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+ This week you take up one of the most important and vexing ~~program~~ problems for all health care systems throughout the world — how to improve (this) management. Rightly, you will be addressing the problem of management skills for physicians for clearly, they are the groups who dominate our health care systems. I don't say this is wrong — it is simply fact. Moreover, the conference deals ~~mainly~~ with continuing education and indeed, if change is to be made at any time in the foreseable future, it must come thru this method, not thru the basic training of physicians because, even if possible, the needs are more urgent.

LAH: Management of health care programs. Conference on continuing education in health care management. Indian Institute of Health Management Research, Jaipur, India, Nov 24 1986

+ As you discuss the subject of continuing education in management [illegible] it is important that you recognize that we have two unique ~~situation~~ major problems in the health care area which are not found in all other sectors of the economy systems:

① Management, as an identified need in health care, is a comparatively new idea ~~concept~~ and, by no means accepted everywhere,

② ~~Those~~ Those who do administer the system not have management training or much understanding of what they lack in skills or how they might benefit from training.

~~However,~~ ~~Thus~~. WHO, e.g., ~~as a matter of fact~~ created its 1st management training unit little more than 10 years ago ~~and that~~ not for 3 years was it seriously supported (I know – I was one of the principal promoters) – and now, once again it has almost faded from sight.

However, as I shall note, there are powerful forces at work which are ~~beginning to~~ stimulating real interest in management ~~[illegible]~~ as we begin to think of health care systems rather than independent medical care providers and institutions.

~~Briefly, I shall describe certain characteristics of successful management program as others have identified them and describe certain of the techniques used in small pox eradication and then provide some instructive, practical lessons.~~

+ It is important ~~with the~~ as we think about this problem that we recall ~~medical~~ the history of the provision of medical care ~~Management of health care field~~

Until very recently, most medical care has been provided, to the extent it is, by independent physicians (serving only those who wished to attend them) who have ~~Groups of MDS worked in~~ operated their practises like a series of independent shops. ~~Hospitals~~, Hospitals, ~~were created~~ established usually by government but these institutions too have operated independently of each other. In this system, management was given little attention, even for hospital operations.

○ Public health departments have also been created in number <100 years ago which began to be primarily to deal with infectious diseases, care of the indigent and to improve sanitation, H_2O and sewerage. but not until 1920 (JHU) was it considered necessary for those operating the system to have any specialized training in administration. SPH — specially created to educate those with medical knowledge to administer programs. Even now, however, # trained is not large and % with an MPH is probably <5% of those who should be trained.

Pitfalls (As I mentioned)

- Health sector largely directed by M.D.'s in India, to a lesser degree in the USA

Why is this a problem?

Clinical training is almost wholly based on the dx, care, rehabilitation of individual patients, individually examined by M.D. It provides an orientation and atmosphere which, if not totally hostile, to the development of management skills — about as close as you can get.

What is management? Simplest terms — the development & execution of programs achieved *through* the work of others.

Conclusion — one really cannot speak of "continuing education" in management for physicians — One must assume that in most cases, one begins at ground zero and provides, one time, an appreciation of the basic skills & methods for working with and thru people to accomplish a set of tasks.

Medical schools were created and function today to diagnose and to treat individuals with disease and to do research in this area

Don't see this changing — Bench scientists and clinicians — run the medical institutions and formulate the requirements

S.S. Held in low esteem — rarely stated publicly — but it is fact.

Biomedical science depends on precise measurement and testing of hypothesis.

Precise measurement in social science, e.g. observation of people, is difficult.

Testing of hypotheses likewise a problem — e.g. use two different approaches to operate two clinics. ? Can you compare results. Thousands of variables of managers, locales, etc. etc.

Clinicians, esp. surgeons, are scornful of that which they do not achieve with their own hands.

Moreover — the language of social science can be understood in large part by the bench scientists & clinicians. Most haven't a clue about the implications and applications of new observations & applications & tend to be scornful of conclusions which they regard only as "good sense".

Social scientists here are at a great disadvantage — such utter garbage as is published by the clinicians & biomedical research people is written in a technical language which, in fact, few of them share in common.

In brief, climate of acceptance for management training in medical schools is not good

All of this has culminated in a recognition

~~Only recently, has it really become apparent~~ that management of our health care system is quite as important as the management of railroads, banks, or other industries — The word "industry" applied to health care has, in fact, only begun to be used ~~although~~ some ~~[illegible]~~ ~~is still rejected~~.

FROM D

This is incredible given the fact that, in the USA, 12% of our GNP is spent on health — almost half of this in hospitals. However, if we recognize that it *is* an industry — have taken a major step in deciding that management is important / needs to have those with specialized knowledge / and that requires training. Can no longer afford to take an outstanding surgeon & simply make him head of a hospital ~~This has been [illegible]~~ as still is. It's as ridiculous as taking an ~~[illegible]~~ airline pilot and making him head of an airplane manufacturing company.

