



3rd GLOBAL CONFERENCE on BUSINESS, ECONOMICS, MANAGEMENT and TOURISM,
26-28 November 2015, Rome, Italy

Physician-leaders “The New Breed” – Introducing the idea of an alternative route for leadership and management in the Romanian residency program

de Freitas Bradley Christopher^{a*}

^aValahia University of Targoviste, Doctoral School of Economics and Humanities, 130105 Targoviste, Romania.

Abstract

Modern technology accounts for major changes in the field of medicine, due to this fact it is imperative that future physician-leaders transcend these qualities in clinical medicine as well as in the administrative roles of health care institutions. Many physicians have acquired these administrative responsibilities by chance and may not possess the necessary tools or managerial know-how to administrate their respective establishments. The necessity to refine these leadership roles is evident and can be done so using several methods; with the implementation of a leadership development program or a program that provides a degree which can train physicians during their residency or at different stages of their careers. These programs can be extremely beneficial not only financially, but also from a moral and ethical standpoint, not to mention the general satisfaction of patients due to the improvement of services offered. One such program has already been applied at Duke Medicine, the MLPR (Management and Leadership Pathway for Residents) is an innovative program which is targeted towards residents with a medical degree that are also interested in management training. The MLPR program was developed in 2009 with the intent to cultivate the development of a new breed of physician-leaders, by providing residents with a rotational system supervised by mentors these “physicians-in-training” will be faced with various demanding tasks in a clinical environment as well as with different prospects in management that are aimed to further develop their leadership and managerial skills in all aspects of modern medicine. By suggesting the idea of introducing such a ground-breaking program into the Romanian health care system at an early stage in any medical career will give rise to more opportunities for aspiring physician-executives to subsequently enhance the overall quality of any health care enterprise.

© 2016 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Peer-review under responsibility of the Organizing Committee of BEMTUR- 2015

Keywords: Management and leadership, health care system, physician-leaders, administrative responsibilities

* de Freitas Bradley Christopher. Tel.: +40 740224202
E-mail address: chrisbradley.md@yahoo.com

1. Introduction

For years now it has been apparent that the field of medicine is advancing in a very rapid and profound manner, further increasing the need of an administrator who is both capable and willing to adapt to these medical, ethical as well as financial complexities that surround the practice of modern medicine. Despite this ever prevalent matter, the number of physicians directing hospitals is declining exponentially rather than increasing, even when research has shown that having a physician in an administrative role is directly proportional to the overall improved patient care subsequently giving the image of a superior hospital. Leadership plays a very important part in the role of a physician-executive, due to this fact, it is imperative that gifted individuals are introduced to the managerial aspect of the health care system as soon as possible in their careers. By proposing the idea of introducing a leadership and management program into the Romanian health care system, along with dedicated mentorship, can be considered critical in developing the next step to health care management by proficient, knowledgeable and prepared physician-leaders.

At present the health care system is confronted with a shortage of physician-leaders in the roles of managing directors, all the more worrying is the absence of a recognized conduit for prospective physician-executives. In the field of academic medicine where traditional methods such as research, and education along with clinical care require more comprehensive administrative abilities, is an area where this dilemma is for the most part convincing.

The developments in modern technology inevitably allow for the alteration in the labor force demands of the health care system, furthermore enabling new models of training. Due to the quickly growing knowledge base in research along with newfangled guiding policies and legal challenges, consequently result in more stress for instant scientific and financial outcomes. The dwindling limitations in clinical care make it increasingly more demanding to advance the quality of patient care, especially in regards to the clinical care initiative in educational medicine, this is why these developments necessitate front-runners with knowledge and understanding of strategy, procedures and tactics in the field of health care delivery.

2. Hospital CEO's without administrative experience

For the most part today's hospital administrators have acquired their roles purely by chance, and not based on the necessary skill set essential in managing a health care institution. Physicians are frequently acknowledged and promoted to positions of leadership which are focused on their occupational accomplishments and merit, all the while placing more importance on the clinical aspect rather than their managerial capabilities E. Sorrel (2015) These incidences are primarily due to the fundamentally based scientific abilities during admittance to medical school and further down the road in their careers attributed to clinical work and research studies.

