Perceived Value of the Clinical Dual-degree Program to DPM/MHA Alumni

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Background: This article provides an analysis of the perceived value to doctor of podiatric medicine/master of health-care administration (DPM/MHA) alumni of the clinical dual-degree program at Des Moines University, Des Moines, Iowa, and a review of the literature on physician leaders.

Methods: An in-depth review of the current literature and an evaluation of survey results from 21 of 33 alumni of the DPM/MHA dual-degree program at Des Moines University was completed.

Results: There was an overwhelming positive response from alumni toward the DPM/MHA dual-degree program. It was also found that there is a need for physician leaders who obtain knowledge and understanding of the business aspects of medicine in the current health-care industry.

Conclusions: These survey results provide justification that the DPM/MHA dual-degree program at Des Moines University is fulfilling its goal of providing an educational background in the administrative and clinical aspects of medicine that prepares students for the complex and ever-changing health-care industry. The dual-degree program is a great opportunity for the podiatric medicine profession and podiatric medical schools to increase their collaboration with MHA programs to offer dual-degree programs to help fill the void and prepare future physician leaders. (J Am Podiatr Med Assoc 103(1): 56-66, 2013)

Health-care professionals who obtain knowledge in both the clinical and administrative aspects of the industry can play an important role in communication between the medical staff and the management team. In 2005, the Royal College of Physicians of London assembled a working paper on medical professionalism. John Clark, project leader at the National Health Services Institute noted that the publication "has become a key document in terms of getting people's minds around the fact that doctors need to be more than clinical experts—they are teachers, researchers and managers, too."1(p30) The potential exists for physicians to better understand managerial demands and for managers to better understand physicians’ value sets. Thus to maintain open communication, create an environment for intelligent conversation, and generate an efficient workplace for managers and physicians, it is necessary to be aware of the value that exists for medical students to pursue a master's degree in administration (clinical dual degree).

Des Moines University (DMU), Des Moines, Iowa, offers individuals a diverse array of educational degree options in the health-care field. Currently, nine graduate programs operate in DMU. The master of health-care administration (MHA) program at DMU was established in 1982 with the aim of providing students the opportunity to further develop their understanding of the health-care delivery system and their management leadership skills. The doctor of podiatric medicine (DPM) program at DMU was established in 1986 and provides students a unique opportunity to focus on the delivery of podiatric medical services as an integral part of the health-care team. This study focuses on a specific clinical dual-degree opportunity that allows students to combine two programs: the DPM and the MHA. Completion of this dual

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degree allows graduates with a DPM/MHA dual degree to advance their careers as they gain knowledge, skills, and attitudes to improve the delivery of health-care services. This clinical dual degree also enables students to combine their clinical knowledge and practice with expertise gained in the administrative program, thus helping patients and enhancing their own professional options and careers. Currently, 33 graduates from DMU have obtained the DPM/MHA dual degree. To our knowledge, there has not been a study focusing on how alumni of the DPM/MHA dual-degree program are using this degree option and how the addition of the MHA degree has benefited their careers. Such a study is needed to identify the perceived value to alumni of the degree to determine whether the DPM/MHA dual-degree program is accomplishing its aim.

**Goals of the Study**

The purpose of this study was to complete a preliminary evaluation of the MHA program looking specifically at the DPM/MHA dual-degree option. We conducted this exploratory study by surveying DMU alumni who obtained the DPM/MHA degree. The goals of this investigation were to identify whether the DPM curriculum, without the MHA curriculum, covered enough health-care administration content to support alumni success in practice; to determine whether the MHA curriculum helped alumni better understand current issues in the health-care field; and to discover how alumni are using their dual degree, how receiving the MHA degree in conjunction with the DPM degree has benefited their careers, the advice they would give to a current DPM student who is considering obtaining the MHA degree, and whether completing the MHA degree along with the DPM degree has been worth the extra time, expense, and effort during medical school.

