

Should trainees be taught more about the business of medicine?

Ladoris Latin Warren MD, MBA, MS

University of Tennessee Health Science Center

On the first day of my Pediatrics Clerkship, I perform pre-rounds with a sense of excitement. As I knock on the door, anxiousness runs through my veins. I enter the patient's room, wash my hands, and start my encounter. I see a three-year-old boy with a fever who is constantly tugging at his left ear. He is accompanied by his mother, who states the boy did not sleep well last night and has been very fussy. I take a thorough history and upon performing my physical examination, I discover a bulging tympanic membrane. I am feeling extremely confident that I have the diagnosis, unilateral otitis media, and my plan includes amoxicillin and supportive care. I rush to report my findings to the attending physician who states, "You are correct in your diagnosis and plan, great job. Try your best to chart the case and be sure to use the correct ICD-10 code and CPT code."

Wait.... what....? Here I am thinking I have just provided the best standard of care, just to learn it would be overshadowed if I chart this encounter incorrectly. I am not aware of ICD-10 codes, or CPT codes. I was not taught this in medical school. This is one aspect of the business side of medicine which is important for future physicians to understand due to the changing healthcare reforms.

Is knowing business medicine essential for all pediatricians? Will an academic pediatrician and private/community pediatrician have the same purpose for acquiring this information? The answer is of course, all physicians who plan to receive payment for a healthcare services should be familiar with how the billing system functions and other parts of business such as business models/ plans. Physicians should have adequate training and understanding in the economics of

practicing medicine. The University of South Florida (USF) College of Medicine, in collaboration with the USF Small Business Development Center, piloted a program entitled "The Business Side of Medicine." The intent of this three-credit-hour course is to create within the aspiring medical student an understanding of what it takes to develop a profitable medical practice. The goal of this program is to imprint the student with the idea that a foundation of business knowledge will be a necessary and critical factor to delivering consumer-driven healthcare.¹ Students have to learn to be entrepreneurs and develop a medical practice that provides the best medical service while meeting the consumer-driven needs of the patient, such as selecting health insurance, health plans, and physicians.

In the United States, issues in medical business ethics (MBE), such as Medicare fraud and abuse, conflicts of interest (COI), and the structure and functioning of reimbursement systems, affect the integrity of medical practice and research.² Data from many studies suggest that self-serving bias subconsciously influences how physicians evaluate information and make decisions when financial incentives exist.^{3,4} Financial relationships between physicians and medical industry are constant and have measurable effects on physician behavior.⁵ Cases of physicians who value profits over providing medical care are often publicized in the media, such as the oncologist charged with \$35 million in Medicare fraud for ordering chemotherapy treatment for patients who did not have cancer or whose cancer was in remission.⁶ It is possible that these fraudsters had a very good understanding of the economics of medicine and how to exploit it for their benefit.

A poll of dermatologists reflecting on what they learned in medical school suggested that "they should have taken more business courses." One dermatologist added, "I know a lot of older surgeons and doctors, whose office managers basically swindled them because they just weren't able to understand what to look for. Obviously, I think I went into medicine for all those good, altruistic reasons, but the reality of it is that you also have to make a living and put food on your table. You need to know these things in order to have a successful practice."⁷ I would argue the purpose of having more medical business knowledge is not just to know when the practice manager is dishonest, but how to manage the practice, conduct interviews for new employees, medical office operations including billing, coding and collections, appointment scheduling, and medical records maintenance.

In my opinion, medical students need more available courses and more options for dual degree programs. There are many medical students who would like to earn a Doctorate of Divinity simultaneously as other doctorate and master's programs are offered, such as a Juris Doctorate and a Master in Public

Health. Yale School of Medicine is one of few medical schools that offer this pathway and this type of dual degree would strengthen the spiritual aspect of medicine which would have a positive effect on the business aspect of medicine as well. Enriching business ethics in the practice of medicine would possibly decrease the influx of billing fraud, bribes and misappropriation of finances.

