

# PSYCHIATRISTS AS MEDICAL DIRECTORS: CALLING OR CAPITULATION?

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## Disclosures

- Mehul Mankad has no relevant disclosures
- Mehul Mankad receives salary compensation from Peeq Health and Nevada Behavioral Health

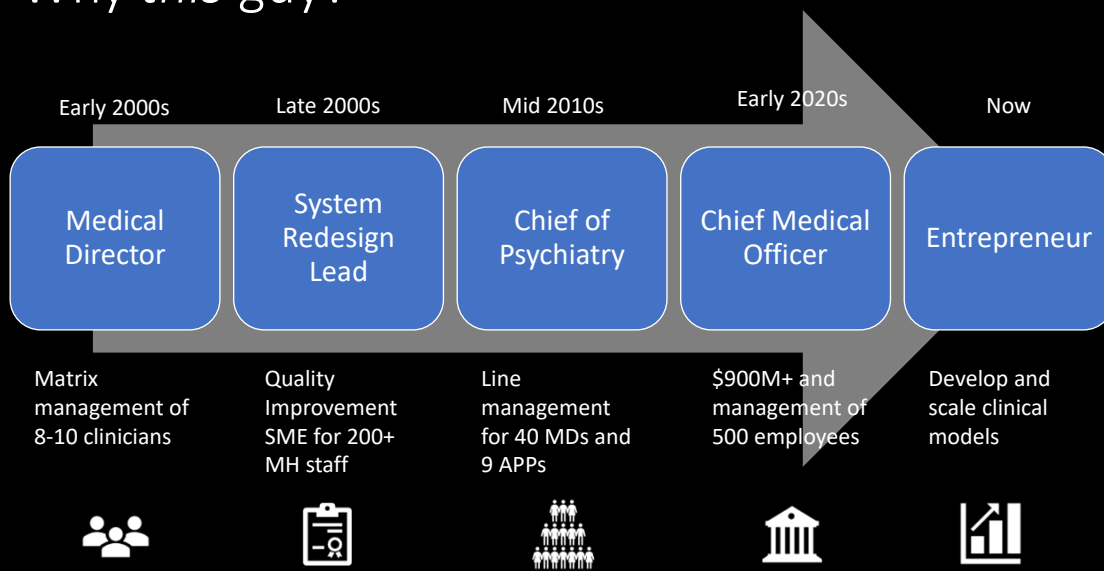
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## Objectives

1. Evaluate the relevance of behavioral health and medical leadership by psychiatrists in the current healthcare environment.
2. Compare models of medical leadership including medical director, cross-functional leader, and healthcare executive.
3. Formulate approaches to effective medical leadership intended to harness the value of by psychiatrists to improve patient care and advance the quadruple aim of healthcare.

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## Why *this* guy?



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## Also why this guy



- Married to a physician for 25 years
- Cook, grocery getter, and bill payer
- Grandparents did not live in NC when kids were young
  - Got by with daycare and nannies

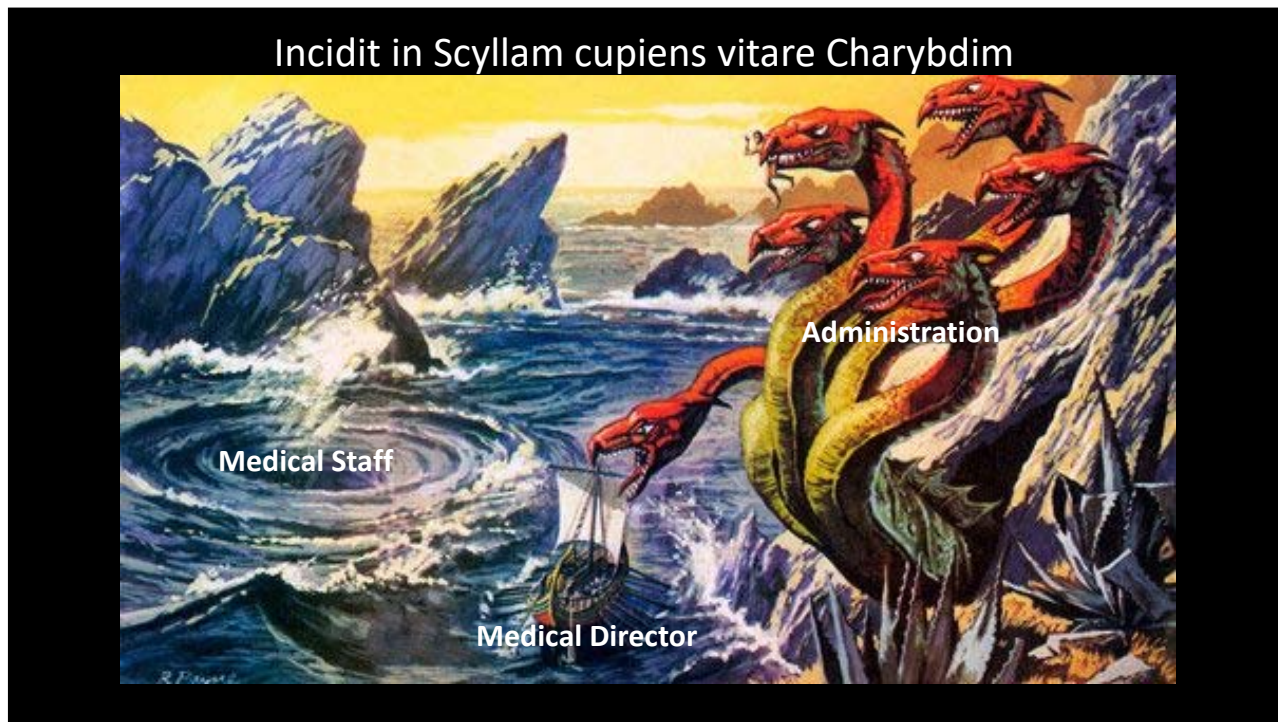
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## Why *not* this guy

