

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 12.2022-37  
(A-23)**

Introduced by: Keziah Aibangbee, MD, ISMS Member

Subject: Fostering Pathways for Resident Physicians to Pursue MBA Programs in Order to Increase the Number of Qualified Physicians for Healthcare Leadership Positions

Referred to: Council on Education & Health Workforce

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1           Whereas, the ISMS has no policy regarding supporting MBA education for  
2 physicians in training; and

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4           Whereas, recent research has found a strong association between higher hospital  
5 quality rankings and the CEO being a physician. As we know, majority of hospitals in  
6 the U.S. are led by non-physicians. According to a study by the American College of  
7 Physician Executives in 2014, only 5% of hospitals were led by physicians; and

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9           Whereas, today’s intricate healthcare system operates in a constantly changing  
10 environment, requiring complex and demanding professional healthcare management.  
11 Being a physician doesn’t necessary qualify one to be a super performing hospital CEO.  
12 In order to manage hospitals in a competent manner, the need for physician CEOs who  
13 possess various managerial skills as well as familiarity with problems in healthcare is  
14 strongly needed; and

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16           Whereas, the idea of a medical doctor earning an MBA might seem  
17 counterintuitive at first, given how much time physicians have already devoted to a  
18 bachelor’s degree, medical school and a residency before they begin to practice.  
19 However, the benefits of an MBA in healthcare can merit the extra investment in time,  
20 money and effort; therefore, be it

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22           RESOLVED, that the Illinois delegation to the AMA submit a resolution  
23 directing the AMA to encourage medical residency programs to create a pathway for  
24 resident physicians interested in healthcare leadership to undergo master’s in business  
25 administration (MBA with the focus on healthcare administration) training, in order to  
26 increase physician led healthcare systems.

**Fiscal Note:**

None

**Existing ISMS policy related to this issue:**

None

**Existing AMA policy related to this issue:**

**Management and Leadership for Physicians D-295.316**

1. Our AMA will study advantages and disadvantages of various educational options on management and leadership for physicians with a report back to the House of Delegates; and develop an online report and guide aimed at physicians interested in management and leadership that would include the advantages and disadvantages of various educational options.
2. Our AMA will work with key stakeholders to advocate for collaborative programs among medical schools, residency programs, and related schools of business and management to better prepare physicians for administrative, financial and leadership responsibilities in medical management.
3. Our AMA: (a) will advocate for and support the creation of leadership programs and curricula that emphasize experiential and active learning models to include knowledge, skills and management techniques integral to achieving personal and professional financial literacy and leading interprofessional team care, in the spirit of the AMA's Accelerating Change in Medical Education initiative; and (b) will advocate with the Liaison Committee for Medical Education, Association of American Medical Colleges and other governing bodies responsible for the education of future physicians to implement programs early in medical training to promote the development of leadership and personal and professional financial literacy capabilities.
4. Our AMA will: (a) study the extent of the impact of AMA Policy D-295.316, "Management and Leadership for Physicians," on elective curriculum; and (b) expand efforts to promote the tenets of health systems science to prepare trainees for leadership roles and address prevalent challenges in the practice of medicine and public health.

**Health Care Economics Education D-295.321**

Our AMA, along with the Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, and other entities, will work to encourage education in health care economics during the continuum of a physician's professional life, including undergraduate medical education, graduate medical education and continuing medical education.

### **Future Directions for Socioeconomic Education H-295.924**

The AMA: (1) asks medical schools and residencies to encourage that basic content related to the structure and financing of the current health care system, including the organization of health care delivery, modes of practice, practice settings, cost effective use of diagnostic and treatment services, practice management, risk management, and utilization review/quality assurance, is included in the curriculum; (2) asks medical schools and residencies to ensure that content related to the environment and economics of medical practice in fee-for-service, managed care and other financing systems is presented at educationally appropriate times during undergraduate and graduate medical education; and (3) will encourage the Liaison Committee on Medical Education (LCME) to ensure that survey teams pay close attention during the accreditation process to the degree to which ‘socioeconomic’ subjects are covered in the medical curriculum.

### **Systems-Based Practice Education for Medical Students and Resident/Fellow Physicians H-295.864**

Our AMA: (1) supports the availability of educational resources and elective rotations for medical students and resident/fellow physicians on all aspects of systems-based practice, to improve awareness of and responsiveness to the larger context and system of health care and to aid in developing our next generation of physician leaders; (2) encourages development of model guidelines and curricular goals for elective courses and rotations and fellowships in systems-based practice, to be used by state and specialty societies, and explore developing an educational module on this topic as part of its Introduction to the Practice of Medicine (IPM) product; and (3) will request that undergraduate and graduate medical education accrediting bodies consider incorporation into their requirements for systems-based practice education such topics as health care policy and patient care advocacy; insurance, especially pertaining to policy coverage, claim processes, reimbursement, basic private insurance packages, Medicare, and Medicaid; the physician's role in obtaining affordable care for patients; cost awareness and risk benefit analysis in patient care; inter-professional teamwork in a physician-led team to enhance patient safety and improve patient care quality; and identification of system errors and implementation of potential systems solutions for enhanced patient safety and improved patient outcomes.