

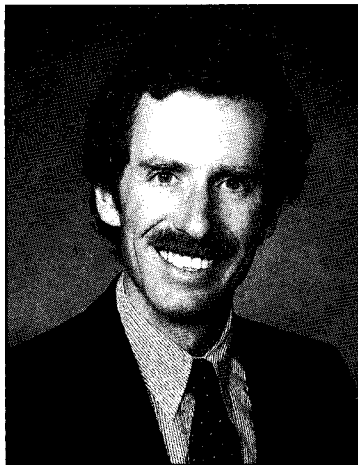
# *The First Steps Taken: Awareness of the Need and Establishment of Fellowships*

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Successful practice within a managed care environment requires a new set of skills for both clinical and administrative physicians. Managed care companies desire clinical physicians who possess the skills required to respond successfully to the new challenges of delivering health care under a managed care framework. These rapid changes gave physicians little opportunity to learn the new skills needed either in medical school or in other formal settings. On-the-job experiences are insufficient to allow mastery of the necessary knowledge.

Over the last several years, efforts have emerged to assist physicians in their transition to managed care: (1) development of educational programs by managed care organizations, medical societies, health care professional

associations, and professional seminar organizers; (2) offering of residency/fellowship programs in managed care; and (3) revision of clinical specialty training programs and the medical school curriculum to include managed care principles.



## EDUCATIONAL PROGRAM DEVELOPMENT

Managed care organizations understand the need to educate providers on managed care principles as interest in quality and outcomes increases. Many organizations offer directed continuing medical

education opportunities, ranging from short overviews to comprehensive, multiple-day sessions. Currently, there is no core curriculum that is universally followed, and the information presented varies widely.

Medical societies, including

medical specialty colleges and professional associations, also provide educational opportunities. Specialty colleges offer targeted managed care training opportunities addressing specialty issues in managed care, such as practice guidelines, utilization management, and reimbursement. Recently, interest has increased in outcomes, underutilization, and capitation.

Several new organizations have formed to educate and test physicians in managed care and related concepts. Disciplines covered include utilization management, quality improvement, informatics, economics, marketing, and outcomes. Since these programs are new, much change is expected as their curriculum evolves.

Professional conference planners provide numerous opportunities for all professionals in health care to learn about managed care principles. Although mostly formulated for the non-physician, several programs over the past year addressed provider concerns specifically. The increased interest in managed care by physicians should generate additional courses in the future.

Lastly, existing continuing medical education providers use live conferences, audiocassettes and videotapes, computer-based training, and CD-ROM technology to deliver the necessary knowledge to physicians. One organization, Reuters Health Information Services in New York City, offers CD-ROM-based professional development programs as part of their clinical CME program to assist physicians in the work within a managed care setting.

## RESIDENCY/ FELLOWSHIP PROGRAMS

There has been tremendous growth in managed care residency and fellowship training opportunities. Two new programs, both located in Philadelphia, forged partnerships between academic institutions and industry. Jefferson Medical College teamed up with U.S. Healthcare, a nationwide HMO based in Blue Bell, Pennsylvania, to begin a multidisciplinary program that enrolled its first residents in 1995. The University of Pennsylvania partnered with GMIS, Inc., a medical information company, to offer a fellowship in Managed Care and Quality Management.

## MANAGED CARE MEDICAL EDUCATION

The Center for Research in Medical Education and Health Care at Jefferson Medical College received a grant from the Health Resources and Services Administration, Department of Health and Human Services to "evaluate selected aspects of education in managed care." The first contribution from that grant led to the compilation of an annotated reference list on managed care. Researchers found the following:

- Most authors advocate increased ambulatory care clinical training as care shifts farther away from a hospital base
- There are several reasons for academic medical centers and managed care organizations to collaborate on training projects
- Evidence exists that many managed care physician recruiters find physicians lacking in the

skills and knowledge necessary to work cost effectively in a managed care setting

- The use of managed care organizations as educational settings is limited

Two managed care organizations in California—FHP, Inc., Fountain Valley, and Sharp Health Plan, San Diego—offer family practice residency programs emphasizing clinical practice in a managed care setting. The Sharp program uniquely offers an office-based as opposed to a hospital-based program. As all managed care organizations are budget sensitive, funding is a major obstacle to HMO participation in training programs. The current federal funding rules for residency training, which precludes funding of most community-based programs, limits the ability of HMOs to develop managed care clinical training programs.

Recognizing the need to prepare medical students for practice in a managed care environment, the Uniformed Services University of the Health Sciences—F. Edward Hebert School of Medicine is conducting research into developing a managed care curriculum. As the Military Health Services System evolves into a regionalized managed care provider, 100% of its medical school graduates will be practicing within a managed care setting. The command and control structure of the military allows for implementation of curriculum changes in a manner significantly different from the civilian environment. A recent focus group conducted by the military researchers revealed the inherent difficulty in changing a medical school curriculum in civilian schools. Work is just be-

ginning in the identification of the knowledge base to be included in an undergraduate curriculum.

## CONCLUSION

Like all managed care fields, education and training programs are evolving rapidly to meet the needs of the changing health care marketplace. Over the next 12 months, we should witness the offering of additional managed care clinical programs, changes in the funding of these programs, growth in academic medical interest in managed care training, and a proliferation in the offering of managed care training. It will be considerably longer before managed care principles broadly find their way into medical school curriculum.

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