

A Facilitator to Promote Chinese Healthcare Management

An interview with Dr. David P. Roye, the founder and CEO of International Healthcare Leadership (IHL)

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At the first glance, what this world's top pediatric orthopedic surgeon is doing seems beyond the scope of his profession. Still serving as the chief of orthopedic surgery at the Morgan Stanley Children's Hospital and St. Giles Professor of Pediatric Orthopedic Surgery at Columbia University, **Dr. David P. Roye** established a non-profit organization—**International Healthcare Leadership (IHL)**—in 2008, aiming to build a platform for emerging countries, especially China, to plan and organize the healthcare management and policy training programs that can foster senior government officials and healthcare management leaders.

On July 15 2010, IHL, with the support of **PricewaterhouseCoopers**, "China Hospital CEO" magazine and **Merck China** held a successful symposium titled "Incorporating Public Health Policy into Healthcare Management." After significant preparatory work in both United States and China, IHL officially introduced itself to the public at the symposium.

During a break in the symposium, Dr. Roye accepted an invitation for an interview by the "China Hospital CEO," and explained his intentions in founding IHL.

"China Hospital CEO": Why do you want to set up IHL?

Dr. Roye: I have been working in China for 12 years, initially as a volunteer for "**Children of China Pediatrics Foundation**" that provides surgical services for children with disabilities in Chinese orphanages. I really enjoy the

work and I continue to provide those services. I am also doing clinical work and teaching in Beijing Children's Hospital. These channels allow me to bring the medical technology, knowledge and research to China, and help me to understand Chinese hospitals and the healthcare



system. However, in those 12 years, I found it's difficult for a doctor to make real impact on the healthcare system by treating individual patients. This inspired me to establish an organization that can influence the formation of healthcare policy, and impact policy makers and managers. China is in the midst of seminal health care reform so I see a lot of opportunities. I founded International Healthcare Leadership (IHL), hopefully, to form a bridge between Chinese universities and Columbia University that will allow the development of healthcare policy and management training to improve management skills for

MBA, MPH, MPA and Executive program Master students.

"China Hospital CEO": What incidences made you think that a doctor is not enough to make "real impact?"

Dr. Roye: Yes—for many reasons, only acting as a doctor is not enough for me. Many of my colleagues are concentrating on treating their patients and they are providing important care and education. However I am interested in impacting care and access on a much broader front. For me this approach feels right at my age and station.

For example I regularly visit Beijing Children's Hospital and I have the utmost respect for that institution and the physicians who work there. They provide outstanding quality medical care. Chinese physicians are smart, studious, motivated. And I am very happy to teach them about advanced clinical techniques, the results of our research and medical technology. However, **Beijing Children's Hospital** is overwhelmed by the number of patients seeking care. Such large numbers of patients at Beijing Children's Hospital exposes many difficult issues in China healthcare policy and management. I have seen too many parents and their children sleeping in the corridors of Children's Hospital. Many children seeking care in Beijing Children's Hospital could go to community hospitals or to a local healthcare system. If China had a community healthcare and local hospital system trusted by parents, many people wouldn't necessarily go to Children's Hospital. But China's

existing healthcare system has issues with healthcare resources allocation – lacking of healthcare facilities in rural areas and remote areas. The general public also doesn't trust existing healthcare institutions.

We are all seeing a significant shift in healthcare policy in China designed to promote high-quality community healthcare services. Hospitals are being built and improved, more Chinese families have health care insurance and in general more money is being pumped into the system. I hope that these improvements will make parents more willing to go to community healthcare facilities.

The lack of insurance has been an overwhelming challenge to Chinese parents—having to face paying for all the treatment or care without insurance is a huge challenge. Spinal surgery as an excellent example. In North America, we rarely perform spinal fusion operations on children who are under age of 10, instead, we use systems that grow the spine. The problem with this approach is that before the age 10, they may need 5 to 6 interventions. In China, I proposed to my colleagues that we apply this approach but I was told by the Chinese doctors that no one can afford the cost of 5-6 time interventions. The reality is that the Chinese doctors, when they decide the treatment plan, not only have to consider the outcome of the treatment but also have to take into account the affordability to patients. In the United States, regardless of what insurance patients have - commercial insurance, government insurance or even philanthropy care - the first thing I consider is the outcome of the treatment.

**“China Hospital CEO”:
Currently, China has quite**

limited insurance coverage for children.

Dr. Roye: Yes, this is an issue. However, we see a good start in the current China healthcare reform. Rome wasn't built in a day. I also hope that the training and education we provide will play a role in future policy formulation. My motivation is that, through this channel, Chinese children can have more opportunities to see skilled doctors.

**“China Hospital CEO”:
Who is the target audience of the training and education you mentioned? And who will provide training?**

Dr. Roye: We have quite a broad audience—including government officials in health bureaus, healthcare management professionals who are pursuing their MBA or other graduate management

“My motivation is to provide Chinese children with more opportunities to see the doctor through this channel.”

education. The trainers will include Chinese and U.S. practitioners and professors in healthcare policy and management. In the United States, my colleagues at Columbia University are also very interested in this. In China, we formed cooperative relationship with the Health Reform and Development Center at **Renmin University**, Health Economics and Management Institute at **Peking University** and the **Columbia University** Mailman School of Public Health to collaboratively develop training programs. IHL funded mutual visits to Beijing and New York

as the curriculum was developed. The curriculum will be dynamic and will grow and change with the feedback of the students and new Chinese and American research.

**“China Hospital CEO”:
Each country has different healthcare system. How do you ensure that such international training can fit China situation?**

Dr. Roye: Indeed, each country has different healthcare system. But my 12-years experience in China told me that we can learn from each other in many ways in healthcare management. For instance, the management model of the hospital where I am working at in the New York can be replicated in China. In addition, our faculty not only teaches U.S. cases and shares U.S. experience, we also have Chinese research institutions involved to teach Chinese cases thus allowing us to base the curriculum on the China experience.

Our advantage is that I know where to find the best experts. What I am doing is to bring everyone together and make people think about issues in healthcare management. To foster this model, we have developed collaborative relationships with healthcare management education institutions in both U.S. and China. We are offering our first course to Chinese students on Columbia University campus in the summer of 2011. The course includes field trips and China healthcare system cases co-developed by Renmin and Mailman professors.

**“China Hospital CEO”:
What will be the one word to describe your role in this collaborative relationship?**

Dr. Roye: I will use “facilitator.” We want to be the facilitator of Chinese healthcare management development.