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Forest S. Kim: Health Management Shaped by Service to Country

Abstract

This is the second in a series of interviews conducted by Kirsten Gallagher, managing editor of HMPI, with leading health management faculty. Forest S. Kim, PhD, MBA, MHA, FACHE, is a Clinical Associate Professor in the Department of Economics in the Department of Economics, Hankamer School of Business at Baylor University in Waco, Texas. He serves as the Executive Director of the Robbins Institute for Health Policy & Leadership and Co-Director of the Robbins Healthcare MBA.

He previously served as Program Director of the University of the Incarnate Word Graduate Program in Health Administration in San Antonio, Texas. Dr. Kim is an Army veteran who served 22 years on active duty as a health care administrator and educator. His Army career culminated as Program Director of the Army-Baylor University Program in Health and Business Administration. He is a Fellow in the American College of Healthcare Executives (ACHE) and Past Board Chair of the Commission on the Accreditation of Health Management Education (CAHME).

Dr. Kim's research interests include federal and private sector health program evaluation, graduate educational outcomes, and competency development and assessment.

You could have pursued multiple pathways during your 22-year U.S. Army career. Why did you decide to focus on healthcare administration and education?

As many in the profession, I stumbled into healthcare administration. I was pre-medicine at

UCLA. But due to a variety of factors, I struggled in my science classes. Though I applied to medical school, I didn't get accepted to any of the schools that I had applied to. Thankfully, I had completed the Reserve Office Training Corps (ROTC) and had a commission in the U.S. Army waiting upon graduation. Since the Medical Corps was out as a branch where I could be assigned, my advisors and I settled upon the branch that was most closely related to medicine, the Medical Service Corps. It wasn't until my second assignment at Madigan Army Medical Center that I realized I could serve patients by serving those who treat them. It was during administrative rounds that realized I could meaningfully contribute to the healing profession by providing a safe and effective environment of care.

My desire to serve as a health management educator came when I was a student in the Army-Baylor University Graduate Program in Health Administration. At this point, I had developed a true love of learning and enjoyed being in the academic setting. When I found out that the Army had a pathway for Medical Service Corps officers to obtain their PhD and then serve as a professor at the Army-Baylor program, I jumped at the opportunity. Again, I realized that I could serve patients by educating the next generation of healthcare leaders.

Before your retirement as a Lt. Col., you led the Army-Baylor University Graduate Program in Health and Business Administration in San Antonio that focuses on preparing service members for leadership roles in the federal healthcare sector. What makes this program unique, and what could other health management programs learn from it?

The Army-Baylor is unique in that its mission is to educate the next generation of *federal* healthcare executives. In its over 75-year history, the program has trained countless numbers of officers who have served in the Army, Navy, Airforce, Coast Guard, and Veterans Administration. Another unique attribute about the program is that the professors are all former military administrators, so there is a strong practitioner focus. Also, apart from the civilian professors who serve as the program's continuity, military professors have limited tenure. This creates continual turnover of faculty. Though there are certainly some downsides, a major upside is that the program is constantly evolving with new faculty providing fresh perspective and bringing cutting-edge research into the program. Last, though the program historically trained healthcare administrators, during my tenure, we launched an executive clinical leadership (ECL) track allowing military clinicians to earn their health management degree in one-year.

Regarding what other health management programs can learn from the Army-Baylor program, a couple of things come to mind. First, the constant evolving nature of the program could be a lesson. There could be a tendency of programs to have the mentality of "if it's not broken, don't fix it". With the healthcare landscape changing so rapidly, programs should be nimble – able to shift with changing educational needs. The second is for programs that aren't involved in educating clinicians to explore ways to do so. Today's healthcare environment demands that clinicians have a greater understanding of the business of medicine. I believe health management programs are best positioned to do this.

Following your retirement from the military, you opted for academia over the federal or private health care sector. Why?

Teaching has been a long-time interest of mine which was affirmed while serving as a professor at the Army-Baylor Program. Developing the next generation of healthcare leaders is very fulfilling work to me. Academia also affords me to opportunity to learn continuously. Sometimes, I have to pinch myself that I get paid to learn.

