Alan Greenglass
Author Questions & Answers

1. **How did you make the transition from being a physician to becoming a physician manager?**
   During my training as an MD, I joined the kind of medical practice that not only provided high quality care to individuals, but also one that could be an exemplary system of care. I had no management training, but I knew I wanted to make a difference in healthcare that went beyond solely taking care of patients. I didn't have many outstanding inter-personal skills, but I was hard-working, had good medical knowledge, and was respectful of the needs of others. When the director of our primary care practice resigned, there was no obvious successor, and no one stepped forward with an interest in the role. Since I was well-liked by my peers, and thought to be a good clinician, it was suggested I take the position, so I did. There was no thought to my management skills nor a plan for me to develop them. As I detailed in the book, I did not do well and was eventually replaced. However, I was given the opportunity to participate in a management development program and eventually got a second chance at management.

2. **What organizations have you led in the field of physician management? Is there a favorite position you've held?**
   I've been a manager and leader at Kaiser Permanente in the Northeast, at Yale University Health Plan, Connecticut Health Partners, and at Christiana Care Health System in Delaware. At both Kaiser Permanente and at Christiana Care I had multiple positions and titles, sometimes at the same time and sometimes in succession. My favorite positions were at Kaiser Permanente. The first was as Physician Director of Quality Assurance and Improvement. This allowed me to develop and use analytical skills and to suggest and implement changes that made it easier for clinicians to provide good care and service, and for patients to be healthier. It also gave me the opportunity to work with peers across the country, many of whom were the founders of the concept of improvement in health care, to learn from them, and to adopt and adapt their ideas in the Northeast. The other position, also at Kaiser Permanente, was as leader of our multi-specialty medical group in Connecticut. I had the chance to work with a number of great clinicians and human beings and learned that leadership often means listening to others and getting out of their way.

3. **Why did you decide to write *Curing Physician Management?***
   From early on in my career I thought about the importance of knowing how to manage, not just to do it. My own experience showed me that it took more than wanting to do it; it took knowing how to. It is not static knowledge, passed down without questioning, in textbooks, but something that requires underlying personal and systematic principles, allowing for flexibility. This takes into account that there

is rarely a perfect, universally applauded management decision, nor a single right answer or way of doing things.

4. **What are the most important factors in becoming a successful physician manager?**
   Having a set of principles, an ethos, that guides you. Having an inspiring reason for what you're doing. Taking the time to learn and practice the skills of management and of leadership. Being willing to share or to give up control, to develop the team that can function without you. To have humility, to understand you don't know everything, and that there is much more to learn. Also, considering the many unplanned-for challenges and opportunities.

5. **Describe one mistake you've seen made by a physician manager that you might have caught but didn't.**
   Maybe it's fighting the wrong battles. Usually, it's in the context of trying to show off their own power, to keep control. Sometimes they're fighting against someone who has more political capital. They would have been better off having the ego strength to lose the battle, in exchange for a longer-term relationship with their adversary that would bring more "victories" in the future.

6. **What are some reasons a physician decides to become a manager?**
   Very often it's not a conscious decision but something that they fall into or evolve into over several steps and time. Sometimes it's because they don't trust the people who are managing them and think they can do a better job. Sometimes it's related to status or thinking they are a doctor and know a lot about everything. Having a mindset that management can't be so hard, can it? Most of these are not good reasons! The best reason is a commitment to the betterment of the patients and co-workers for whom they serve.

7. **Is there special training to become a physician manager? Is it taught in medical school?**
   No, it's not usually taught in medical school, and yes, there is training that should complement entering the field for the right reasons. It could be a master's in public health or in business or public administration. It could also be a training program specific to clinical leaders, often sponsored by large health care institutions. These include the Executive Leadership programs for not only physicians but also for nurses and non-clinician managers, sponsored by Kaiser Permanente at various business schools. I attended the program at the University of North Carolina. There are also executive master's degree programs for healthcare at Dartmouth, Wharton/UPenn, Cornell, Southern California, George Washington, and many other schools.

8. **What is your best advice to a person thinking about a leadership role in healthcare?**
   Understand why you want to do this, and what you can give to the profession, not just what you personally have to gain. Know it's a different experience than practicing medicine and requires different skills and goals. Know that there is no immediate gratification in healthcare management, but you can be part of the long game in making things better.