Regrettably, a considerable amount of leadership roles in educational medicine have been acquired by physicians without any official preparation or expertise in advertising, economics, accounting or even strategy. The most apparent example could be seen in the appointment of department heads in medical schools, where we can see a greater importance being placed on research accomplishments rather than managerial understanding. The number of department heads worldwide is currently estimated within the low to mid thousands, these positions demand as much knowledge of administrating a successful business as of research and medical procedures.

Primarily physicians are unready for the obligations of leadership roles, due to their chosen career paths. Therefore, numerous eventually effective administrators have acquired these skills by chance, being forced to learn as they go rather than possessing the necessary fundamentals required. On the other hand the structure of assigning physicians with no previous training to managerial roles that lack the suitable tools can ultimately harm their self-confidence, in addition to limiting career growth of those who are ineffective, or even more serious, result in maladministration by these physician-managers. Some studies have shown that the dependence on this model can eventually cause sub-par transitions in leadership. As a result, implementing a managerial program which includes an equilibrium between medical knowledge combined with constant practice as a leader early in their careers, should be the defining model in the development of the new breed of physician-managers.

3. The development of a physician-leader and MD-MBA graduates

In order to produce more capable physician-leaders the improvement of management education across the entire medical preparation scale is essential. This scale can range anywhere from medical school or “physicians in training” all the way to post graduate medical doctors in their first years of residency. The target demographic in this instance would be joint graduates who are both doctors of medicine (MD) as well as have an MBA (Master in Business Administration) before they begin their residency, these potential candidates hold the highest probability of becoming exceptional physician-executives in the near future.

Scholars have argued the fact that if medicine as an independent occupation is to survive, it can only do so under the administration of MD-MBA graduates Dolor and Shulman (2013). If this is the case, than we should witness an increased awareness of medical students towards business education, which would in turn reflect the growth of MD-MBA programs. At the moment there are 11 state owned medical universities in Romania which could easily afford to include this program in their curriculum, not to mention the other 15 or so universities which specialize in business and management, and can introduce a master’s program in the field of medical management and health care administration. The most crucial time period for students comes after finishing medical school, it is at this point where they decide to invest their time and efforts into medical training or sacrifice their clinical knowledge and pursue other opportunities which are available to them. The growing number of medical students who attain simultaneous management preparation, subsequently results in the increased amount of MD-MBA graduates, presenting these individuals with two distinctive career options upon graduating from medical school, they can either enter medical residency and reserve their managerial skills for a few years or begin careers in management and refrain from medical practice.

Most recently we can witness a trend of corporations who employ MD-MBA applicants without any previous postgraduate experience for traditional jobs in pharmaceutical manufacturing, medical device distribution firms as well as biotechnology or consulting and finance. Although there is an absence of hard data on graduate career pathways, a substantial amount of MD-MBA graduates do not pursue medical careers but instead opt for a managerial position. Burtea and Bercea (2004) In the case of Eastern European countries, or countries who lack certain resources to fund the health care system, it is increasingly apparent why these young physicians chose to leave behind their clinical vocation in order to obtain a higher paying occupation. The causes for this slow destruction are numerous. Despite the lack of funds and low income, other subsidizing elements can include a shortage of job opportunities after graduation in the medical field to additionally cultivate and demonstrate their managerial abilities, the absence of acknowledgement from health care establishments, or the presence of an appropriate mentor with similar training and experience.

In addition, for some MD-MBA graduates who chose to continue with medical residency, there exists a certain degree of uneasiness that the information they assimilated during their management programs will ultimately become stagnant, making their already difficult transitions to administrative roles after finishing their residency even more strenuous. The absence of this stability due to the nonexistence of constant managerial progress can lead to a deterioration of these skills, making it gradually more challenging to find jobs after finishing their respective residency programs.

There are infinite possibilities in which MD-MBA graduates can contribute to organizations, the only downside is the poor definition of these managerial pathways. With the help of various health organizations and the Ministry of Health, these programs can be promoted as well as implemented into various universities, offering an alternative that may have been previously overlooked by many medical students or physicians. These programs can provide medical graduates with a designated pathway to follow and cultivate their twin interests which in turn as well as benefiting them individually it can also be extremely appealing to health care organizations.