**Literature Review**

A literature review of the DPM/MHA dual degree did not produce similar studies that specifically discussed that dual-degree option. However, there was literature found on the DPM/master of public health dual degree,² the allopathic medical doctor/master of business administration (MBA) dual degree,³ the master of science in nursing/MBA dual degree,⁴ and the doctor of pharmacy/MBA dual degree.⁵ Literature from these topics can be used to provide insight into the medical professional/administrator/business mindset and its need in the health-care system.

**Value of the DPM Degree**

Studies and expert opinion have focused on the value and demand for the DPM degree. The need for the services of podiatric physicians is driven primarily by the optimal care they provide in treating disorders, diseases, and injuries to the foot and ankle. A study by Wing and colleagues⁶ added that the demand for podiatric physicians will increase in the future because of general population growth, the aging of the population, the increased prevalence of diabetes, and the increasing prevalence of obesity. Similarly, Carls and colleagues⁷ evaluated the economic value of specialized lower-extremity medical care by podiatric physicians in patients with diabetes. This study supports the fact that DPMs are highly trained in providing optimal and economically efficient care of the lower extremities. Their 2-year follow-up study found a decrease in cost of $13,474 in commercial insurance plans and $3,624 in Medicare plans for diabetic patients who visited a podiatric physician compared with patients who did not.⁷ However, management of diabetic lower-extremity disorders is only one of many services that podiatric physicians can provide for the lower extremity. The combination of an increased prevalence of patients with lower-extremity complications and the quality, cost-effective care that podiatric physicians can provide will drive the value and demand for this profession.

Although the goal of the DPM curriculum is to provide students with a medical education, many authors have noted the lack of training in the administrative and managerial aspects of medicine. Chinn,⁸ a podiatric physician, notes that “to be competitive in an evolving health-care environment, podiatric residents should have comprehensive education and training in both the clinical and business aspects of health care.”⁹(p210) Similarly, Halpern and colleagues⁹ note that the medical education has done a proper job in maintaining training focused on diagnosis and treatment of illness while incorporating crucial updates in biomedical knowledge and technology over time. On the other hand, they note that the medical education has not paid attention to preparing graduates for changes in the medical profession, and “this practice context is critical to the professional lives of physicians as well as their ability to positively affect the health and well-being of patients.”¹⁰(p606) Another podiatric medical school
(at Temple University, Philadelphia, Pennsylvania) has also noticed the need for training in addition to the medical curriculum. However, similar to DMU’s dual-degree program, Temple University’s School of Podiatric Medicine offers podiatric medical students a DPM/MPH dual-degree option, but it does not offer an MHA degree.2 Nevertheless, the reasoning behind obtaining the dual degree is similar in the fact that they both provide students with access to knowledge and skills in a joint effort that opens the door for many opportunities in the future.

**Value of the MHA Degree**

A literature search on the MHA degree did not reveal any peer-reviewed studies focused strictly on the MHA degree. Also, there were no studies comparing the efficacy of the MHA degree versus the MBA degree regarding health-care administration. Many papers noted that the MHA and MBA degrees are both viable options in health-care administration but did not compare the validity between the two. For example, Weil10 noted: “Enrolling in the core courses usually identified with an MBA, MHA, or MPH is becoming less important for physicians in comparison.”10(p4) Weil later added to his statement when describing the debate that exists between choosing an MBA, MHA, or master of public health degree. The author noted that the main importance of any administrative education is as follows: “Physicians need to be trained to provide leadership in the new, more market-driven environment—their education must focus on the integration and coordination of clinical and managerial process.”10(p5) The managerial competencies are needed for physician leaders with the shift away from simply delivering effective health care to one that focuses on improved access, on social equity, and, particularly, on cost-containment and quality-of-care efforts.11 The American College of Healthcare Executives provided feedback on which master’s degree is the best: the MBA, MHA or master of public health. They did not draw any conclusions on the validity of one program over the other, but they did offer recommendations based on previous education and experience. They advised students to look at the program curriculum and to identify what they are lacking in their background. Therefore, students can choose the program that will best fill the educational void they have so that they can be successful health-care administrators.12

