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## Physician Perspective

### Physician administrator: The road more traveled

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When a physician decides to pursue an advanced management degree, reviews by colleagues and system administrators can often be less than positive.

Colleagues and system administrators alike often question this move and label the physician as being disloyal to their specialty. They don't see the bigger picture value that this new knowledge brings. The bottom line is clear: It is the obligation of the physician to create and communicate value for acquired management skill sets in his system of current affiliation.

Typically, physician executives have a history of varying administrative roles within the systems with which they are affiliated. The advanced degree becomes the vehicle to move the administrative role to a higher level. Historically, the profile of these physicians includes a desire to have an active role in shaping their future as opposed to reacting to it. Other physicians see this path as a way to make sense out of the changing health care environment. With the advent of managed care, it's a way to maintain autonomy and independence in an environment where much of that has been stripped away.

Once a degree is completed, medical peers don't always see the situation in a different light. Next generation thinking evolves to comments like, "Don't forget what it's like to be in the trenches, remember your roots and don't betray your heritage." The manner in which physician

administrators value and interact with clinical colleagues who may now feel left behind can be a critical success determinant. Physicians react to physician administrators in one of two ways depending on their perception of the motivation behind the change. "Did their colleague leave medicine to pursue administration for its own sake or did their colleague choose administration to make a *greater* contribution to the practice of medicine?"

Some medical specialties tend to breed more physician administrators. Medical practitioners who develop a wealth of clinical knowledge and experience in isolation, need an outlet for sharing knowledge. Many write books. Some run specialized programs/units in hospitals/systems. Others become high level physician administrators to fill this void.

If a physician administrator elects to move on to a new system where he or she is not known, the physician needs to be prepared to dispel the notion that physician administration is a default position for practitioners who couldn't make it in clinical practice. Perception in the medical community is that those who can, do; those who can't, teach or become physician administrators.

Obviously, savvy relationship-building skills are of great value to the transitioning physician executive. It is also the lifeline for success once hired as a high level physician administrator. It also will be a requirement in a physician administrator's business development role that includes high level managed care relationship development and provider recruiting.

The last obstacle a new physician administrator must overcome is his own autocratic and action-oriented background. He must learn to be true to his new administrative role. The "just step-in-and-do-it yourself" mentality needs to be replaced with a leader who is not the team but instead builds and develops the team.

Leadership skills and a medical model that elicits cooperation and buy-in will help define the right boundaries in defining the administrator's role.

It's important to learn how to get away from being a physician a little bit to maintain a different perspective. Working closely with hospital staff to help them understand how to maximize value from this position is key. Physician administrators need to set the stage early on: "Call upon me as an administrator, not a physician. My greatest value is to help improve the system not to administer direct patient care." ■