

# MD/MBA Futures

MD/MBA in Health Management Program, Tufts University School of Medicine

Issue 5/Fall 2002

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## MD/MBA Futures

The MD/MBA in Health Management Program of Tufts University School of Medicine publishes MD/MBA Futures semiannually for students, faculty and alumni.

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## National Youth Leadership Forum: A Second Time Around



*National Youth Leadership Forum Logo*

*By Nicole Williamson, MD/MBA '06*

The National Youth Leadership Forum (NYLF) is a 10-day summer session for high school juniors and seniors interested in the field of medicine. The sessions occur all over the United States at different college campuses. Students spend their days packed with medical center tours, mock debates, guest speakers and panel discussions about various topics relevant to medicine beginning at 7:00 AM and often ending well after 8:00 PM. Over the summer I had the pleasure of speaking to a group of NYLF students at Babson College in Wellesley. This opportunity was distinctly enjoyable for me since I was a NYLF participant seven years ago

in San Francisco. My topic: managed care (*big surprise...*)

Upon arriving at Babson College, I was directed to a reception area where all of the speakers waited for group leaders to arrive. We were then individually escorted to our groups. I spoke with an acupuncturist from a holistic center in Boston who had spoken at NYLF for the last four years, an elderly gentleman with Multiple Sclerosis (MS), and a trainer who owns a sports medicine clinic in Needham. All of us were volunteering our time to contribute to the program – the veteran speakers mentioned that they enjoy the eagerness of the students. Since NYLF is a program that students choose to attend based on their personal interests, they are generally very enthusiastic in spite of the grueling schedule.

I found my 15 students to be just as interested and excited even after having just come back from an all-day tour of several Boston area hospitals and clinics. I had some brief trouble with the video equipment, during which I was asked: "What is managed care?" The question startled me as I did not expect them to be unaware of managed care as a concept, but they genuinely wanted to learn about it. I then had the students watch a short clip of the movie *John Q* followed by a presentation of the basics of managed care. They had so many questions that we went past the allotted time. I received many questions specifically about the current environment of capitation, efficiency and management in medicine, including: "Isn't that illegal?" To which I responded, "Well..." I was also asked about the MD/MBA program, what I want to specialize in and "Will we see you at the Tufts medical school tour tomorrow?"

At the end of the session, one of the students was designated to direct me back to the reception area. He thanked me for my talk and then confided: "When I saw that the topic was managed care I wasn't very excited...I thought it would be boring but I didn't know what it was. I'm so glad we got assigned to you – it was really interesting!" Speaking to the students of NYLF was a proud moment for me as an "NYLF alum" but it was even more gratifying that the students learned something valuable. I certainly hope to be invited back to speak next year!

## Director's Note



*John M. Ludden, MD, Director, MD/MBA in Health Management Program*

*John M. Ludden, M.D.*

Over coffee the other day, I talked with a physician executive colleague who heads a venture capital firm. We talked about “the system,” the flood of new ideas, prospects for innovation and the difficulties of separating the wheat from the chaff. Our experience, in very different areas of medical management, is that it is the “people” and the management of people that make the big differences. Technical and analytic expertise are powerful tools but it is focus, values, leadership, and motivation that make most of the difference.

Opportunities for better management in health care are everywhere. Tufts MD/MBA students have been across the globe, in many corners of the U.S., and in programs and institutions around this city. They’ve found remarkable people to teach them, often by example, what sophisticated management can do to improve health care. They’ve also found lessons in short-sighted management.

Medical students beginning clinical work are often surprised by the importance they have in the eyes of patients. MD/MBA students learn that their perspectives, understanding, and analytic prowess bring value to their “clients.” As MD/MBA students complete “consultation” projects or spend time with physician leaders, the students bring critical insight that combines clinical values and organizational analysis:

- All patients are not the same: patients who need the reassurance of a thorough work-up after a positive screening test must be managed differently from patients simply seeking a routine test. Such a difference will affect patient flow, revenue, physician time and even waiting room design.
- High tech hospital procedures bring recognition and revenue. But they also bring a halo of patients seeking consultation, patients seeking routine care, families changing their care patterns. All this adds to a hospital’s community, improves its bottom line and adds to the expertise of its staff and employees. This halo can be quantified and used to hone the hospital’s strategic vision.
- One physician manages his unit with strict military discipline; another seeks improvement through input from a collaborative staff. Each strategy serves a purpose, has long and short term implications, and develops a different team.
- Even in the Third world, problems in the organization of health care are familiar. Issues of delegation, staffing, patient flow and resources have a similar feel.

