

Trading Ideas: Health Care Management in the US and Ukraine

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Despite differences in health care systems, particularly resources, there are areas of professional knowledge where health care managers in the US and eastern European countries like Ukraine can profitably exchange ideas. This paper describes a number of potential opportunities. For example, US managers could gain knowledge about managing under scarcity, coping with unresolved problems, teamwork approaches to medical care, formalized management systems, medical school management training for physicians and improved knowledge about medicine. Ukrainian managers could benefit from better delegation, more extensive graduate management education, improvement of health care management as a profession, use of business models and tools, improved adaptability, greater autonomy and improved use of management science. Establishment of an institute for comparative health care management and university centers for comparative health care management would provide a useful forum for dialogue and research.

INTRODUCTION

On the surface there would appear to be little commonality between management in the world's richest health care system and management in a health care system that is severely resource constrained. Health care managers in the United States have enjoyed 50 years of unprecedented financial support. The United States now spends more than 15% of its gross domestic product on health care and the figure is expected to go higher (Poisdal, et al., 2007). In contrast, health care in Ukraine represents perhaps three percent of the gross domestic product in a struggling economy and given the current economic crisis, could go lower (Lekhan, Rudi, &

Nolte, 2004). It would seem that the ability to improve health care management is a “one way” street: from the US to Ukraine. Most US health care managers receive master’s level education. Ukrainian health care managers, for the most part physicians, receive some management coursework in medical university. Many Ukrainian health care managers recognize that their management education is not sufficient. Clearly Ukraine health care managers could benefit from wealth of management education that is available to US health care managers.

However, the demographics of the United States suggest that demand for medical care will skyrocket as baby boomers retire. Spending increases are directly attributable to “excess cost growth” (Congressional Budget Office, 2007). More likely than not, health care managers in the United States will increasingly be required to manage under resource scarcity. If (when) this happens they will have to do more with less. Indeed, there are already many health care facilities and physicians’ practices in the US that already operate under conditions of resource scarcity. Contrary to initial impressions, US health care management might well benefit from Ukrainian health care managers’ experiences.

Components of health care management education in the US have been explored in substantial detail. Some consideration has been given to management education in Eastern Europe in general and Ukraine in particular. However, there has not been much scrutiny of comparative aspects of health care management in the US and Ukraine. This paper explores the potential for exchange of ideas and expertise. For US managers potential opportunities to learn from Ukrainian managers exist in the form of the management curriculum in medical universities, management under resource constraints, broader roles for physicians in management, development of teamwork approaches, better structures for patient referrals and a more formal expression of a management system. Ukrainian health care managers can benefit from US management education, professionalism and specialization, adaptability to change and better understanding of basic management mechanisms (particularly in the areas of economics and finance).

BACKGROUND

Opinion regarding appropriate preparation of health care managers has always been a balance of accepted ideas about some aspects of management with differences about the usefulness of others. Identification of specific competencies for health care managers served as the focus for a number of papers in 1999 and 2000 (Lucia & Lepsinger, 1999). Key competencies include basic management knowledge, financial management, quality improvement, legal and regulatory understanding and information systems. (Calhoun, Davidson, Siniors, Vincent, & Griffith, 2002). Financial management and negotiation / conflict management are core courses in many of the world’s leading programs in business administration, public administration and health administration. Harvard’s MBA program for example, has core courses that include negotiation skills and finance with specialties in corporate finance, capital markets, budgeting, discounted cash flow and risk analysis (Harvard University, 2008). The core curriculum for the master of public administration program at Columbia includes public and non-profit management, economic and policy analysis and three financial management courses (Columbia University, 2008). The US Association of University Programs in Health Administration (AUPHA) lists 91 accredited master’s programs in health administration (Association of University Programs in Health Administration, 2008). In order to be accredited health management programs must provide a curriculum that includes management skills and financial skills.

Several studies have considered health care management in Eastern Europe. For example a survey of health care managers in the Slovak Republic found that the greatest perceived need was for basic management skills, financial knowledge, human resource management and ability to manage organizational change. (Rusnakova, Bacharova, Boulton, Hlavacka, & West, 2004). Similarly, a needs assessment in the Russian Federation found that topics of greatest interests encompassed finance, quality assurance, law and regulation and computer skills. Written comments emphasized “instructors lack knowledge of management, marketing, insurance and quality assessment” (Rekhter & Togunov, 2006).