However, it seems that having knowledge in the administrative realm alone is not enough to be successful in health-care administration. Desai et al13 identify the increased importance of a hands-on patient care background to understand and implement the many network and managed care concepts in the new competitive health-care environment. Similarly, Weil10 believes, “No matter how sophisticated the curricula content is in public health, or in management theory and practice, educational programs for all health services managers that fail to incorporate an understanding of clinical decision making and management processes will become irrelevant.”10(p6) Thus, according to the literature, for future health-care administrators to stay abreast of the complex and ever-changing health-care industry, they must obtain a solid knowledge base in both the clinical and managerial aspects of medicine.

**Value of Administrative and Clinical Training**

The literature continues to point to an increasing demand and utility for health-care providers who obtain a master’s degree in health-care administration. With health-care costs continuing to rise in the midst of declining reimbursement, the need for an efficient physician who can bridge medicine and business has been shown to be greater than ever.14-16 Individuals who obtain knowledge in both fields are vitally important because they have the ability to speak both the clinical and administrative languages. This ability, in turn, will help open the doors of communication between administrators and clinicians, allowing the opportunity to accomplish an efficient and effective health-care setting and optimal patient care. A literature review on the dual-degree option noted that the curriculum of medical school teaches the student how to speak the language of medicine. However, little, if any, time is spent on understanding the business aspect of medicine.2 According to Bruce Chernof, founding director of the MD-MBA program at the University of California at Los Angeles, “Fluency in business and clinical medicine not only empowers physicians to effectively negotiate with third-party payers, it also enables them to better relate to industry leaders and hospital administrators, which translates into more efficient health-care delivery.”17(p58) Similarly, Vincent Mandracchia, DPM, MHA, and chief medical officer of Broadlawns Medical Center, Des Moines, believes that “as podiatrists we need to change our education system.”18(p53) Sprinkle18 described that Dr. Mandracchia felt that the educational process needs to prepare podiatric physicians to understand and
“focus on what they can bring to the full picture of patient care.” (p53) Therefore, from a review of the literature, department chairpersons and hospital administrators who are successful in bridging the gap between medicine and business are much needed in the current era of medicine. These individuals will be continually pushed to walk the fine line between cost and quality.

Other Dual-degree Surveys

Surveys have been completed showing the results of combining clinical education with a master’s degree in administration. Chumney and colleagues5 evaluated the grade point averages, job placement, and starting salaries of students who completed only the doctor of pharmacy program and those who completed the dual doctor of pharmacy/MBA program at the South Carolina College of Pharmacy, Charleston, South Carolina. The study sought to gather information about the long-term effect on the students’ career choice, earning potential, academic experience, and satisfaction from students who completed the dual degree. The authors found that students with a dual doctor of pharmacy/MBA degree graduated with higher grade point averages in the doctor of pharmacy program (3.52 versus 3.41) and the business program (3.82 versus 3.68) compared with their counterparts who were not part of the dual-degree program. Also, students in the dual program received mean total first-year compensation of $127,290 compared with $110,388 for non–dual degree doctor of pharmacy graduates. The authors also found high levels of satisfaction and greater career opportunities and satisfaction for graduates with a dual degree. Therefore, Chumney and colleagues5 stated that “these results affirm continuation of our program and make the case for support of similar programs across the nation.” (p1)

Outcomes from this study support the benefit of combining a master’s degree in administration with an education in a health professions field.