But there are some medical schools incorporating business courses in the curriculum. What about those dual degree programs offering MBA degrees along with completion of the medical degree? I am participating in this type of program and I have gained tremendous knowledge on how to efficiently reduce operating costs, implement processes and procedures, and provide staffing and human resources functions. This may not be enough for most medical students since after medical school we are required to complete a three to six-year residency program before starting a medical practice. In between the business classes learned in medical school and the clinical training in residency, there needs to be a refresher course in business.

Integrated MBA training is needed for medical practice since trainees are involved with coding, billing, and reimbursement issues from the beginning of residency. Students are preoccupied with learning medicine and how to effectively treat patients and sometimes feel overwhelmed with information. Therefore, finding the best time within the curriculum to incorporate business is critical. An appropriate time could be during a short pre-internship course which would be effective for improving clinically-relevant, practical capabilities that are useful for new graduates to successfully transition from student to junior doctors.

Reviews of the literature has shown that most medical students taking electives, report a positive impact of the elective in their career⁹. Physicians, too, benefit from business education; of the physicians enrolled in the Master in Medical Management degree at the Carnegie Mellon University, 88% of respondents to the post-completion survey reported a favorable outcome on at least one of six pre-defined measures of success.¹⁰

The role of the physician has evolved from just healthcare provider to physician scientist (MD/PhD), global research physician (MD/MPH), physician executive (MD/MBA), physician attorney (MD/JD), and to physician pastor (MD/MDiv). The training in medical school and residency training is evolving to encompass such roles; medical schools are incorporating business electives, MBA programs, MMM programs, and short intern classes to better provide business training. The success of these programs is defined by how successful physicians become as entrepreneurs, and their curriculum should be actively modified to incorporate the most critical and effective aspects of “business medicine”. It is my

opinion that medical students should be involved in developing the curriculum that will enhance medical training and produce more efficient physicians.

References

1. Iezzoni, Mario A, M.B.A., C.P.A., & El-Badri, N: **The business side of healthcare practice: Retooling graduate medical students through medical school curriculum enhancements.** (2012). *J Med Pract Manage* 2012: *MPM*, **28**(2), 130-3.
2. Bekelman JE, Li Y, Gross CP: **Scope and impact of financial conflicts of interest in biomedical research.** *JAMA* 2003, **289**(4):454–465.
3. Campbell EG, Gruen RL, Mountford J, Miller LG, Cleary PD, Blumenthal D: **A national survey of physician-industry relationships.** *N Engl J Med* 2007, **356**(17):1742–1750.
4. Dana J, Loewenstein G: **A social science perspective on gifts to physicians from industry.** *JAMA* 2003, **290**(2):252–255.
5. Kraus, E. M., Bakanas, E., Gursahani, K., & DuBois, J. M: **Establishing the need and identifying goals for a curriculum in medical business ethics: A survey of students and residents at two medical centers in missouri.** *BMC Res Notes* 2014, **7**, 708.
6. **Lowes, Robert: Physician Gave Chemo to Patients Without Cancer, Feds Say. Medscape. Aug 9, 2013.**
7. Nash, K: **What they did (and didn't) teach you in medical school.** *Dermatology Times* 2006, **27**(10), 8-9,15.
8. Scicluna, H. A., Grimm, M. C., Jones, P. D., Pilotto, L. S., & McNeil, H. P: **Improving the transition from medical school to internship - evaluation of a preparation for internship course.** *BMC Med Educ* 2014, **14**, 23.
9. Agarwal, A., Wong, S., Sarfaty, S., Devaiah, A., & Hirsch, A. E: **Elective courses for medical students during the preclinical curriculum: A systematic review and evaluation.** *Medical Education Online* 2015, **20**.
10. Harjai, K. J: **Success of business plan development course offered to physicians enrolled in a master's in medical management program: A pilot educational project.** *J Health Adm Educ* 2012, **29**(2).