Health policy observers in Ukraine have discussed the need to broaden public health / health care management education: “It is necessary that Ukraine adopt appropriate components of training programs for public health managers that are compatible with the growing requirements of the contemporary world” (Khadzhyradeva & Kolisnichenko, 2003). Basic health management is not engaged with social health problems due to an absence of suitable information and is not engaged in dealing with economic problems due to the absence of proper specialists. Health care management in Ukraine still remains a “command” system (Khadzhyradeva & Kolisnichenko, 2003).

In response, a number of medical universities in Ukraine and the Ukrainian Academy of Public Administration (Office of the President of Ukraine) have begun to provide public administration modules that include state policy and strategy in public health, public health management, public administration, strategic planning, economics, financing and health promotion (Khadzhyradeva & Kolisnichenko, 2003). The National University of Kiev Mohyla Academy recently established Ukraine’s first school of public health and offers a master’s in public health management. Other medical universities in Ukraine are considering the country’s need to improve public health management and how they might participate.

In short, Ukraine is somewhat informed about the process of importing health care management education from the US. By contrast, health care management educators in the US have not considered what might be learned from health care management education in Ukraine.

WHAT US HEALTH CARE MANAGERS MIGHT LEARN FROM THEIR COUNTERPARTS IN UKRAINE

Most health care in Ukraine is publicly provided and most Ukrainian health care managers are physicians. While there is not much in the way of formal management education, Ukrainian managers understand Ukrainian medical care and the Ukrainian health care system. They understand what physicians do and how they are motivated. Most US health care managers are not physicians. US physicians often distrust “outside” (non-physician) management. When they manage they can tend to become authoritarian (Center for Studying Health System Change, 1999). This dynamic can result in misunderstandings and difficulties in terms of how physicians view health care managers, the system and financing. US physicians tend to view non-physician managers as less legitimate.

Physician health care managers in Ukraine tend to have greater credibility and legitimacy with physician colleagues. They have greater understanding of medicine and medical issues, physician values and deeper understanding of the medical care system. In terms of legitimacy, health care managers in the US might benefit from having more physicians as managers. Failing that, non-physician managers in the US might develop a deeper understanding of medicine and

of physicians and physician values, either as part of graduate education, continuing education or internship experiences with physician groups.

US physicians often experience difficulties as managers (Center for Studying Health System Change, 1999). Some of this may relate to self selection. The characteristics that convince physicians to practice medicine (intelligence, drive, scientific orientation and prompt intervention to resolve problems) sometimes fail them as managers. Effective management often involves patience and knowing whether and when interventions will be effective. Ukrainian physician managers may share temperamental issues. However, Ukrainian managers operate in a culture of limited resources where change is much more difficult to effectuate. They are required to exercise greater patience and perspective. In this arena they might well be able to impart greater wisdom to US counterparts.

Even though limited, part of Ukrainian physician education includes management instruction. Also, mandatory continuing education courses for Ukrainian physician managers include management. Physicians in the United States often move into management roles. This notwithstanding, US medical schools offer almost no management courses at all (Kiel, 1999). It would seem that - like their Ukrainian counterparts, US physician managers would benefit from management education as part of their medical training and as part of continuing medical education. This might be difficult or impossible given the massive amounts of materials medical schools now required to impart to their students (D'eon & Crawford, 2005). There are integrated MD/MBA programs that give student both medical and management degrees in five or six years (School, 2008). Many US physicians return for graduate MBA, MPA and MHA programs. Still, many physicians do not anticipate becoming managers. The time required for a two or three year management degree is prohibitive for many. As a result, some US physicians move into management positions without much in the way of preparation. For them, inclusion of management options in the medical school curriculum and as part of continuing education would be of great benefit. In addition, while there are many opportunities available for all US health care managers, continuing education for them is almost totally voluntary. Health care management in the US might also consider whether to formalize and require continuing management education or all health care managers.

Organizational management under severe resource constraint is a fact of life for health care managers in Ukraine. While Ukrainian health care managers often come to their positions without much in the way of financial training, they soon become adept at finding and managing financial resources, generating funds from a plethora of sources in an opportunistic fashion (Lekhan, Rudy, & Nolte, 2004). In practice, Ukrainian health care managers find ways to substitute readily available labor for scarce technology. Given resource shortages Ukrainian health care managers are forced to become adept at making do with less than adequate resources, working in difficult conditions and making very difficult resource allocation decisions that may have life and death implications.