Clinical values and management leadership are not oil and water. In healthcare they can inform one another. Such balance is intellectually demanding and interpersonally challenging. It is no surprise, then, that integrated training in medicine and management is a gateway to a wide spectrum of careers. Graduates of the Tufts MD/MBA in Health Management Program are now beginning to complete their clinical residencies and will soon see their careers start to take shape. Judging from the varied interests and activities of the current students and from the varied specialty choices of the recent graduates, we expect to find varied careers developing among those completing clinical training. Those involved in the MD/MBA in Health Management Program from the beginning share intense curiosity about the careers of our graduates.

This year we will begin talking to those graduates about their plans and the experience of their clinical training years. We’ll want to know how they look back at their experience at Tufts and how they look forward for themselves and for medicine and management. For example, We’ll want to find out which MBA courses have proved the most (and least) useful; how they have continued their interest in management during residency training; what kind of review or refresher they want and need; what kind of opportunities they have seen for themselves and for other graduates of the program. Tufts has one of the largest coherent groups of physicians trained in management and expects that these individuals will begin to make a real difference in American health care.

A handwritten signature in black ink that reads "John M. Ludden MD".

## How Has Your View of the Healthcare System Changed Since the Start of the MD/MBA Program?



**Caitlin Guo, MD/MBA '06**

I have learned that not only do we, as a country have the most expansive health care system in the world, but we are also doing an exceedingly poor job in providing access to 20% of the population. To make matters worse, recent studies conducted by the Institute of Medicine have forced us to begin questioning the quality of care.



**Jay Kher, MD/MBA '05**

I have learned how medicine has changed over the years, and how it is becoming a field (because of years of inefficiencies, cut-backs in reimbursement, sky-high malpractice rates, and tougher regulations) where management knowledge is essential. In this era of hospital closings and nursing shortages, physician managers have increased responsibilities to help balance costs-cutting measures with quality care.



**Shirley Huang, MD/MBA '04**

How much more complicated current healthcare administration actually is—in terms of lack of departmental accountability, inadequate data and reimbursement tracking, slow IT transformation, etc... Even though many of us have jumped on the PDA (Personal Digital Assistants) bandwagon, we're still handwriting our patient notes in paper charts and hunting down Xray films on our clinical rotations.



**Andrew Akman, MD/MBA '03**

Through my MBA classes and time in medical school I have seen that physicians must deal with numerous other issues such as marketing their practice or services offered to patients or other physicians and managing the financial aspects of their own practice. I was surprised to discover how much of a physician's time is spent dealing with non-patient issues.

## Teaching Anatomy



**Bryan Monson, MD/MBA '06**

### **What was your motivation behind teaching anatomy at Utah Valley State College?**

My dad and I joke around that years ago the person who stood in front of a class was actually called a teacher. Then they became instructors, proctors, and are now called professors. However removed the titles become, a teacher must still teach! I really felt I had some excellent 'teachers' while at Brigham Young University. One in particular, spent hours of his own personal time to ensure that we succeeded in his class. His philosophy was not to lower the course standards so students could place well. In fact, I think he required

more of us than any professor I have ever had. We admired him because he worked to help us succeed. He measured his success, not by his teaching, but by our learning. It was a great lesson to me in service. Having the opportunity to teach at Utah Valley State College was an opportunity to put some of these lessons into practice.

### **Describe your most memorable experience as an anatomy teacher.**

The experience was plainly a lot of fun. The people I worked with made it the most memorable. I had the opportunity to work under some outstanding anatomists, who freely shared their experience and knowledge. Likewise, the students I taught came prepared and were among the brightest and most ambitious in the school. They made it a rewarding experience.

### **How did this experience contribute to your professional and personal goals?**

How do we judge great physicians? Certainly physicians must know their

business and must continually increase their understanding of health care. Yet equally important, I have always felt that great physicians are great teachers. Whether helping patients gain an understanding of their condition and treatment, or teaching staff and co-workers, effective teaching will always be an integral part of caring for the sick.

### **Do you feel that you have a different perspective from other Tufts MD/MBA students? Why or why not?**

I certainly gained a unique perspective about medicine through the experience. I look forward to the same close relationships in practice that I enjoyed while working with students.

### **What are your future dreams?**

A great marriage, a strong family life and a successful medical practice. In that order. Future goals include skiing a first-descent in the Antarctica, base-jumping Angel's landing in Zion's National Park, and founding the Brigham Young University school of Medicine.

