

Recognizing and Advancing Leadership in Dermatology: Promoting the Health Care Administration, Leadership, and Management Subspecialty

Kaushik P. Venkatesh MBA MPH,^a Adam Friedman MD,^b Vinod E. Nambudiri MD MBA MPH EdM^{a,c}

^aHarvard Medical School, Boston, MA

^bGeorge Washington School of Medicine and Health Sciences, Department of Dermatology, Washington, D.C.

^cDepartment of Dermatology, Brigham and Women's Hospital, Boston, MA

ABSTRACT

The recognition and development of leadership training within dermatology has taken on new importance in recent years. In Spring 2023, the American Board of Medical Specialties announced the launch of the Health Care Administration Leadership and Management (HALM) subspecialty, co-sponsored by multiple American Boards, including the American Board of Dermatology. The skills and credentials earned through HALM can enhance career opportunities for dermatologists seeking to achieve executive positions in large practice groups and industries while fostering interprofessional partnerships. Dermatologists are uniquely poised to integrate health care leadership and health systems approaches into clinical practice given broad exposure to diverse patient populations, care delivery settings, and payer contexts. Two pathways have been proposed for achieving HALM certification: a "practice-only" pathway and a fellowship pathway that provides a specialized post-residency curriculum. A HALM certification examination will be the final requirement for certification under both pathways. The HALM certification represents a valuable opportunity for dermatologists to enhance their ability to be physician leaders within the health care landscape. HALM also offers an institutionalized and structured avenue with protected time for physicians to develop leadership skills. Dermatologists taking on management roles within health care can both shape the current system from their unique vantage points and elevate the specialty's presence. Leadership training such as HALM can not only foster individual career prospects – including qualifying for executive roles in larger practices and industry – but also boost intersectoral collaborations between dermatologists and providers, payers, industry, and policymakers broadly.

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INTRODUCTION

The recognition and development of leadership training within dermatology have taken on new importance in recent years within an increasingly complex health care landscape, particularly with a growing body of evidence showing that physician executives can influence safety, quality, and care delivery.¹ In Spring 2023, the American Board of Medical Specialties (ABMS) announced the launch of the Health Care Administration, Leadership and Management (HALM) subspecialty, co-sponsored by the American Boards of Anesthesiology (ABA), Emergency Medicine (ABEM), Family Medicine (ABFM), and Preventative Medicine (ABPM). The American Board of Dermatology (ABD) thereafter announced that board-certified dermatologists would also be eligible to earn HALM subspecialty certification – with initial certification exams starting in late 2024.¹ The first 2 HALM fellowships at Cleveland Clinic and Mount Sinai received Initial Accreditation in 2023.¹ This represents an important opportunity for eligible dermatologists who are contemplating a career combining health care systems leadership with clinical dermatology to

explore for their benefit as well as that of our specialty. The skills and credentials earned through HALM can be used to enhance career opportunities for individuals, such as those seeking to achieve executive positions in large practice groups and industry, while also fostering interprofessional partnerships between dermatologists and other specialties, provider groups, payers, biotech and pharma, and policymakers. This paper addresses the unique characteristics that prepare dermatologists to be health care leaders, the process and benefits of HALM certification, and other avenues for exploring health care leadership for dermatology trainees.

Dermatologists as Leaders in Health Care

Dermatologists are uniquely poised to integrate health care leadership and health systems approaches into clinical practice and to contribute to the larger direction of health care innovation and delivery. Dermatology offers broad exposure to diverse patient populations and care delivery settings; an individual dermatologist can treat patients across the lifespan from

pediatric to geriatric populations, and treat disease processes that range widely in acuity, from chronic conditions like psoriasis and eczema to dermatologic emergencies like severe cutaneous drug eruptions, vasculitides, and blistering disorders sometimes requiring inpatient management. Procedures vary widely and can include skin biopsies, incisional and excisional surgery, phototherapy, cryotherapy, neuromodulator injection, and cosmetic interventions. Dermatologists also utilize and develop advanced medical therapies for various conditions, including an increasing number of biologics, potent immunotherapies, and emerging gene therapy agents. Given this rich array of clinical and translational experience, dermatologists are well-prepared to analyze a given provider's patient population, clinical services (eg, therapies, procedures), and innovation pipelines.