Parekh and Singh3 completed a retrospective study to evaluate the utility of the MBA degree on physicians’ careers, how obtaining the degree has changed their career, and why the physicians pursued the MBA degree. A 27-question survey was sent to physician alumni of the Boston University Graduate School of Business (Boston, Massachusetts), Harvard Business School (Boston), and the Wharton School of Business at the University of Pennsylvania (Philadelphia) who graduated between 1980 and 2003. Note that respondents in this study included individuals who acquired an MBA degree in a combined 5-year MD/MBA program and those who went back to school to obtain an MBA degree after being in practice for several years. This could possibly have altered answers as to the direct impact of a dual-degree program alone. However, the results and conclusion found still provide insight into the value of health-care professionals obtaining a master’s degree in administration. Parekh and Singh3 found that most physicians obtained a master’s degree in administration to understand the business of medicine. They also reported that they found an increase in time spent on administrative responsibilities once the physicians completed the MBA degree. Parekh and Singh3 concluded that “in order for physicians to overcome the multifaceted challenges of the evolving health-care system, it is essential to continue educating a proportion of physicians in both medicine and business.” (p442) The study is thought to be the first to evaluate the changes in physicians’ career paths after obtaining an MBA degree.

In a health-care system that is complex and ever changing, the current literature suggests that there is a growing demand for health-care professionals who understand the business as well as the clinical aspects of medicine. Physicians who obtain training in both the administrative and clinical realms will help bridge the gap that exists between physicians and managers.

Methods

The 33 alumni who graduated from DMU’s DPM/MHA dual-degree program were asked to complete an eight-item survey about the DPM and MHA curriculum at DMU and to comment on the value of the dual-degree program. The eight-item survey included open-ended questions asking participants about their experiences with the dual degree: how are they currently using the MHA degree in their career, what advice would they give to a current DPM student who is considering obtaining the MHA degree (ie, how will the additional MHA make a graduate more competitive or more successful), and overall, was the MHA degree worth the extra time, expense, and effort during medical school.

The Alumni Relations Department at DMU dispensed the survey by e-mail and by the US Postal Service. Alumni whose e-mail address was on file through the Alumni Relations Department were sent the survey via e-mail (19 of the 33 alumni). The remaining alumni (14 of 33) who did not have a current e-mail address on file were sent a letter
describing the survey and a link to complete it online, a hard copy of the survey if they choose to not complete the survey online, and a prepaid return envelope. They were notified to complete only one of the surveys, either online or the hard copy, to prevent duplication. The participants were asked to complete the survey within 10 days, and a reminder was sent to participants 1 week after the survey was sent. Once the surveys were completed and returned, the results were downloaded into a spreadsheet (Microsoft Excel; Microsoft Corp, Redmond, Washington) and forwarded to the author.

The survey was constructed using the Web-based survey tool SurveyMonkey. SurveyMonkey was chosen because it is the survey tool of choice for the Alumni Relations Department at DMU. Survey questions were solicited from several DMU faculty and staff: James Mahoney, DPM, associate dean for Academic Affairs and associate professor for the College of Podiatric Medicine and Surgery; Gina Smith, director of admissions; Ronnette Vondrak, director of alumni relations; and Carla Stebbins, PhD, director of the MHA program and the primary investigator on this survey. Before dispensing the survey, institutional review board approval was obtained through the DMU research office.

Results

Twenty-one of the alumni (63.6%) from the DPM/MHA dual-degree program completed the survey (Fig. 1). The results and findings of the completed survey follow. Survey participants reported that the most gratifying components of the addition of the MHA curriculum in the pursuit of the DPM/MHA dual degree were that it facilitated a better understanding of the current issues in the healthcare field, improved practice management skills, and increased opportunities for clinic or hospital administrative positions. Several respondents mentioned the importance of receiving training in the business aspect of medicine to be equipped for today’s health care to provide optimal patient care while minimizing costs.

Seventy percent of the respondents (n = 14) found that the DPM curriculum alone did not cover enough healthcare administration education to support their success in practice. All 20 of the respondents found that the MHA curriculum helped them better understand current issues in the healthcare field.

Findings varied on how respondents are currently using the MHA degree in their careers. According to the results, there were a few alumni who are currently not using their MHA degree either because they are completing a surgical residency or for unknown reasons. More respondents confirmed that they are using their MHA degree to better market themselves, billing and coding, partnering with the community, understanding larger corporations, having the ability to serve on various committees in their hospital’s organization, realizing ways to become more efficient, teaching, setting up and managing a private or orthopedic practice, or performing daily general administrative tasks.