You have held numerous leadership roles. Currently, you are the executive director of Baylor's Robbins Institute for Health Policy and Leadership and serve as chair of Board Chair of the Commission on the Accreditation of Health Management Education (CAHME). How has your military experience informed your leadership style?

Some of the key leadership attributes that my military experience taught me were mutual respect, attention to detail, and follow-through. These qualities are required for successful mission accomplishment especially in environments, such as the military, where the work requires interdependence and the stakes are high. In these regards, the healthcare environment is not unlike the military where work performance is highly interdependent and could mean the difference between life or death for those being served.

Are there specific takeaways from your health administration experience in the miliary that you're incorporating in the classroom at Baylor's Hankamer School of Business?

A key lesson is the need for adaptive leadership. Many people believe that military leaders bark

orders all day. Though there are certainly situations that call for a directive leadership style ("Charge that hill!"), trust and respect from followers in the military context are earned from the same leadership qualities (e.g., integrity, compassion, sound judgement, empowerment, and humility) that are valued in the civilian setting. Because environments and follower attributes vary widely, an effective leader must have the ability to adapt his or her leadership style to the current context. As a student of leadership, I've identified four leadership styles that all leaders should be proficient in: directive, servant, visionary, and reflective. I've shared this model and corresponding leadership lessons with my students at Baylor.

What can the healthcare industry learn from U.S. military healthcare that could benefit clinical operations and health care delivery as a whole?

One lesson I share with my students is the Military Health System's (MHS) use of the Quadruple Aim as a strategic management framework. The MHS took the Triple Aim developed by Don Berwick and the Institute of Healthcare Improvement and added a fourth aim: increased readiness. Since the military's mission is to fight and win the nation's wars, it makes sense that the MHS would place increasing the readiness of servicemembers at the center of its strategic framework. In this case, readiness would be servicemembers' ability to deploy into a combat environment and comprises their physical, emotional, and spiritual fitness. Fitness is measured through things like being up to date with annual physical and dental exams, being current on vaccines, and passing physical fitness tests.

The Military Health System promotes wholistic well-being through several programs. One such program is the Performance Triad that emphasizes the importance of sleep, activity, and nutrition.

I think there's a case to be made for readiness being similarly important for the civilian sector as the military. With rising obesity rates, growing absenteeism and presenteeism, and a high percentage of working-age individuals with chronic conditions, health concerns are affecting the readiness of our workforce.

So, a key lesson from the military health system would be the adoption of greater wellness and prevention programs and a shift from a more reactive to proactive approach to healthcare.

What do you view as some of the biggest challenges facing U.S. healthcare, and how can health management education programs best help address them?

The biggest challenges facing U.S. healthcare are well known: rising costs, limited access, and lagging outcomes. I think health management education programs can best help address these issues by first developing principled leaders with the personal and interpersonal skills needed to thrive in healthcare's complex and taxing environment. Qualities such as integrity, resilience, and empathy are essential. Next, students need to understand the forces shaping healthcare like reimbursement models, government regulations, and insurance. Last, healthcare's biggest challenges require new solutions; thus, developing innovative and critical thinking skills is essential. Programs should provide opportunities for students to envision and design new delivery and payment models and test their models against established theory.

What would you advise students who are contemplating the possible pursuit of a health care-focused MBA?

I believe students pursuing a career in the health profession – whether clinical or administrative – are seeking to help and serve others. However, in order to maximize their impact, students need to have an understanding of the business-side of medicine and develop the skills to navigate its complexities. A health care-focused MBA provides these tools which can be applied to traditional healthcare settings such as hospitals and health systems, consulting firms, and physician practices. In addition, a healthcare MBA has application to emerging sectors such as technology start-ups, value-based care organizations, private equity-backed groups, and insurance plans. Earning a health care-focused MBA would expose a student to healthcare's diverse ecosystem and could help launch the student into a deeply fulfilling career.

Contact Forest Kim: Forest_Kim@baylor.edu