Dermatologists are also well-versed in various care settings and payer contexts. Dermatologists practice in both outpatient and inpatient settings and as part of inter-specialty or dermatology-only groups. Tele dermatology was also among the earliest forms of telehealth, with both store-and-forward and live virtual options. Clinics often have high patient clinical volumes that require an understanding of clinical efficiency and workflow optimization. The reimbursement landscape in dermatology often requires a nuanced understanding of private insurance, Medicare, Medicaid, and cash payments, resulting in keen awareness among dermatologists regarding the challenges of funding various medical services in a care setting. With these experiences, dermatologists are poised to navigate complex health care environments, advocate for evidence-based practices within different financial constraints, and leverage technology to improve patient access and outcomes.

Altogether, this broad base of clinical and systems knowledge uniquely equips dermatologists to develop practical expertise on issues central to health care leadership and administration, making them particularly well-suited to fill critical management roles in increasingly intricate health care organizations. For example, individuals with broad clinical experiences will be well-poised to serve as effective Chief Medical Officers for health care systems, understanding the nuances of different clinical environments and care delivery complexities. Additionally, dermatologists used to caring for patients in high-volume outpatient settings are likely to provide valuable insights on innovation and redesign of ambulatory care, which is likely to be among the fastest-growing areas of health care.⁶

The HALM Certification

Two pathways have been proposed for achieving HALM certification. The "practice-only" pathway requires accreditees to have three years of experience in a leadership-administration position (such as, but not limited to, a Chief Medical Officer, Vice-President of Medical Affairs, Senior Associate Dean, Regional Medical Director, or Public Health Commissioner roles) before being eligible for certification. The second pathway

requires completion of an ACGME-accredited HALM fellowship, which will provide a specialized post-residency curriculum with clinical responsibilities, administrative roles, and research training akin to other fellowship programs. Successfully passing a HALM certification examination will be the final requirement for certification under both pathways. These options are similar to the Clinical Informatics certification offered by the ABMS, though initial uptake amongst dermatologists for that certification – open to all physicians previously certified by any ABMS member boards – has lagged that of clinicians in several other specialties.²

The proposed HALM certification exam will include topics spanning a variety of fields: business of health care (9%); finance and accounting (8%); care innovation, equity, and population health (10%); governance (8%); health policy and law (11%); information technology (9%); workforce development (10%); patient safety and quality improvement (14%); organizational leadership (13%); and professionalism and ethics (8%).¹ These topics can guide the creation of a Sponsoring Institute's structured curriculum; for example, Cleveland Clinic's novel HALM fellowship includes up to 50% of time dedicated to monthly rotations across Cleveland Clinic sites including operations, information technology, governance/finance, safety, quality, legal and compliance realms, providing a broad base of experiences to provide trainees exposure to a variety of fields during their fellowship.⁴

Unique Advantages of HALM Certification

The HALM certification represents a valuable opportunity for dermatologists to enhance their ability to be physician leaders within the health care landscape. As a professional medical subspecialty, HALM offers a novel method of qualifying specific skillsets key to health care leadership, particularly for those pursuing the 1-year pathway. Private practice dermatologists can utilize HALM certification to communicate management proficiency to potential partners or investors. Larger provider groups can also use HALM certification as a metric of leadership potential when hiring operating partners or partners on a leadership track. Finally, research programs can also consider HALM certification when recruiting dermatologists investigating health care delivery, a marker of rigorous practical and theoretical experience germane to delivery that can inform creative and timely research.

HALM also offers an institutionalized and structured avenue with protected time for physicians to develop leadership skills. Fellows who elect to pursue 2-year fellowships will engage in leadership and management immersion experiences at their fellowship-sponsoring institutions, gaining valuable opportunities to grow their skills. Dermatologists involved in (or seeking) leadership positions can explore curricula across fellowships and consider elective rotations aligned with

their interests to ensure the cultivation of target skillsets and professional network connections. In this way, dermatologists can be exposed to diverse leadership roles across health care rather than in dermatology alone – uniquely preparing them to cross-apply lessons from other specialties and sectors into clinical dermatology.

From a survey of dermatologist-leaders by the AAD, specific areas of interest for which formally trained leaders may have the ability to make a significant impact that is addressed by HALM include Medicare payment reform (eg, skin cancer prevention and procedural reimbursement), the scope of practice concerns (eg, the performance of Mohs surgery), complex multidisciplinary care (eg, ongoing management of wounds and other chronic conditions), emerging technology (eg, teledermatology), and workforce issues (eg, current and future shortages of dermatologists).⁵

The HALM specialty may initially seem more germane to specialties other than dermatology that have more traditionally incorporated leadership and systems training – such as the co-sponsoring specialties of anesthesia, emergency medicine, and family medicine. This represents a key opportunity for national dermatologic organizations and institutional dermatology leadership to promote the visibility of this program and leadership in dermatology more broadly. Highlighting the field of dermatology as an avenue to HALM specialty across various outlets -- including academic journals, websites, and conferences -- should be a key initiative from national dermatology organizations (potentially in partnership with ABMS) to both encourage and recognize formal leadership training in our field.