It is in this area that US health care managers may have the most to learn from their Ukrainian counterparts. As resources become scarcer as a result of additional demand and the need to limit amounts spent for health care, US health care managers will have to learn how to do more with less. They might well learn by studying how managers in other systems – like Ukraine – manage under such conditions. In particular, US health care managers might benefit from learning how their Ukrainian counterparts find additional sources of revenues, how they make difficult decisions to deny resources (and therefore care) and how they chose among alternatives when resources are scarce. Indeed, US health care managers have gone almost an entire generation

insulated from the need to make life and death decisions on a daily basis. As illustrated by medical ethics cases and instances where lack of health insurance threatens life, these types of decisions generate substantial attention when they are required. It might be important to develop and make available management education for the US that helps managers deal with the range of difficulty posed by resource constraint decisions. Ukrainian health care managers could have much to offer in the development of these types of educational programs.

The US Institute of Medicine has concluded that doctors, nurses, pharmacists and other health professionals are not being adequately prepared to provide the highest quality and safest medical care possible, and there is insufficient assessment of their ongoing proficiency. Of the five core areas in the IOM report, one focuses on health care professionals working as part of interdisciplinary teams (Greiner & Knebel, 2003). While a far cry from ideal, Ukrainian physicians work in a team environment. Problems with individual physicians become problems for the department or facility. US health care managers could do much to foster teamwork among professions in hospitals, physician practices and in other arenas. It is possible that there are aspects of operating in a group or team setting in Ukraine that US health care managers can learn from their Ukrainian counterparts.

There is also the question of how professionals deal with deep unresolved problems with their health care system. The US health care system is replete with problems (Krugman & Wells, 2006). At the same time, career satisfaction for many health care professionals, doctors and nurses in particular, are at all time lows (National Opinion Research Center). Nursing satisfaction is low: Many young nurses leave the profession and turnover is high (American Association of Colleges of Nursing, 2008). Physicians' job satisfaction is lower than other professions. Highly dissatisfied doctors are more likely to retire or curtail their practice hours. This can create management challenges in the areas of morale, turnover and productivity. Moreover, health care management has been found to relate directly to physician job satisfaction (Health Stream Research).

Partly relating to resource constraints, but also related to system organization, the health care system in Ukraine exhibits many problems and presents a difficult if not impossible challenge for health care professionals. Ukrainian health care managers have lived with this reality for a generation. Many of them have developed a level of patience and acceptance that might help US health care managers. Many Ukrainian health care managers have worked an entire generation under trying conditions. Job satisfaction and morale among their employees is not high, nor are professionals able to change jobs easily. Learning how Ukrainian managers cope with these challenges may help US health care managers deal with them better.

Finally, Ukrainian health care managers use a formalized management system called "automated system of management." Dating to the Soviet era, the ASM is composed of three parts: (1) the "delivery model," (2) management information systems and (3) the decision maker. Because economic decisions were made centrally in the Soviet System, planning (top down) required extensive information. Much of this information was used to assist managers make decisions. The delivery model consists of a range of functions including prevention, treatment (hospitals and physicians) and sanitary epidemic stations. Detailed statistics are collected at each health care delivery "point", and compiled in a pyramid fashion at the local, regional and national levels. The statistics are used for making planning decisions – and to help inform managers' decisions.

While subject to criticism (Baranson, 2007) the ASM at least provides a formal system for collection and use of management information. In the US there is a great wealth of information

available for health care managers. However, there is no common basis for health care managers' decisions. Moreover, health care planning in the United States is often met with skepticism and public health and generally they have suffered as a result. Under the ASM public health information is collected and used for management decisions. While much of the ASM may need it to be reconsidered and revised and certain aspects of the information used in the system may need to be rethought, aspects of the information feedback aspects of ASM might provide substantial contributions to health care management in the United States. It would at least be beneficial for US health care managers to be exposed to the ASM and to evaluate how a similar system might benefit health care management.

WHAT UKRAINIAN HEALTH CARE MANAGERS MIGHT LEARN FROM US COUNTERPARTS

It would appear that the Ukrainian health care system is diametrically different from the US. US health care uses more resources than any other health care system in the world. Accordingly, it might be easy to conclude that there is little that US health care management could contribute to health care management in Ukraine, among the developed world's most constrained systems. However, much of what is of great value in the management of the US health care system involves "basics" rather than frills. There is much of basic health care management that is universal. The basics can help improve health care management in any country including Ukraine.

Perhaps the greatest potential for improvement in Ukrainian health care management lies with the basic philosophy of management system. There is a tradition of central planning and "top down management that continues to influence health care management in Ukraine. Hospitals are state owned. Physicians are employed by the government and work primarily in the context of hospital care. Budgets and labor policies are established by ministries at the national and regional levels. In the context of this system, organization management is dominated by the hospital chief executive, by regional health ministries and by the national minister of health. Conversely, entry level managers have little discretion. For example, hospital department directors in the Ukraine do not manage a budget.