# We've All Got Problems, the Same Problems - M

*By Alexander van der Ven, MD/MBA '05*

After one year of saturating my brain with everything there is to know about medicine and management, I thought it would be a good idea to do my summer MBA practicum abroad and learn how all of these issues apply in a developing foreign country.

My goal was to see the impacts of poverty, war, and a lack of technology on a health care system, and to see the differences from the US system.

I teamed up with a friend of my father, a physician manager who works for a non-governmental agency (NGO). His name is Hans Beks, and he has been living in Rwanda and working for the Dutch NGO MEMISA. Dr. Beks

graduated from a Dutch medical school in 1990. He has worked as a physician in Zimbabwe, Guinea Bissau, and Zambia. Zambia is where he began his role as a physician manager. There he worked as an advisor to a local health board where he organized projects related to capacity building, increasing utilization, and general improvement of public health. After three years of work in Zambia he pursued a Masters of Management from the London School of Hygiene and Tropical Medicine. While in school he accepted a position from MEMISA in Rwanda. MEMISA is a relief organization dedicated to improving health and health services in developing African countries. Its major initiative is to decrease the incidence of malaria.

The Rwandese health care system is mildly coordinated on a national level through distribution of a governmental

budget. This central group controls ten provinces, which are controlled by a provincial director. Under these provinces are four to five districts, which are managed by district managers. Each district manager is the chair of a local

centers employ nurses and other support staff, while hospitals must employ physicians as well.

The Rwandese health care system is facing a shortage of physicians. Although

Rwanda does have a medical school, which according to Dr. Beks, trains physicians whom are just as competent as most western doctors, many have left the country. The war was a major force that caused physicians to leave, while low wages has been the main cause for the lack of physicians to return. Doctors, like nurses, are paid by the government, and usually earn a few

hundred dollars per month. Clearly, physicians have incentives to leave the country under this reimbursement system. In one health care district that Dr. Beks provides assistance to, the hospital employed only one physician at the time, this province was responsible for care to an area of 160,000 people!

The second major problem was meeting the bottom line. Because patients are expected to cover one third of the cost, they were an important source of revenue. In order to decrease the level of free care, social workers were hired to work with the patients to find ways of obtaining revenue. The other method was a form of cross subsidization. Patients who were willing to pay for private rooms helped finance the non-payers. This relates to some form of boutique medicine, as many hospitals already have a tier care for



*School children in a village south of Ruhengeri*

board which is responsible for health care delivery of that district. On each board sits an accountant, administrator, technical advisor, pharmacist, and program coordinator. Each district is based around one hospital and a series of health centers. Health centers and hospitals are defined by their scope of care. Health centers must provide three services in order to receive any form of government funding which include prenatal and postnatal care (vaccinations, screenings), curative services (suturing, family planning), and health promotions (HIV and malaria prevention). Hospitals must perform these services along with emergency surgery and ambulance services in order to receive appropriate funding. Health

# My Experiences with Dr. Hans Beks of MEMISA

patients, cross subsidization may be a powerful technique for redistribution in healthcare.

During this experience I was exposed to almost every course taken in our management program: innovation from projects and change, accounting from hospital financial statements, health care systems from my education of the Rwandiese industry, statistics from his MS-Excel presentations, organizational behavior from pilot programs, operations management from utilization and capacity projects, and economics from funding and development issues.

I was able to gain a new perspective on the health care industry. I realized that although the environments can be totally different, the problems are very much the same.



*Kibogora Hospital, services 160,000 people, located at the southwest corner of Rwanda*



*District doctor and a medical student performing abdominal surgery*



*Kibogora Hospital, contains 198 beds, an Intensive Care Unit, lab, pharmacy, x-ray, and supportive facilities*



Thang Nguyen, MD/MBA  
August 4, 1975- August 6, 2002

By Wellington Chang, MD/MBA '00

Thang immigrated to the United States from Vietnam with his uncle when he was 5 years old, leaving his mother, father and younger sister behind. The next time he would see them would be 19 years later, the summer after graduating from medical school. Between those years, Thang grew up in Northern California, raised by his uncle. He learned English and showed such aptitude early in school that he skipped two grades. He was later accepted to the combined MD/MBA degree

## Remembering Thang Nguyen

program at Tufts Medical School in Boston.

During his time at Tufts, Thang's easy going personality made him one of the more popular members of the MD/MBA program, but it didn't preclude him from also being one of its hardest working and most focused students. He took each class seriously and was driven to learn as much as possible. Thang hoped to return to Vietnam to help his family and native country. He wanted to start a hospital back in Vietnam and possibly even establish an organized healthcare system. Thang sought to help those in need, and realized that the training he would receive as part of the MD/MBA program could enable and empower him to make a large, sustained impact.

