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21st-Century Health Care Management Education: Confronting Challenges for Innovation with a Modern Curriculum

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Despite the excellence of their technologies and participants—service-providers, scientists, and managers—the health care systems of developed countries are plagued by massive costs, inconsistent quality, and inequitable access. Everyone recognizes this trajectory as unsustainable.

In the absence of a compelling public policy model in any of these countries, dramatic innovation is the only logical solution; but, as I noted in my AUPHA 2009 keynote titled "Are We Training the Next Generation Managers of Apple or General Motors?", innovation is notable for its absence in health care management curricula.

The Call to Action

Working as I do at the nexus of academia and the business world, I envisioned a meeting of the minds interested in innovation as one cure for health care's problems. (For more than 25 years I have taught the popular Harvard Business School MBA courses on "Innovating in Health Care.") I formed a steering committee of colleagues housed in diverse health care-related academic programs—including schools of business, public health, and MD/MBA programs—as well as professional organizations and leading consultancies offering non-degree education. The Steering Committee's global perspective was enhanced by representatives from the European Union, South America, and China.

We took as our premise the idea that for health care to change, the education of its leaders must change.

The result was the October 2012 conference of health care management professors and professionals at the Harvard Business School, "21st-Century Health Care Management Education: Confronting Challenges for Innovation with a Modern Curriculum." The invitees had all "walked the talk" by previously demonstrating innovation in their teaching materials and methods.

Our instincts that innovation was much desired were borne out in the results of three research tracks: content analysis of descriptions of health care-related courses in 26 leading U.S. schools of business and health care administration; interviews with more than 50 CEOs of the world's largest and most innovative health-sector companies about what they needed from future leaders, conducted by a research consultancy; and

quantitative surveys of attendees and CEOs about the current health care administration curricula.

We found significant divergence between the content of the CEO interviews and the curricula in schools of business and health administration: 'innovation' was the most frequent term in the interviews, while 'public policy' was most frequent in curriculum descriptions, followed by 'organization'. 'Policy' was found nearly ten times more than 'product.' Only two schools—HBS and the Stanford Business School—mentioned 'entrepreneur' in their course descriptions.

The CEOs revealed their need for people with innovative thinking, skills in change management, and knowledge more specific to business than to health care. They also wanted graduates with excellent problem-solving, communication, and team-building skills, gained through fewer lectures and more case studies and field studies.

The attendees largely agreed with the CEOs' call for changes but cited daunting obstacles to innovation. More than half revolved around faculty. Along with inadequate expertise with health IT, entrepreneurial approaches, venture capital, and the case method, the conferees also pointed to lack of knowledge of managerial skills among public health and health administration faculty. All faculties were judged to have insufficient familiarity with actual health care delivery and global environments and constrained by their siloed settings from taking holistic perspectives.

The focus on research rather than teaching in all too many institutions posed a substantial barrier, especially when coupled with the observation that few tenured faculties were willing to change curriculum. Conferees also cited difficulty in accessing data on real-world organizations or material integrating between the "health" and "management" ways of thinking. They also expressed discomfort in balancing standard and innovative/leading-edge curricula and reported that policy curricula were too often based on ideology rather than evidence.

Next Steps

The scholars and professionals who gathered at HBS concluded that health care management curricula should foster the following qualities among students:

- Innovative enough to see and seize new opportunities to enhance efficiencies, improve care, and increase financial viability;
- Knowledgeable enough to understand science, medicine, information technology, and economics, individual and group behavior, public policy, and finance;
- Worldly enough to glean new insights and best practices from colleagues in other fields and countries;
- Self-aware enough to know when they need these outside perspectives; and
- Ethical enough to understand that any solution to health care's problems must not only achieve economic viability, but also adhere to the high ethical values central to health care.

To achieve these goals, the conferees agreed that programs should provide the following content and skill development:

- Knowledge of innovation and entrepreneurship, including skills in prototyping, experimenting, evaluating, and revising in search of practical, affordable solutions.
- The ability to align knowledge of the forces that affect health care to the business models of new ventures: the structure of the sector; its financing, technology, public policy, and consumers; and the role of accountability.
- Quantitative knowhow, in areas such as accounting, financial modeling, and big-data mining and analysis.
- Facility in communicating and collaborating across schools.
- Practical insight about consumer behavior.
- Skills in change management.