4. Concept and application of a management and leadership program

To accomplish its objective, these programs need to integrate what are considered to be the pillars of any managerial career, which can be taught in parallel with the candidates’ already existing medical experience:

- A dedicated mentor with similar training and experience;
- Applicable managerial courses composed of a rotational system;

- An observational study over an extended period of time where candidates are confronted with everyday problems and are taught how to properly address and resolve these situations;
- An intensive educational curriculum complete with all the essential courses that are needed for effective business administration, health care management and leadership. Dihorg (2015)

4.1. *Finding the perfect mentor*

Upon their admission into the program, students will be teamed up with a mentor who is affiliated with their particular professional interests. These mentors are selected from a veteran administrative group, and will meet monthly with their students to discuss progression and exchange feedback. In addition to meeting monthly with their mentor, students will also be required to meet with the leadership program directors at the end of each semester. By having the opportunity to work closely with a proficient leader, students will have the chance to experience first-hand the core of any educational health care system. The overall goal is not only to educate these trainees in the applications of managerial procedures within health care institutions, but provide them with the tools to ultimately discover newer and more innovative techniques they can then apply themselves.

Physicians who have administrative ambitions struggle to find a mentor with managerial experience who can offer consistent guidance and support. The aim of these leadership programs is to highlight this critical element with focus on early occupational progression, as well as distinguishing the assistance offered by experienced mentors by allocating a budget which goes towards the time and effort invested by them towards their pupils.

4.2. *The rational system*

Following the guiding principal of medical residency these management programs will consist of rotations, at which time trainees can cultivate their abilities as well as apply them. With the help of an assigned mentor who possesses extensive managerial experience, students are able to receive consistent guidance. Putting this rotational system into practice will give applicants the occasion to refine their managerial and leadership abilities. The concept of management rotations is currently being implemented by medical schools as well as health care institutions worldwide in order to educate prospective professional administrators.

After completion of their intern year, trainees will be introduced to structured modules consisting of 6 months of clinical rotations and another 6 months of managerial experiences respectively. These rotations will take place over the period of 2-3 years, which is the duration of the program, thus providing students with a minimum of 15-18 months of administrative experience. Most of these managerial rotations will be project based, giving students 3-6 months to complete the expected requirements. In order to facilitate their workload, students have the possibility of adding a fourth year to this 3 year program, where they can extend research studies or select another elective managerial course which they believe to be beneficial to their careers. Dihorg (2015)

These modules can consist of, but are not limited to, the following subjects: financial management and operations, health management and planning, improvement of quality and safety, informative/transfer technology and informatics, program strategy and development, clinical research and enterprise management, and resource management. In order to ease the transitory process, students are given the opportunity to choose a managerial course based on the clinical rotation they have previously completed. For example, if a trainee has participated or shows interest in pulmonology, they can then complete a managerial rotation based on improving outpatient COPD management and services.

4.3. *Long-term project based observational studies*

All applicants enrolled into the managerial program will assume the task of carrying out a long-term project with the help of their mentor. The intent of these projects is to provide students with the chance to expand their creativity and contribute to an important initiative over an extended period of time (years as opposed to months), as well as offering constant guidance by their assigned mentor. These long-term projects are aimed to inspire students to gain a sense of proprietorship over particular managerial topics outside of their other more condensed experimental assignments, in addition to nurturing their abilities to co-manage clinical and administrative responsibilities, which will ultimately result in one of the key components of future physician-leaders.

The focus of these long-term projects are aimed to highlight the field of health care that the students foresee joining upon completion of the program. With the help of their senior executive providing consistent supervision and direction, trainees are able to profile their objectives as well as gain a better understanding of the managerial or clinical sector they wish to pursue.

Even though these prospective applicants can enter the program with previous managerial experience or even a management degree such as an MBA, the program can offer supplementary courses designed to acquire a more complex understanding of particular subjects. Shon and Germain (2011) Furthermore, a newly generated diploma in leadership and health care management can be presented conjointly by medical institutions and business schools for students who effectively complete all the constituents of the program.

5. Leadership and administration of the management program

These programs entail the full support of university chancellors as well as department heads in order to be put into effect. The university chancellors will assume the role of executive directors of the program, these chancellors will need to meet the specific requirements of having an advanced degree such as an MBA in business administration as well as serve as the president or be on the administrative board of the Romanian health care system. While university chancellors can serve as executive directors, health care system vice presidents can serve as program directors, department heads as project managers, and so on and so forth. The program is provided with overall guidance by an advisory committee consisting of high-ranking Ministry of Health officials.