When asked whether the MHA degree has benefited their careers, 95.0% of participants (19 of 20) answered “yes” and 5.0% (1 of 20) answered “no.” Alumni reported that the MHA degree has benefited them the most by providing “help with practice management” (n = 16; 84.2%) (Fig. 2).

The advice that respondents provided for current DPM students who are considering obtaining the MHA degree noted a common theme. The participants highly recommended that the students complete the MHA degree in conjunction with the DPM degree. For example, an alumnus stated, “I think it would be very beneficial in the future, especially with health-care today being more administrative and knowing how to bill/code correctly, than actually treating the patient. My podiatry studies taught me about proper clinical care, however, if you don’t know how to bill properly and market yourself properly and deal with employee issues properly, you are not going to be successful. Don’t expect your future employer is going to train you on all that, not true, they expect you to know how to do that.”

Eighteen of the 19 respondents (94.7%) found that overall the MHA degree was worth the extra time, expense, and effort during medical school. A few respondents noted that when they obtained the MHA degree (in addition to the DPM degree) there was no extra charge compared with other DPM students being responsible for half the tuition for the MHA degree, with the DPM program underwriting the other half of the tuition. However, most respondents noted that if they are not using their MHA degree directly in an administrative position, they are using the MHA knowledge indirectly to gain advantage by understanding the business aspects of medicine.

There are several limitations to be noted with this study. For example, because this is the first evaluation constructed on this specific topic, there are no other studies with which to draw direct comparisons. However, it is important to note that the primary purpose of this study was to complete
an evaluation of the DPM/MHA dual-degree program at DMU in hopes that future studies will complement and draw comparisons with the present study. Another limitation presented itself when reviewing the survey results. It was discovered that on every question there was an alumnus who did not answer. Because the survey was completed anonymously and the results were presented in the aggregate, it is unknown whether one participant decided to skip all of the questions or whether each

Figure 1. Survey provided to alumni of the DPM/MHA dual-degree program at Des Moines University, Des Moines, Iowa. DPM indicates doctor of podiatric medicine; MHA, master of health-care administration. (Figure continues on next page)
question was skipped by different individuals. Also, the only exclusion criterion for the survey was that participants must complete the survey within the determined time frame. No other criteria were used to exclude participation because important information could still be garnered from all of the evaluations.

An additional relative limitation was sample size. However, we decided that a specific number of respondents was not needed for valid statistical

Figure 1. continued. (Figure continues on next page)
analysis because this was a preliminary evaluation of the DPM/MHA dual-degree option. Also, because the population of DPM/MHA graduates is small, there will be a finite sample size to analyze and the analysis will be limited to descriptive statistics; thus, a small sample size will be appropriate.19

As previously noted, not all of the e-mail addresses for the alumni were obtainable. Therefore, for alumni whose e-mail was not available, the survey was sent via the US Postal Service with a prepaid return envelope. Ideally, all of the surveys would have been sent in the same manner. Five of the 14 mailed surveys (35.7%) and 16 of the 19 e-mailed surveys (84.2%) were returned. Although Porter and Whotcom20 found minimal differences in response rates across experimental groups between

Figure 1. continued.
paper and e-mail surveys, the present study noted a significant difference.

Participants’ individual goals as to why they pursued the administrative training through the MHA degree might have swayed their responses and could be a limitation. For example, if alumni decided to obtain the dual degree to gain a better understanding of the health-care field, practice management, and administration, then, indirectly, they would see a benefit from the degree daily in the medical field. However, those who believed that they would see direct advancement into an administrative position and have yet to obtain this goal may not think that the degree has benefited their career at all. These participants did not respond to the question by looking at the knowledge they gained in the administrative/business management realm and the indirect benefit it has provided to their career.