Management decision making in the United States is essentially decentralized. Department directors usually have budget responsibility and are generally responsible for employee management and evaluation. As a result, US entry-level managers learn the basics of financial management and human resource management. Decentralization of decision-making and development of management skills in the entry level managers in Ukraine might well provide dividends in terms of management training and development. In addition, organizations characterized by a decentralized management tend to adapt more quickly and appropriately to environmental changes. Adaptability and flexibility in Ukrainian health care might improve by strengthening the role of the entry level manager.

Second, most health care managers in the United States have the opportunity to receive formal postgraduate training in management. Most US health care managers have a master's degree in health care administration or business. These programs offer coursework in a full range of management fundamentals such as human resource management, negotiation, managing change, accounting, economics, finance, law, ethics, health system organization and others. Accreditation bodies like the Association of University Programs in Health Administration and the Association to Advance Collegiate Schools of Business ensure program quality in terms of

faculty, faculty credentials, and coursework. While there may be differences among these programs in terms of course offerings and emphasis, basic quality is monitored and maintained through the accreditation process and through the way that these programs compete for students.

Ukrainian health care managers are almost all physicians. Few, if any, of them have much in the way of formal postgraduate education in management. Ukrainian medical universities provide lectures about health care management. However, the content of these lectures is not particularly deep or modern. These lectures contain less material than would be contained in a United States university course. There are continuing education opportunities for Ukrainian physicians to gain knowledge about management. This work also provides background for management expertise for Ukrainian health care managers. Further, Ukrainian health care managers receive additional management education after their selection for management positions. Surveys of Ukrainian physicians find that there is universal agreement that they need more management education. Ideally, like the US (and Europe as well), a postgraduate management education program for Ukrainian physicians with quality coursework in management patterned after those offered in international universities would substantially improve the background knowledge of Ukrainian health care managers and would better prepare them for the challenges that they face.

Third, health care management in the United States is a recognized and valued profession. Health care managers are respected members of their communities. They are paid at a professional level. Entry level health care managers in the United States expect to receive salaries in the \$30,000 to \$40,000 range. Senior health care managers often receive salaries in excess of \$200,000. Hospital chief executive officers receive salaries of \$500,000, one million dollars and more. There are numerous health care management associations in the United States where managers meet to discuss ideas, engage in continuing education and “network” professionally. The American College of Health Care Executives provides opportunities for development and networking among health managers.

Effectively, health care management in Ukraine is not an established profession. Management professionals are paid much like physicians, which is to say that they are not paid particularly well. There is little in the way of professional association involvement by health care managers in Ukraine and the very little in the way of professional networking. Health care management in Ukraine could improve substantially by developing it as a new profession. In order to facilitate this, Ukrainian health system managers might benefit from observing their counterparts in the US and by borrowing professional development techniques. In some ways the evolution of professionalism may be hampered by the level of state sponsorship of hospitals, state employment of physicians and the level of structure in the Ukrainian health care system. A number of observers (including the Minister of Health) have made proposals to alter this structure, either by converting Ukrainian hospitals to public utilities or by privatizing them into nonprofit corporations. (Ministry of Health of Ukraine, 2008).

Fourth, most professional health care managers in the United States are graduates of postgraduate management programs and are not physicians. While physician health care managers may provide advantages in terms of system knowledge and clinical expertise, exclusive use of physicians as managers also provides limitations. Non-physician managers who have stronger backgrounds in business have much to contribute to health care management. Management as a discipline relates more to business than to clinical practice. Ukraine might benefit by moving to a business model for health care management. In order to accomplish this, opportunities need to be created to allow non-physicians to move into health care management in

Ukraine. Not only would it be helpful to develop post graduate programs in management but to open these programs to non-physician professionals and to provide career opportunities in health care management for them.

The fifth area where health care managers in Ukraine can benefit from United States health care management is adaptability and change. The provision of medical care in the United States follows a private rather than a public model. Private health care institutions are responsible for profits and losses. To the extent that a United States hospital suffers operating losses it will be compelled to make changes in the way that it provides care. If competitors are more successful there will be strong incentives to modify practices in order to be equally successful. If physicians cannot attain appropriate levels of income in private practice there will be a strong motivation for them to change the way that they practice. In government dominated health care systems like Ukraine resources are allocated based on budgets. Budgets are fixed by previous experience and political considerations. These systems and their managers are often characterized by resistance to change. Ukrainian health care managers could benefit from additional incentives that require them to adapt to changes in order to be more efficient.