~~As a result~~, Thus

Those trained as physicians, who largely dominate the organization and policies of our health care system, ~~[illegible]~~ ~~generally continue to do so today but [illegible]~~ have little comprehension of ~~[illegible]~~ management ~~skills~~, no training in budget preparation, in personnel planning & direction, in evaluation, in long-term planning methods, etc. etc.

Major Health care systems are directed by persons who are clinically able *but* would be hard-pressed to operate a primary health center ~~let alone a private office staffed by 2 nurses and a secretary~~.

(This is not unique to India — in USA, ~~I speak from my own experience in which~~ neither the SG nor the Asst. Secty of Health have managed anything more than their private practices!)

If progress is to be made, it is

Important, ~~therefore~~, for the medical and political establishment first to affirm that health care is an industry requiring administrators as skilled in their own field as surgeons are in theirs. (And mind you, I don't want my administrator doing cardiac surgery on me any more than I want my cardiac surgeon doing administration).

Medical schools, barring an improbable miracle will *never* provide this sort of training in the basic medical curriculum, nor as continuing education. Not certain they should. Training & education p med. school is probably the only satisfactory approach *but*, almost certainly, it will have to be done in other institutions ~~which are not~~ — ~~but would~~ perhaps be schools of public health, ~~but~~ perhaps schools of business, perhaps institutions such as this ~~or wholly possible~~. You will need to explore this question

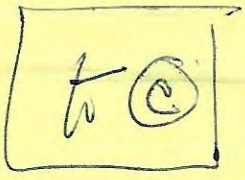
To sensibly address a problem, one must perceive a need. The need now is growing rapidly and (5)
the potential for progress is
~~have changed~~ perhaps more feasible than ~~they were~~ it was even a decade ago, for 3 reasons:

- Provision of ~~curative~~ comprehensive clinical care (for all the people) employing all or even a substantial number of available curative/rehabilitative measures has effectively been recognized by all countries to be far more costly than any can or are willing to pay. We cannot now see, in many cases, will we ever be able to afford an artificial heart or kidney dialysis for all who could benefit from them. ~~Surprisingly~~ (Rather paradoxically, that) few of those who formulate national policy have yet faced this stark reality. However. Economy and restraint are called for and this implies planning and management.

- It has become apparent that community-based interventions of family planning, immunization, ORT, nutrition - all relatively new activities - are exceedingly cost-effective, having an impact far beyond any curative program. (We certainly illustrated this.) Equally apparent, however, is that the curative care system of hospitals, clinics and private practitioners, operating as they do now, are hopelessly at sea in trying to implement such programs. That well-managed, broad-based community programs require a different type of organization, employing differently trained people, operating in an entirely different manner has barely begun to be understood.

A Recognition of new field - "social marketing" - sell Coca Cola as more RXs become available.

- ~~The~~ Ever larger demands on the (health care) system are being made. Politicians are being pressed to extend public support/insurance coverage, etc. hospitals, etc. But costs in every country have escalated beyond what any could tolerate.



Thus,
In all countries, we are recognizing the need for better management and management training but there is

a second problem we must confront and which you will need to address in this seminar and that is

what ~~can~~ needs to be done to permit these management skills to be used.

+ In its simplest terms, management is problem solving – the good manager must have the skills to diagnose problems, to find new solutions and to work thro his staff to implement new methods and new approaches to accomplish a goal
+ He cannot do this unless the system is flexible enough to permit him to try new approaches.
+ Good management requires substantial delegation of authority, responsibility & accountability.
  This is not characteristic in government structures nor in the practice of medicine.
  In my opinion – better management will not occur until the social – administrative structures is changed but what changes can and should be made and how?

The task appears to be a formidable one. Is it impossible? I don't think so. Bear in mind that it was basically good management that permitted you in India to eradicate smallpox in less than 2 years after you made a commitment and began to establish a satisfactory management system.

You set specific targets for the country, for each state, each district & each block
You delegated authority and rules were regularly changed or bent to permit managers to do the job of which they were capable
You established monitoring systems to insure that each person was doing his/her task and you took action when they were not.
You conducted monthly training programs of 1-2 days to review progress, to adapt strategy and to compare performance.

+ Most incredible to the world was the fact that you were able to organize a program in which ~120000 persons visited more than 90% all houses in India in 10 days this

Can the health system respond to better management? Obviously it can and it has. Will this require decades of generations? Certainly not. But it will require new approaches both in training and in the fabric of the health system itself. I wish you well in these most important deliberations