5.1. The financial aspect of the program

The management program is based on a collective investment model, sustained by the support of board executives from respective health care institutions. The necessary funding for these programs can be obtained from European financial grants, independent investors, and donations from health care organizations, in addition to an allocated budget offered from the Ministry of Health or Education. Residents can still retain their regular wages from hospitals, as well as receive financial aid in order to pay the imposed tax of the program, and benefit from scholarships based on academic merit, if the budget which has been set aside can permit the incorporation of these scholarships Dianu and Murgescu (2013)

6. Determining the accomplishments of the program

As these students progress and more applicants commence the program, evaluating the importance of the program will be critical in order to guarantee maintainability. By employing measures both qualitative and quantifiable, as well as short and long-term measures, can ultimately result in the overall success of the program.

The immediate or short-term methods can consist of the value generated by clinical or managerial departments during their rotations and projects. These valuations will be centred on a mixture of factual operational and financial measures, on top of an assessment based on detailed results of the project. Another key component are the qualitative evaluations by strategic partners or majority shareholders who are involved in the students' management rotations or individual projects. In order to properly ensure the success of this program, first the short-term measures must be met. The most secure method would be to incorporate a trial run of this managerial rotation model by a qualified physician with extensive administrative experience. Presenting this idea at various medical as well as business administration and management seminars and conferences could also generate interest as well as constructive criticism.

The long-term measures will be concentrated on quantifying the capability of the program to generate and produce a pathway for physician-leaders who can ultimately gain success in administrating health care institutions. Keeping track of the program graduates career development will be simplified with the creation of graduate archives, in addition to generating periodic reports on the number of program graduates who hold senior administrative roles. Prospective employers of program alumni can conduct additional evaluations in order to gain a better perception and understanding of the program and its graduates, as well as the future effect of the program on health care management and leadership.

6.1 Study on the response of resident physicians to the program

We divided survey responses based on the year of residency physicians found themselves in, ranging from year 1 to year 5, in order to evaluate the differences in responses and observations based on their experience at that specific point in their careers.

Among 128 residents asked, 99 of them were males (78%) and the remaining 29 residents (22%) were female. There were no significant differences in their responses based on gender.

110 out of the 128 residents (86%) entered the residency program directly after medical school, 13 of them (10%) had taken a gap year or years off to pursue other activities, and only 3.9% which signifies the remaining 5 residents pursued a degree in management or business administration either in parallel with their residency or before beginning the residency program. Among the 3.9% of residents who pursued an MBA degree two of them received their degree before finishing their residency, another two of them are still in the process and only one of them will receive their degrees after finishing their residency.

Out of the 128 residents asked about the introduction of a management program into the Romanian health system, 12 of them were first year residents; 26 were in their second year; 32 were in their third year; 24 were in their fourth year, and 34 were in their fifth and final year of residency. Each resident was asked individually for their personal opinion on the integration of a management program into the health system, their openness in accepting or participating in such a program, and its importance on the improvement of the health care system in general.

When the first year residents were asked if they would consider taking part in a management degree program over 80%; 10 residents of the 12 first year residents, were not willing to take part in such a program most stating stress, and work overload as well as fear of excelling in an unknown field as the main features for not wanting to partake. Only 2 out of the 12 residents were willing to consider entering such a program.

Out of the 26 second year residents, only 14 residents (59%) said they wouldn't consider entering a management program, either during or after finishing their residency. 2 residents replied by saying they would consider such a program, but only after completing the residency program, only one resident was in the middle of obtaining his Doctorate in medical management, expressing his belief that the health system would benefit greatly from having young, talented individuals with the insight and capability to advance the Romanian health care system, and 9 residents (34.6%) were open to the idea of obtaining a MBA in parallel with their residency training.

The outliers of the group are undoubtedly the third year medical residents, mainly due to the fact that most of them are in their final year of a 3-year residency program and are focused more on their specialization rather than obtaining an additional degree. Out of the 32 students a staggering 92%, so 29 residents out of 32 would not consider participating in such a program, only one 3rd year resident has received an MBA, and expressed his opinion in pursuing an administrative role due to the lack of resources and low income within the health care system. Only 2 out of the 32 residents were intrigued by the thought of this program, stating that if they had knowledge of such a program during medical school or perhaps before beginning their residency programs they would have strongly considered obtaining a supplementary degree in management and business administration.