Advancing Leadership Training in Dermatology Beyond HALM

Within the last decade, dermatologists have served in several prominent leadership roles including President of the American Medical Association, acting Surgeon General of the United States, deans of medical schools, CEOs of physician organizations and large practice groups, and even as members of the United States Congress. These dermatologist-leaders serve as examples of scale leadership in dermatology; dermatologists taking on management roles within health care can both shape the current system from their unique vantage points and elevate the specialty's presence. Leadership training such as HALM can not only foster individual career prospects – including qualifying for executive roles in larger practices and industry – but also boost intersectoral collaborations between dermatologists and providers, payers, industry, and policymakers broadly.

In light of this, educating our current and future trainees in specific skills that can help spur interest in health care leadership and equip them to tackle future challenges is a key responsibility for medical educators and thought leaders. Dermatology residencies continue to attract hundreds of academically outstanding candidates annually, many of whom express both interest in and aptitude for formal leadership roles.³ Despite this, many dermatology residency programs are uncertain if their residents are emerging from training with competence in the business of dermatology and recognize the need for formalized curricula covering topics like health care management in addressing this challenge.³ The field of dermatology thus has ample room to expand opportunities for leadership education specific to trainees; for preparing future residents to consider a HALM fellowship, residency programs ought to consider introducing fundamental systems management content into training curricula.

Leadership programs for practicing dermatologists to cultivate their skills are also warranted and should be expanded, empowering those interested in pursuing HALM certification through the practice-only pathway to nurture necessary competencies. Offerings such as the American Academy of Dermatology's Leadership Institute and the American Society of Dermatological Surgery's Future Leaders Network are examples of initiatives to be championed and promoted. Looking to leadership at a systems level, societies should also consider supporting executive education programs for dermatologists interested in leading larger organizations in health care and private industry. Such programs could also be expanded to include dermatology trainees, recognizing the value of cultivating leadership skills early on in one's career. Moreover, given the significant emphasis of the HALM qualification and exam on business, finance, and organizational management, dermatology programs should consider partnerships with business/management schools at their institutions, including coursework and recruitment pipelines, to help foster interest amongst trainees. Table 1 summarizes potential opportunities to prepare interested dermatologists for HALM certification through either eligibility pathway.

Building leadership skills among dermatologists is increasingly vital, given their multifaceted roles and experiences in health care. Enhancing leadership skill development will better equip dermatologists for high-volume clinics, novel therapy development, and delivery innovations utilizing digital health advancements. Pursuing training or practice opportunities leading to HALM certification by dermatologists presents a chance not only to advance themselves individually but also to promote and recognize the breadth and depth of our specialty's impact on the health care landscape.

TABLE 1.**Educational and Training Opportunities to Promote Health Care Administration, Leadership, and Management (HALM) Subspecialty Certification Among Dermatologists****For Current and Future Residents Interested in Pursuing HALM Fellowship Training**

Designing health care leadership electives for trainees to gain hands-on leadership experience

Exploring joint degree programs (eg, MBA, MPH, MPP) geared towards trainees

Establishing mentoring networks with HALM-certified dermatologists

Developing residency program-led leadership workshops and curricular offerings focused on health systems science

Promoting career development events with health care leaders

Encouraging exposure to industry, government, and advocacy organizations during training

Identifying leadership roles within residency programs or training institutions for interested residents

For Current and Future Residents Interested in Pursuing HALM Fellowship Training

Participating in formal leadership development programs (eg, American Academy of Dermatology Leadership Institute, American Society of Dermatologic Surgeons Future Leaders Network)

Completing a part-time fellowship or shadowing opportunities under health care leaders

Advertising HALM opportunities via specialty communication channels and organizations

Joining formal health care leadership organizations (eg, American College of Health Care Executives, American Association of Physician Leadership)

Undertaking formal management training coursework (eg, Executive MBA programs)

Engaging with state-level specialty organizations, physician organizations, and public health organizations as active members and officers

Partnering with industry organizations to bring dermatologic expertise into relevant sectors (eg, pharmaceutical, biotech, device development)

DISCLOSURES

The authors have no conflict of interest to declare.

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AUTHOR CORRESPONDENCE**Vinod Nambudiri MD MBA EdM**

E-mail:..... vnamudiri@bwh.harvard.edu