- Straight through
  - No career detours
  - No life detours
  - Highly educated parents
- Cisgender heteronormative male
- Not an underrepresented minority
- Imposter syndrome



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## The Case for Psychiatrists to Avoid Leadership

- Medical school selects for scientific humanists, not managers
- Medical school and residency education heavily emphasizes clinical mastery and does not focus on details of leadership
- Many mentors do not possess sufficient understanding of corporate leadership principles to guide new medical directors

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## The Difference Between Medical Directors and CEOs/Executive Directors/Admin Leads

“The formal leadership of mental health care organizations commonly resides in an executive director, who may or may not have had clinical training... For some, this arrangement suggests that the medical director lacks or has lost power in the organization... The executive director/medical director relationship can be thought of as a relationship between individuals holding formal and informal power, respectively.”

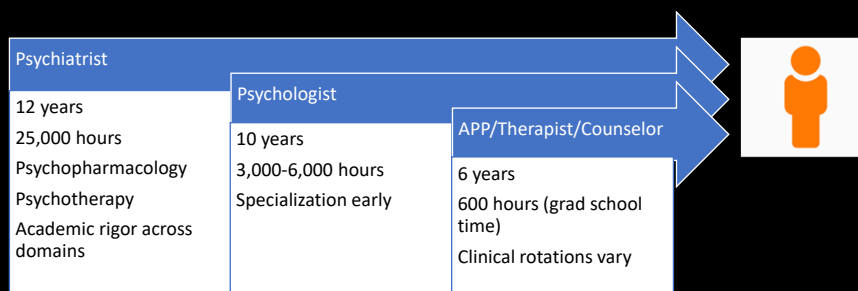
Gabel 2011

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## The Clinical Case for Psychiatrist Leaders

“The profession of psychiatry must respond... by redefining itself to retain its integrity and fulfill its mission... If not, it risks being marginalized and disenfranchised as the medical (and paramedical) disciplines reconfigure and position themselves for the “brave new world” of health care delivery and reimbursement.”

Lieberman and Rush, 1996



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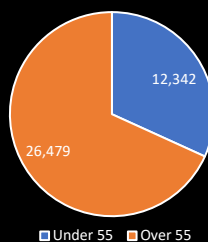
# The Business Case for Psychiatrist Leaders

## Holders of Risk and Breadth

- ALL psychiatrists are trained to evaluate, stratify, and manage high risk (SI, HI, psychosis, intoxication)
- ALL psychiatrists are trained to evaluate nearly every domain in the MH spectrum (exception: IDD and eating disorders)

## Psychiatrist Workforce Shortage

Psychiatrist Age



- 3<sup>rd</sup> oldest workforce
- 2024 final year when retirees will surpass new graduates, but...
- 2025+ psychiatrist growth will not compensate for MH disease burden

Satiani et al, 2018

70% of MDs are employed by medium and large organizations. %age of employed psychiatrists is increasing.

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# What does it mean to be a Medical Director?

“Institutional healthcare quality is closely related to the medical director efficiency and deficiency”

“The medical director must be a servant to the institutional constitution and to his or her job description”

Kossaify et al., 2013

- 1 Professionalism
- 2 Supervision
- 3 Policy
- 4 Quality
- 5 Learning
- 6 Regulation

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# Medical Director Elements

## 1. Professionalism

- Working knowledge of ethics for professional bodies (AMA, APA, other APA, NASW, ANA)
- Standard bearer for professionalism in personal practice (moral exemplar)
- Able to have crucial conversations

## 2. Supervision

- Line v. Matrix management
- Interdisciplinary supervision
- Clarity regarding liability
- Recruitment/Retention/On-boarding
- Mentorship and promotion
- Surveillance/audit

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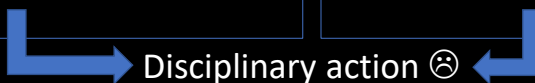
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## Medical Director Elements