The opinions of the fourth year medical students were somewhat mixed, whether or not as to pursue an administrative career or continue with their clinical duties. Out of the 24 residents, 10 of them (41.67%) wished to hold positions of leadership, while the remaining 13 (54.2%) expressed their wish to pursue careers based solely on the clinical aspect of medicine. Only one of the 24 residents was in the middle a 3-year business administration degree which he began in his second year of residency.

The opinions of the fifth year residents also varied with more than half of the residents leaning towards an administrative career. 34 residents were asked about participating in a management program during their residency. Surprisingly, four out of the thirty-four residents already obtained an MBA, and will continue with an administrative career at various health institutions upon completion of their residency programs. Out of the remaining 30, 12 residents (40%) said that they have no intentions of leaving their clinical practice behind in order to adopt a managerial one. Out of the remaining 18 residents (60%) all of them agreed that the health care system could benefit from such a program, further educating the administrators of health care institutions on the financial and managerial aspects necessary in cultivating the health care system.

6.2 Discussions

From the data obtained there seems to be a correlation between the year of residency of which physicians find

themselves, and the degree of interest towards the program. Starting with the residents in their first year, most of them seemed very eager to begin their residency programs and focused all of their time and efforts into honing their skills as a clinician. Most of them were too stressed to fathom the possibility of undertaking another task, such as an extensive educational course in management, due to the fact that they have not yet grown accustomed to their existing surroundings.

The residents in their second year were a little more open to the idea of this program with a little under 40% conveying their desire to be enrolled in such a program, and even one resident who was also in the first year of his Doctorate in Medical Management. This specific resident was very adamant about his beliefs on the governing of the Romanian health care system, stating that only the new generation of physicians can strive to obtain leadership positions, because, in his opinion, many experienced physicians do not desire these administrative occupations, and the administrators who are already in charge are set in their traditional ways dating all the way back to socialist ideals based on the Bismarck model of the health care system.

The data obtained from the third year students was slightly “corrupted” due to the fact that most of them were already in their final year and had already set aside their short term goals. Considering the importance of knowledge and education of the public, perhaps if these residents knew about this program before entering their residency or in the early stages, maybe it would have swayed their opinions in a different way. Nevertheless there was one resident from the bunch who already received an MBA, taking two years off after finishing medical school to pursue a career in business, but after two years he decided to take the residency exam and finish his MBA in parallel with his first year of residency. He stated that even though the health system provides physicians with low income salaries, it is still a field that guarantees the employing of medical school graduates, whereas if you obtain just a MBA there is no guarantee you will find a job opportunity at all, let alone in the desired field, due to the current state of the Romanian economy. Many other students believe that hold a dual degree (MD and MBA) gives them a significant advantage over managers of health care institutions who simply have one degree or no degrees at all.

The opinions of fourth and fifth year residents were once again split almost in half, the fourth year students swayed more towards the clinical aspect, while the fifth year residents towards the administrative one. It is clear that fourth and fifth year residents have a greater understanding of the Romanian health care system more than previous the previous years, which is further demonstrated by the amount of residents who have either graduated from an MBA program, are in the middle of obtaining a managerial degree or have expressed their want to participate in the program.

No matter what the answer to the question; “would you consider taking part in management program during your residency?” every single resident without fail expressed their concern for the direction the Romanian health care system is taking, whether it be about the insufficient funds invested into the system; leading to the lack of medical equipment, increased costs of treatments, or the insufficient amount of beds for inpatients to the alarming amount of medical personnel willingly choosing to migrate out of the country in order to receive higher salaries in order to be compensated accordingly to the level of responsibilities they have or in more extreme cases to support their families. The most important fact to take away from this study is the fact the Romania was talented and capable physicians who are willing to do whatever it takes in their power, either from the administrative or medical aspect in order to ensure the improvement of the Romanian health care system. By offering information about the objective of this program, our intent is to plant the initial seed which is needed in order to question the path of the health care system, and further more to educate these young impressionable minds in techniques of improvement, ultimately it is all up to them, in the way they chose to apply and perfect and in some cases even re-invent newer and more innovative methods for administrative efficiency.

