chiefs who can straddle oft-divergent worlds of management, politics and medicine

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The physician CEO regaled the audience with a colourful collection of "war stories" from his years of hospital administration, ending off by saying: "I was an accidental leader, completely unprepared for the job."

Should we be leaving our health system in the hands of well-meaning physicians whose only claim to leadership is years of clinical experience? Is there a better way?

Healthcare organisations are inherently some of the most difficult to manage given the complexity of modern medicine; what more in many Asian countries struggling with healthcare reform? In developing countries, arguably the need for healthcare managerial talent is all the more critical given the scant resources available to bring about needed transformation.

Should we be leaving our health system in the hands of well-meaning physicians whose only claim to leadership is years of clinical experience? Is there a better way? Healthcare organisations are inherently some of the most difficult to manage given the complexity of modern medicine; what more in many Asian countries struggling with healthcare reform?

For example, manpower, the most precious of managerial resources, is heavily skewed towards developed countries; Europe has seven times the number of doctors and 11 times the number of nurses per capita compared to South-east Asia. Asian countries must manage better, because we have to achieve more with less.

Thankfully, many Asian countries have recognised — or are starting to recognise — the need for strong healthcare leaders well-trained in both medicine and management. In India, the All-India Institute of Medical Sciences pioneered a Department of Hospital Administration in 1966 and today, its graduates populate many of the highest positions in Indian hospitals.

The Duke-NUS Graduate Medical School, through its innovative LEAD (Learn, Engage, Apply, Develop) teaching framework, systematically integrates teamwork and leadership opportunities into its medical training and curriculum. At the NUS Business School, the number of clients from the healthcare sector has steadily increased, as has the enrolment of physicians and other healthcare professionals in MBA and Executive MBA programmes.

Recognising the need is half the battle won. The other half? Preparing our current clinicians and students for this crucial role and creating the critical mass to cross the proverbial tipping point. What are the challenges that doctors face in making the transition from clinical care to healthcare leadership? There are at least three.

First, doctors need to look beyond the primacy of the doctor-patient relationship and focus equally on the health system as a whole.

Transfusing blood into a borderline depleted post-surgical patient may be clinically appropriate, but clinician leaders need to consider the overall blood stocks in the hospital and the competing needs of other patients.

Second, doctors are taught that they are leaders of the healthcare team with ultimate accountability. It is not uncommon to have doctors returning to the wards late in the night to check on their patients.

While these guiding principles may serve clinicians caring for individual patients admirably, they may actually impair clinician leaders. Healthcare leaders are often responsible for the care of entire populations with multiple chronic conditions necessitating multiple specialty inputs.

Hence, the leader's ability to elicit ideas from multiple stakeholders and to integrate these ideas into policies and decisions becomes important.

Third, most health systems are in dire need of reform. Mr Victor F Trastek, CEO of Mayo Clinic Arizona, likens healthcare reform to fixing an aircraft in mid-flight, illustrating that clinician leaders need to work both "in" and "on" the system. While being seen by medical staff as "insiders", they also need to cultivate the objectivity of outsiders to help them identify and implement change effectively.

What's needed then?

TODAY FILE PHOTO

The agenda for leadership development in healthcare must go beyond a conventional leadership programme. Strategy formulation, financial and operations management are vital tools in the manager's armamentarium — but the clinician leader's toolkit should also include leading-edge ideas in engaging networks and an understanding of human behaviour. And given the political hot-potato health can be, a deep understanding of politicians' mindsets, public attitudes and how health policy is formulated is necessary.

SOCIAL NETWORKS

Social networks have important health implications; they can spread communicable diseases which we are all familiar with, but also non-communicable diseases.

Nicholas Christiakis and James Fowler, two American professors examining the Framingham Heart Study — a longitudinal study spanning over 50 years which fundamentally changed our understanding of heart disease — analysed the data on family and friendship ties to demonstrate that people are more likely to become obese if they have social linkages to others who are obese. Positive health behaviours are also influenced by social networks; by tapping into these networks, healthcare leaders can discourage destructive behaviours and promote healthy behaviours.

Social networks are also important in public health emergencies: SARS taught us that diseases travel in networks and can be tackled through networks. Health leaders needed to cooperate with other sector leaders to successfully combat the scourge of SARS: Businesses split offices to limit the spread of disease, immigration performed disease control at borders, social agencies and civic organisations reinforced messages of social responsibility, and even religious organisations amended some of their religious practices to limit the spread of SARS.

HUMAN BEHAVIOUR

A growing body of knowledge is debunking the myth of homo economicus or the rational man. The dangers of smoking and overeating are well-known but, despite this, 40,000 to 50,000 young Asians start smoking every single day and more than 20 per cent of Chinese youth in major cities are obese.

Singaporeans in surveys strongly support organ donation but, before the Human Organ Transplant Act of 1987, kidney transplants averaged two a year.

After 1987 when Singapore enacted HOTA an opt-out legislation, transplants averaged 13 per year. Did public support for organ donation change? No, but the "nudge" provided by the Act made all the difference. Did Kylie Minogue's diagnosis of breast cancer in 2005 change the risk in other women? No, but mammography booking rates in Australia increased by 40 per cent in the two weeks following.

Clinician leaders need to understand this "predictable irrationality" and harness it for the public good.

POLITICS

Healthcare in many Asian countries is at least partially government-provided, in most countries largely government-funded and in all countries, a constant government concern, especially around elections. Government intervention is neither good nor bad in and of itself. While clinicians enjoy tremendous autonomy in clinical decisions, clinician leaders need to accept and appreciate that all healthcare management decisions are political ones with limited autonomy.

Thailand's 30-baht (S$1.24) scheme introduced in 2001 by a campaigning Thai Rak Thai was hugely popular with especially rural communities but, nonetheless, represents a victory of politics over practicality. Funding deficits showed up quickly, leading top journal *Health Affairs* to soberly comment: "Low budgets resulted in quality problems and double standards, which led in turn to loss of public confidence."

A firm grounding in the art of public policy is vital for the clinician leader to navigate the treacherous path balancing population health needs and other supra-healthcare societal imperatives.

A new approach to clinician leadership development is needed. The most effective clinician leaders straddle successfully the often-divergent worlds of management, politics and medicine. The era of the "accidental" clinician leader is a bygone one, and rightly so. Asians need and deserve better. ■

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