After medical school, Thang grew closer to realizing his goal to help those in need.

A few weeks after graduating from Tufts, he finally had the chance to go back to Vietnam. He reunited briefly with his family and saw first hand the healthcare conditions of his native country. During his medicine residency at Highland Hospital in Oakland, California, Thang began drafting an outreach program to help prevent and treat Hepatitis B and C in the local Asian community. This program will be carried forward by his colleagues at Highland Hospital.

While the rigors of medical training and the challenges inherent in his dreams could do little to slow down Thang, ultimately cancer would claim him. With his passing, the Tufts community loses an exceptional colleague, and a dear friend.

For those wishing to find out more about Thang, please visit:  
[www.blazingdome.com/thang](http://www.blazingdome.com/thang)

## MD/MBA 2002 Selected Seminar in Health Management Projects

### Personalized Patient Service

*Presenters: Benjamin Doucette, Jennifer Lai, Darshan Shah*

Performed analysis of market potential for a start-up healthcare company. The business plan and marketing strategy is currently under revisions and establishment of actual business model to occur in near future.

### Graduate Medical Education (GME): Understanding and Managing Reimbursement

*Presenters: Kent Berg, Amay Parikh*

While seeking to meet the needs of the community, Tufts-NEMC is experiencing the same financial pressures as many other hospitals: declining GME reimbursement in an increasingly competitive healthcare marketplace. The purpose of this project is to provide a better understanding of the GME reimbursement process, which is critical in order to manage residency programs effectively and to support the overall patient care, teaching and research objectives of the institution. This report presents a description of how the

Medicare program began, what services are covered, how the program is financed through tax revenues, pertinent changes in legislation, and analyses of nationwide GME payment variability. The project concludes with specific recommendations for improving GME reimbursement at Tufts-NEMC.

### Tufts-New England Medical Center (T-NEMC) Pathology

*Presenters: Shirley Huang, Naveen Kankanala, Jay Kher, Amay Parikh, Darshan Shah*

For the past 3 years, the amount of money T-NEMC's Department of Pathology has been spending on laboratory tests sent to 3rd party vendors has been increasing at an alarming rate. In conjunction with Robert Lopez, Director of Pathology Department, T-NEMC, our consulting group led by Shirley Huang, M'04 MD/MBA, conducted a study to help the hospital with its laboratory sendout problem. In our work we identified major sources of budget overflow, mapped process flow, and interviewed key physician over-utilizers.

Our recommendations to the pathology department suggested policy changes, strategic savings opportunities, technology upgrades, and new marketing opportunities related to underutilized in-house laboratory capacities. The study we conducted helped materialize the formation of a think tank committee within T-NEMC dedicated to manage the laboratory sendout problem.

### Title: Process Flow Redesign – The Massachusetts General Hospital (MGH) Breast Imaging Center

*Presenters: Melissa Crocker, Marina Feldman, Oliver Szeto, Vijay Vaidya*

The consulting group investigated the diagnostic mammogram service at MGH to analyze capacity and efficiency of the current process. After modeling the flow and throughput of the system, the group created a new model for flow patterns that would allow for a 400% increase in capacity or a 50% reduction in required staffing. The group also conducted patient and staff satisfaction surveys to assist in the redesign analysis.

## MD/MBA 2002 Practicums

**Lisa Bard-Levine.** Joslin Clinic & Joslin Diabetes Center. *Seek to better understand the role of a CMO in an institution and to understand how the business and clinical skills interface.*

**Saurin Bhatt.** Geisinger Health System. *Understand some of the nuances associated with leadership and management in rural healthcare and delivery.*

**Melissa Crocker.** Boston Children's Hospital. *Observe hospital management, especially from the perspective of a clinician who holds management responsibilities.*

**Benjamin Doucette.** Boston Breakers. *Gain a variety of business and medical perspectives on what it takes to run a professional sport team, leadership roles, managing people in different areas of expertise, and strategies for businesses that do not have a positive cash flow.*

**Marina Feldman.** Beth Israel Deaconess Medical Center. *Gain a better sense of responsibilities involved in being a physician administrator or executive and the opportunities available for those with an MD/MBA.*

**Naveen Kankanala.** Covenant Health System. *Experience the administration and complexities of rural and semi-rural medicine and see how management of a clinically oriented healthcare system spread over a large geographic area differs from an academically oriented one in an urban setting.*