7. Occupational progression for future graduates of the program

The continual career growth of graduates after they receive their diploma is perhaps the most critical element in contributing to the future success of this managerial program. The availability of job opportunities upon completion of the program is the most significant factor in evaluating the program, besides the other various opportunities for additional occupational progression.

The main goal of this program will be witnessed in the long run, as these individuals are perceived as capable and qualified leaders in health care institutions, for example, hospital administrators, medical executives, and clinical service and practice directors. Exploring new models of health care delivery, as well as funding and compensation

or other methods targeted towards improving the health care system are only a few of the aptitudes that this program can offer its' graduates.

The support of their respective university administrators and leaders is crucial in the development of the careers of these graduates. By establishing a community designed to cultivate these promising physician-leaders by providing them with clinical and managerial opportunities would undoubtedly be a worthwhile investment, and will certainly be a plus for any university which offers this type of management program.

8. Conclusions and future program growth and expansion

The need for physician-leaders extends further than the Romanian health care system. Both educational as well as non-educational institutions could greatly benefit from a collection of established physician-leaders. Moreover, by proposing the initiation of this program the eventual objective is to develop other models over time in many different parts of Eastern Europe.

Due to the advances in modern medicine, the field of health care is swiftly progressing, further increasing the need of future physician-leaders to excel not only in the clinical aspect of medicine but also in the management of intricate operational and financial challenges which dictate health care delivery, research and education. For the most part physicians have been regarded as the likely leaders of health care institutions, nonetheless most of these so called "administrators" have acquired these roles purely by chance, which further proves the need of cultivating the managerial abilities of future physician-leaders.

By proposing the idea of introducing this management program not only into the Romanian health and educational system, but eventually into surrounding Eastern European countries, will hopefully aid in the development of a new breed of physician-leaders. The greatest asset of this program is that it provides residents with extensive medical preparation while simultaneously incorporating managerial experience in the form of extended projects with dedicated mentorship, eventually resulting in the refinement of their administrative abilities which can be used to greatly improve any health care system.

Acknowledgements

This paper was co-financed from the European Social Fund, through the Sectorial Operational Programme Human Resources Development 2007-2013, contract POSDRU/159/1.5/S/155463 "Supporting excellence in scientific interdisciplinary doctoral research in the economic, medical and social fields", coordinator The Bucharest University of Economic Studies

References

- Backer, L.A., (2001), Back to school: Options for learning the business of medicine. *Fam Pract Manag.*
- Burtea, Gh., Bercea F., Cond. St., (2004), Posibilitati de perfectionare a sistemului de finantare si managementului financiar in domeniul sanitar din Romania, *Editura ASE.*
- Cicea, C., Borisov, D. L., Alexandru, Gh., (2012), Investment in health, investment in people: modern approaches for efficiency evaluation and modeling, *Editura ASE.*
- Daianu, D., Murgescu, B., (2013), Which Way Goes Romanian Capitalism: Making a Case for Reforms, Inclusive Institutions and a Better Functioning European Union, *Romanian Journal of European Affairs.*
- Dihiorgh. (2015). *DIHI*. Retrieved 15 September, 2015, from <http://www.dihi.org/management-and-leadership-pathway-residents-mlpr>
- Dolor, R.J, Shulman, K.A., (2013), Financial Incentives in the primary care practice: the struggle to achieve population health goals, *The Journal of the American Medical Association.*
- Dragoi, M. C., (2010), Sistemul de sanatate din Romania in context European, *Editura ASE.*
- Kim, J. (2011) Pursuing an MBA, my personal journey as a physician executive. *Physician Exec.*
- Mervat, A., et al., (2012) Health Information: Management of a Strategic Resource, *Second Edition.*
- Preker, A., Harding, A., (2003), Innovations in Health Service Delivery : The Corporatization of Public Hospitals, *The World Bank.*
- Romano, M., (2004), Ready. Or not. Talented, high-achieving physicians often come up short on the skills and other attributes needed to excel as CEO. *Modern Health.*
- Sohn, N., Germain, M., (2011), Does an MBA enhance a physician's ability to manage a medical practice? *Med Econ.*
- Sorel, E., (2008) Lessons Learned for the 21st Century : The Marshall Plan, *OECD, Paris, France.*
- Stansfield, S., (2005), Structuring information and incentives to improve health. *Bulletin of the World Health Organization*