Health care managers in the United States receive extensive training in economics and finance. Many United States health care managers develop subspecialties in health care finance. From the department director level and above, many financial decisions including budget responsibility in the United States are decentralized. Business managers in solo and dual physician practices have full financial responsibility. In terms of training and experience United States health care managers must develop strengths in economics and finance. Accordingly, the sixth area where Ukrainian health care managers might benefit by observing their United States counterparts is health care finance. Financial decisions are made “top down” in the Ukrainian health care system. Budgets are fixed by the Minister of Health and by the regional health care ministry. Financial decisions and budget responsibility do not go below the hospital chief level. Department directors do not have finance and budget responsibility. Thus, it is possible that the first time that a Ukrainian health care manager is responsible for financial matters is when he or she becomes hospital chief. Because there has been no previous way to gain financial expertise, a facility manager may come to the job with no prior knowledge or experience in business, budgets, capital finance or return to investment.

The seventh area where Ukrainian health care managers could benefit from the US is autonomy and decision making. Much United States health care management is “bottom up” rather than “top down.” While there are health care managers in the United States who have difficulty delegating responsibility, there are many successful United States health care managers who delegate decision-making authority at every level of management. By providing decision-making autonomy to managers at every level, United States health care managers develop decision-making experience throughout their career. By the time a manager assumes positions of substantial responsibility, he or she will have years of decision making experience.

Hospital chief executive officers in the United States have full responsibility for making decisions that impacts every aspect of the institution’s operations. By contrast, managers throughout the Ukrainian health care system, including hospital chiefs, do not have enough decision making autonomy. Structure and operation of the health care System is dictated by historic structure and budget. It would be politically difficult if not directly impossible for a Ukrainian hospital to make a substantial change in the way it operates. If Ukrainian health care institutions are to perform more effectively they will need managers who can make better

decisions. In order to develop them decision-making experience and appropriate autonomy will be necessary.

Finally, Ukrainian health care managers might benefit by adopting some of the “management science” underpinnings of United States health care management. A substantial amount of management in the United States and in Ukraine dates to the work of Frederick Taylor. (Taylor, 2003) In the United States much of this work has evolved into the field of organizational theory. In Ukraine, Taylor’s work became part of the underpinnings of the Automated System of Management. As noted above, the Automated System of Management continues to be used for health care management in Ukraine. In truth, the system retains continuing validity for a government oriented centrally planned system. However, Ukrainian health care managers could benefit from modernization of the Automated System of Management that incorporates modern scientific management theories.

In short, Ukrainian health care managers might benefit from observing their United States counterpart in the areas of decentralization of decision making, development of specific expertise through management education, by developing additional professionalism and specialization in health care management, by providing opportunities for non physician business oriented managers, by increasing adaptability to change, from additional knowledge and experience in economics and finance, from increased autonomy in decision-making and by modernizing health care management science.

FACILITATING EXCHANGES OF IDEAS

Given the substantial array of opportunities for the exchange of ideas between health care managers in the United States and Ukraine, how can this exchange be facilitated in practice? Fundamentally, the exchange of ideas might best be facilitated through the development of a wide range of forums.

The establishment of a joint management institute for United States and Ukraine health care managers would provide the best possible venue for mutual exchange of ideas about improving health care management in both countries. Such an institute might be funded by an international foundation (such as the Eurasia foundation). Alternatively, it might be funded as a USAID type project. The institute could have two locations, one in the United States and one in Ukraine. The institute could conduct periodic forums on management practices, could facilitate and sponsor visits to Ukraine by US health care managers and visits to the US by Ukrainian health care managers, and might encourage and sponsor research into improved health system management.

In addition, universities in the United States and in Ukraine might establish centers of excellence for comparative Health System management. For example, one or more medical universities in Ukraine might establish a center for the study of health system management with focus on United States health care system while a partner American university might establish a center of excellence for comparative health system management with emphasis on management in Ukraine. The universities could exchange faculty and students as well as embarking on a joint research agenda.

CONCLUSION

A cursory review of health care management in the United States and in Ukraine might produce a conclusion that there is not much that US health care managers could learn from

Ukraine while Ukrainian health care managers might stand to benefit from adopting United States health care management practices. However, a more detailed investigation reveals that American health care managers may have much to learn from their Ukrainian counterparts. This suggests opportunities for mutual exchange of ideas and the potential for establishment of a joint United States\Ukraine health care management institute as well as centers of excellence in health care management at United States and Ukrainian universities. Given the current economic crisis and the demographics of aging in the United States and in Ukraine, substantial changes in the amount of resources available for health care are inevitable in each nation. Forums for the exchange of ideas about health care management can help managers in both nations weather these changes.

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