Recommendations about specific steps to consider included reviewing and revising health care management course offerings; examining how to recruit and use adjunct faculty and nontraditional instructors; reaching out to local health care sites where students might do fieldwork and consulting; and seeking out colleagues from other departments and schools with whom to teach cross-curricular courses.

How to Make It Happen

Intended as an annual event, the next conference of academics and professionals in health care management will be held in 2013 at Duke University. The findings and recommendations outlined above will serve as mile-markers: "Here's what we collectively agreed we would do in 2012—how we are doing? How have we changed things since then, and what more can we be doing?" The conferences will continue until these goals are achieved.

Changes in academia are hard-won, but they do happen. Consensus is valued, committees are powerful, and traditions many years in formation are—for some good reasons—not quickly dismissed. Tenure causes slow, small-increment changes among faculty. Nevertheless, given strong leadership, clear evidence of need, and thoughtful projections of possible benefits, change is possible.

Witness the recent emergence in business schools of entrepreneurship as its own field of teaching and scholarship. A generation ago, “entrepreneur” was a term rarely heard. Today, entrepreneurship programs stand alongside accounting, finance, and strategy as core pieces of curricula.

Additional evidence was provided by HBS Professor Srikant Datar, co-author of *Rethinking the MBA*, and one of the speakers at the October 2012 conference, who

explained how the curriculum at HBS and other schools of business had recently changed. One major reason was market pressure: mainstream business degree programs were not producing the kind of graduates that industry wanted, so prospective students began to question the substantial investment in money and time, and enrollment began to fall off.

The curriculum changes were based on an updating of the U.S. Army's "Be-Know-Do" framework: reassess the facts, frameworks, and theories being taught (the 'knowing' component) while revamping curricula to favor core management skills and methods (the 'doing') and the underlying beliefs and values that create a manager's professional identity and view of the world ('being'). Datar recommended a fundamental rebalancing away from 'knowing' and towards 'doing' and 'being.' As he and his coauthors state in *Rethinking the MBA*, "Without 'doing' skills, knowledge is of little value. Without 'being' skills, it is often hard to act ethically or professionally."

In addition to Harvard, almost all schools introducing new curricula have followed the approach of *Rethinking the MBA* to increase their programs' value added by addressing critical unmet needs. They include Wharton, Northwestern, Berkeley, and North Carolina as well as schools in Europe (Leeds, IESE), Australia (University of Technology, Sydney), Africa (Aga Khan University Business School), India and Latin America (where Prof. Datar has been working with a consortium of schools) and China.

Change required a multi-front approach. First, faculty members with real-world business qualifications were newly hired. Cross-disciplinary training then integrated academic and professional teachers in a shared purpose. To motivate the commitment of more research-oriented faculty, Datar anticipated that responding to the call of CEOs for additional real-world skills will create exciting and novel research opportunities. A growing area of research, for example, focuses on implementation and execution as opposed to strategy.

Changing the way hundreds of educational programs operate can feel Sisyphean. But if any scholars should believe in their ability to overcome the impossible, it is those of us in health care. After all, our area of expertise has more than once vanquished the seemingly impossible, whether by substantially increasing life spans, revoking the death sentence of AIDS in the developed world, or broadening access to health care globally through cost-effective managerial innovations.

Creating a new curriculum for health care management may require considerable time, but there is no reason why it, too, cannot earn centrality and prestige. The process will involve recruiting and educating new kinds of faculty and launching new outlets for curriculum-related publications. It will certainly demand breaking down the 'silos' that separate the many schools that contribute expertise to health care management. It will also require reworking budgets and teaching loads and evangelizing among deans and teaching colleagues.

Those of us who educate and train health-care executives have before us a daunting task—and a thrilling opportunity. Global health care faces a crisis of unsustainable economics, erratic quality, and unequal access. If we create collaboration among disciplines and between academia and business; restructure curricula that may no longer serve our students; and use the academic tools we know to be effective, we can educate leaders who are equal to the challenge of innovating 21st-century health care.

References

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