**Jay Kher.** Beth Israel Deaconess Medical Center. *Observe and work with a new leader placed in a financially troubled hospital and to see how his leadership will turn the pace around 180 degrees.*

**Jen Lai.** Boston Medical Center/BU Medical School. *Learn about the responsibilities of a medical director in a gynecology-related clinic serving underserved women.*

**Christopher Lee.** Tissue Engineering Inc. *Learn how the CEO balanced research and business.*

**Amay Parikh.** Ahmedabad, India. *Understand the healthcare environment in Ahmedabad, India and to compare and contrast my observations with that of the United States.*

**Louis Reines.** Sepracor Pharmaceuticals. *Gain insight into the process of drug*

*development of a pharmaceutical company and the interplay between the scientists and the marketing division of the company.*

**Darshan Shah.** McKesson Health Solutions LLC. *Learn about McKesson Health Solutions and its products and how they service the healthcare industry.*

**Oliver Szeto.** Brigham & Women's Hospital. *Learn about anesthesia as well as the management of pain patients and how the medical director integrates his role as a clinician and manager/administrator on a daily basis.*

**Vijay Vaidya.** Massachusetts General Hospital. *Gain real world experience in the administrative/management aspect of healthcare.*

**Alexander van der Ven.** MEMISA. *Gain exposure and experience in management in a non-governmental organization and observe hospital management in a third world country and learn about the financing issues they face and their solutions to these problems.*

## Class of 2002 Residencies

*Please note that there are corrections from the spring 2002 newsletter.*

**Nomaan Ashraf:** New York Presbyterian Hospital – Cornell, New York, NY (Surgery Preliminary)

**Nathan Chandler:** Tripler Army Medical Center, Honolulu HI (Diagnostic Radiology)

**Alice Ho:** Mount Sinai Hospital, New York, NY (Radiation Oncology)

**Bryan Ho:** Tufts/New England Medical Center, Boston, MA (Neurology)

**Kevin Kearney:** Boston University Medical Center, Boston, MA (Medicine/Primary Care)

**Holly Khachadorian:** Beth Israel Deaconess Medical Center, Boston, MA (Obstetrics/Gynecology)

**Kenneth Lee:** Henry Ford Hospital, Detroit, MI (Diagnostic Radiology)

**Scott Liang:** St. Mary Medical Center, Long Beach, CA (Internal Medicine)

**Susan Matra:** Johns Hopkins Hospital, Baltimore, MD (Dermatology)

**Ajit Nemi:** George Washington University Hospital, Washington, DC (Ophthalmology)

**Monica Nguyen:** New York University Medical Center, New York, NY (Otolaryngology)

**Ketan Patel:** New York Presbyterian Hospital – Cornell, New York, NY (Internal Medicine)

**Jean-Pierre Phanco:** New York University Medical Center, New York, NY (Anesthesiology)

**Sheeraz Qureshi:** Mount Sinai Hospital, New York, NY (Orthopaedic Surgery)

**Joshua Riff:** Johns Hopkins Hospital, Baltimore, MD (Emergency Medicine)

**Pamela Strumpf:** Tufts/Boston University Medical Center, Boston, MA (Dermatology)

**Tinyee Tsai:** University of Southern California, Los Angeles, CA (Dermatology)

**Timothy Wagner:** University of Buffalo, Buffalo, NY (Radiation Oncology)

## MD/MBA Class of 2002 Commencement



*By Wendy Lee*

“If you develop a fascination, hear a little voice inside telling you to take a road that was not anticipated, don’t be afraid to listen to the voice and follow the road.” As the guest speaker, Dr. Roderick MacKinnon, ’82, uttered these words at the 2002 Commencement, the graduates listened attentively. Dr. MacKinnon shared a personal story about his change in career path from being a family doctor to a biophysicist and encouraged the class of 2002 to reach for their goals and not be afraid of change.

This year 19 students join the other MD/MBA Alumni. The MD/MBAs will take their dual degrees to residencies at institutions across the nation, from Tripler Army Medical Center in Honolulu, Hawaii to Johns Hopkins Hospital in Baltimore, Maryland. We wish them luck in all their future endeavors.

*Top Left: (from left to right) Susan Matra, M’02, Ajit Nemi, M’02, Monica Nguyen, M’02, Ketan Patel, M’02*

*Top Right: (from left to right) Susan Matra, M’02, Pamela Strumpf, M’02, Holly Khachadorian, M’02, Alice Ho, M’02, Monica Nguyen, M’02*

*Bottom: Members of the MD/MBA Class of 2002*



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