### 3. Policy

- Develop, collaborate, or approve policy
- Update existing policy
- Ensure implementation of policy
- Differentiate official policy from desk procedures
  - Curate desk procedures 😊

### 4. Quality

- Quality Improvement Program oversight
  - Eyes open for opportunity
  - Establish process measures
  - Prioritize outcome measures
- Quality Improvement Project champion
- Interdisciplinary and institutional collaboration

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## Medical Director Elements

### 5. Learning

- Enforce mandatory learning
- Identify staff learning priorities based on institutional mission
- Develop personal learning plan including clinical and administrative subject matter

### 6. Regulation

- Collaborate with accreditation preparedness (JCAHO, CARF, CLIA, LCME, ACGME, etc)
- Often requires integration of Med Dir activities
  - Presentation of QM Plan
  - Review of Policies and Procedures

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Those 6 Elements are Not Enough!

Enter the Hidden Curriculum...

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The Hidden Curriculum Part I

Taking Care of YOU!

- ? Negotiation
- ? Supervision
- ? Fulfillment of JD
- ? Documenting Success
- ? Exceeding Expectations
- ? Promotion and Future

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## The Hidden Curriculum Part II: Should you get an MBA?

- Things they didn't teach you in medical school and are difficult/slow to learn on your own

Subject	Skill	Application
Accounting	Reading a balance sheet	Understanding profitability, budgetary control
Finance	Leverage	Growth through investment
Marketing	Attracting customers	Growth through encounters
Organizational Behavior	People management	Leading departments
Business history	Understanding case studies	Market analysis
Business law	Legal fundamentals	Corporate structures
Economics	Micro and macroeconomics	Market analysis and forecasting
Strategy	Differentiation and focus	Becoming best in class

Barrow 2019

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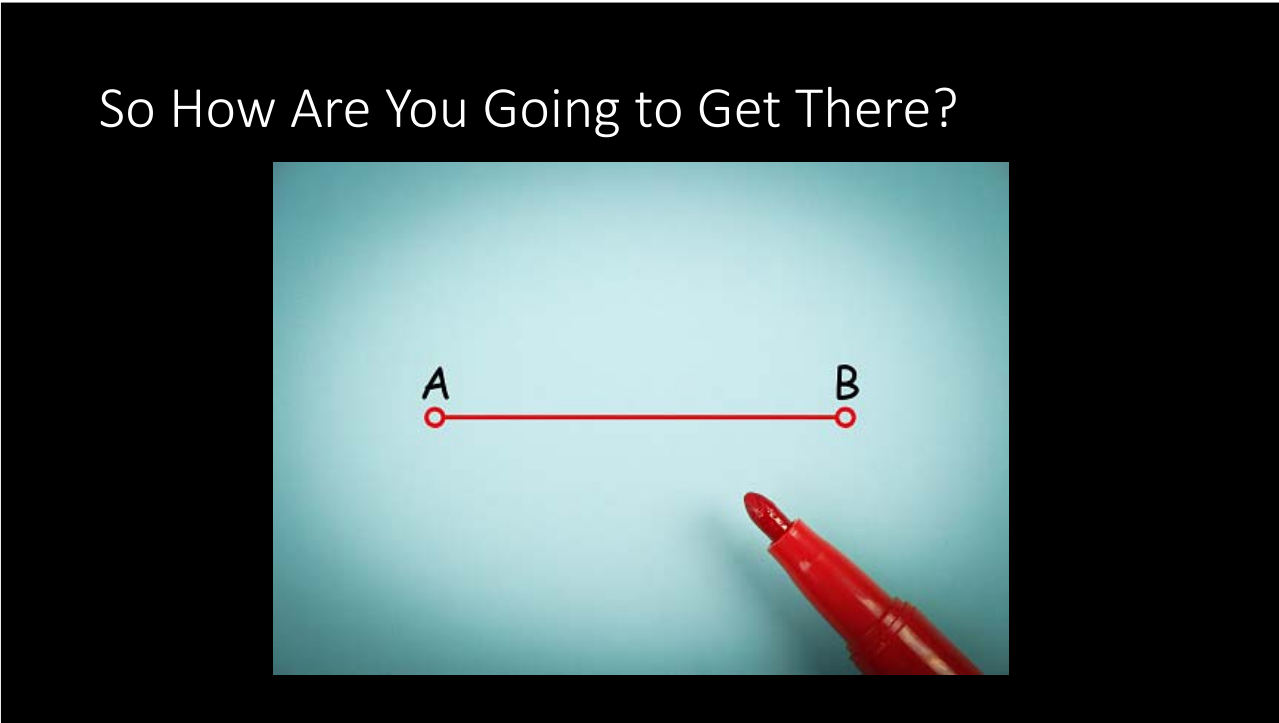
## The Hidden Curriculum Part II: Should you get an MBA?

- Topics sometimes veiled from Medical Directors by nonclinical leaders

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# Mentorship!

Peer supervision is wonderful, but it is not enough



Your Supervisor?  
Senior Colleague?  
Assigned Mentor?  
Career Coach?



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