Judy Smith, medical director for the Roswell Park Cancer Institute in Buffalo, N.Y., is participating in a Harvard Business School program aimed at making health-care more efficient.

By JANE PORTER

When Christopher Barton took over as chief of emergency medicine at San Francisco General Hospital this year, he became responsible for balance sheets, income statements, and a sprawling staff—all with no formal business training under his belt.

The emergency room’s patient load had also begun to swell—up nearly 20% in the past year, according to Dr. Barton, adding to his management headaches.

So Dr. Barton decided to get some business school training, a move many physicians are making to cope with the ever-changing pace and paperwork of modern day health care. Nurses, private practice managers and hospital administrators are also seeking guidance on how to analyze the slew of data now accessible to them, with the hope of improving the quality of care and lowering costs.

Schools are responding with business management programs geared toward the medical community.

Dr. Barton is one of 68 students enrolled in Harvard Business School’s Managing Health Care Delivery, a $22,000 non-degree program that launched in October and consists of three one-week courses spread out over nine months. The program is designed to get participants thinking critically about ways to improve day-to-day processes and encourage staff to work together productively.

"Leaders in medicine and health care have not taken the management side as seriously as they should," says Dr. Barton.

Dr. Barton and his classmates study industries outside health care for guidance, including other high-risk science-based industries like aerospace. Students looked at a National Aeronautics and Space Administration case, examining organizational failures that contributed to the crash of
NASA’s space shuttle Columbia in 2003.

Dr. Barton has already implemented some changes at his workplace, including annual performance evaluations and plans for a day-long leadership retreat for ER physicians and nurses in January. He is also looking at how to better delegate leadership and improve patient flow.

Physicians say the effort to reach out for management training shows a recent shift in mindset. "We are coming to grips now with the fact that we are much more similar to other businesses than we are different," says Judy Smith, medical director for the Roswell Park Cancer Institute in Buffalo, N.Y.

Dr. Smith, who has been the center’s medical director for more than ten years, signed up for the Harvard program as part of the cancer institute's larger effort to optimize patient care.

Cancer treatment requires careful day-to-day strategic planning and management, conducive to the organizational mindset taught at business schools, Dr. Smith says.

The growing body of performance data—made easier to collect in recent years via advances in information systems and technology—has also created a knowledge gap. Doctors now have access to details like how many patients develop bedsores or hospital-acquired infections in a given unit on any given day. But physicians are turning to business schools for help figuring out how to use those metrics.

To that end, the University of Pennsylvania's Wharton School of Business has held the Penn Medicine Leadership Forum, a non-degree program for employees of the university's health system, for the past three years. But this is the first year the curriculum includes ongoing projects embedded across the health system’s three hospitals that are designed to teach participants how to analyze data with the goal of reducing avoidable patient readmissions.

The forum’s 164 participating doctors, nurses, and other clinicians examined performance data that showed where mistakes could have been avoided through better management. They then created pilot programs, which began rolling out this month, that include a new discharge "time-out" process that requires doctors, nurses, and pharmacists to meet before releasing a patient, as well as a new standard wound care practice to lower the occurrence of surgical site infections.

The program illustrates the University of Pennsylvania health system's increased investment in leadership training, including a budget that's doubled to $1 million over the past three years. "The preparation of leaders at the front line is really what we are focused on," says Judy Schueler, Vice President of organizational development at the health system.

Duke University's Fuqua School of Business is planning a master's degree program in so-called clinical informatics, focused on how new technology like electronic records can be used to improve patient care. The program, expected to cost around $43,000, is slated to launch in 2010.

In January the Duke health system will also begin an executive education program with the business school targeting physicians. Participants will complete projects on topics ranging from capital budgets to service operations—all directly assigned by the health system's chancellor.
At Vanderbilt University's Owen School of Management, a year-long health-care management master's program designed specifically for physicians and other clinicians began last year. And this summer Dartmouth College's Tuck School of Business began discussions with the Dartmouth Institute for Health Policy and Clinical Practice to develop joint degree and non-degree programs, says Paul Danos, Tuck's dean. The programs could begin in the next 18 months.

"As the world moves from access to efficiency and cost effectiveness, these kinds of joint efforts are going to be extremely important," says Mr. Danos.

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