**Discussion**

With a rapidly changing health-care system, the demand is greater than ever for physician leaders who are educationally prepared to operate efficiently in a health-care environment that demands fiscal accountability and the delivery of quality care. According to a 2002 poll titled “Rethinking Physician Leadership,” The Advisory Board Company, Washington, DC, noted a common theme. It found that “56% of hospital administrators noted difficulty filling vacant medical staff leadership positions. When leaders are recruited 59% of hospitals do not clearly define roles, responsibilities, and performance objectives for leadership roles, and 78% do not evaluate physician leaders’ performance against established goals.” The percentages from the poll support the evidence that there is a great need for physician leaders in the health-care industry. Alumni who obtained the DPM/MHA dual degree have great opportunities to help fill this void and make a positive impact on health-care leadership.

Nationwide, there has been a recent spike in the number of MD/MBA dual-degree programs to help fill this void. Currently, there are 47 combined 5-year MD/MBA programs across the country, with most of them surfacing in the past 7 years. Larsen
and colleagues\textsuperscript{16} believe that this increase could be attributed to the increasing demand for physicians with a proper clinical and medical business background. This is a great opportunity for the podiatric medicine profession and master of health-care administration programs to increase their partnership to enhance their education and help fill this need. For example, a participant in this study stated, “As healthcare evolves a better understanding of how different healthcare delivery systems function with emphasis on efficiency and financial sustainability will be essential for any health practitioner to survive. Every practitioner needs to be knowledgeable regarding the business of healthcare. Practitioners with advanced degrees in healthcare/business administration will be crucial to ensuring proper balance is achieved in healthcare reform.”

Statements such as this one from a DPM/MHA practitioner provide support for the value of the dual degree. This also describes the demand for knowledge, skills, and attitudes regarding the business side of medicine as well as the need to ensure a proper balance in this ever-changing industry. However, knowledge of the administrative aspects of medicine is not the only criterion that produces a successful leader. Experience in the clinical and administrative realms of medicine is also crucial. So, how does a clinician gain experience in the business side of medicine? According to the literature, one must get involved. Falcone and colleagues\textsuperscript{14} suggest gaining entry by volunteering to lead committees, pursuing elected leadership positions, and accepting entry-level medical director positions. These voluntary experiences can then lead to larger administrative roles.\textsuperscript{14} Also, Halpern et al\textsuperscript{9} described education and experience in financial management as the biggest area of lapse for physician leaders, thus adding to the fact that one ought to pursue experiences in that realm to be successful in hospital upper management. Therefore, the importance of the DMU MHA curriculum continuing to offer a background in finance will be crucial for students obtaining the DPM/MHA dual degree to gain confidence in pursuing financial management experiences and be more successful in upper administrative positions.

It was noted in the limitations of the study that, to our knowledge, this is the first study completed on this specific topic; therefore, there are no studies with which to draw direct comparisons. It is recommended that more studies be constructed in the same manner as this project so that direct comparisons can be made. Also, recommendations can be drawn from the information gathered from the conclusions of other studies and the types of questions asked for future endeavors. For example, Parekh and colleagues\textsuperscript{3} recognized the need for and the value of the additional administrative education for allopathic medical physicians from their study conclusions. Also, the study by Chumney and colleagues\textsuperscript{5} evaluated the differences in grade point average and starting salary for doctor of pharmacy/MBA dual-degree students versus doctor of pharmacy students who did not pursue the MBA degree. Questions such as these can help provide direct comparisons and additional information for students who are contemplating enrollment into the dual-degree program and can be completed in future studies.

**Conclusions**

The results of this survey provide justification that the DPM/MHA dual-degree program at DMU is completing its goal of providing an educational background in the administrative and clinical aspects of medicine that prepares students for the complex and ever-changing health-care industry. We recommend that prospective students complete the DPM/MHA dual degree to enhance their knowledge in the business aspect of medicine and to gain a better understanding of the health-care field. We also challenge the podiatric medicine profession and podiatric medical schools to increase their collaboration with master of health-care administration programs to offer dual-degree programs to help fill the void and prepare the future physician leaders of health care.

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**Conflict of Interest:** None reported.

**References**


