Mark Roberts is the medical director for research and medical education at St. Luke’s Health System. Roberts, a Kansas City native, spent about 25 years working as a pediatric oncologist at St. Jude’s hospital in Memphis, the University of Texas MD Anderson Cancer Center in Houston, and Miller Children’s and Women’s Hospital in Long Beach, Calif. before going through an MBA program for physicians at the University of Southern California’s Marshall School of Business at the age of 51.

While at MD Anderson, he participated in leukemia research that resulted in the 1997 publication of a landmark paper on cancer treatment in the New England Journal of Medicine. The paper raised questions about prevailing beliefs on cancer treatments at the time.

Roberts joined St. Luke’s four years ago. As director of research, he oversees a $5 million annual budget and more than 200 research projects in areas such as cancer, cardiology, rheumatology, orthopedics, and pediatric specialties such as cystic fibrosis. He said St. Luke’s is focusing its research on the areas of concussions, spine problems and lower back pain, and cancer.

Research isn’t new to St. Luke’s; the hospital has been conducting some research, mainly through the Mountain States Tumor Institute, for decades, Roberts said. Work in clinical trials accelerated 10 or 12 years ago. The money for the research comes from pharmaceutical companies, from federal grants, and from St. Luke’s itself. Idaho Business Review spent some time with Roberts learning about his job.

Are you trying to cure cancer?

We are. We are very involved in that. We have 140 active cancer research projects between pediatrics and adult. While MSTI and St. Luke’s aren’t designing our own research projects, we’re partnering with those that are leading the work nationally. We’re doing research projects with the Dana-Farber Cancer Institution, with regional partners in the Northwest such as Providence in Portland and Swedish Health System.

Why did you stop practicing medicine?

After 25-something years of seeing kids come in every day, and getting called every night, and immersing myself, I was tired. I had 14 years of bench work and being a full-time doctor, with a leukemia research project that had proven in my mind the theory that I had researched. I felt like I had reached a logical conclusion of what I wanted to pursue when I was a doctor.

I intentionally moved to Long Beach, Calif. to help grow a children’s hospital in Long Beach that was connected to an adult hospital to teach and build a research environment around not just cancer but patient care. It was a conscious switch to being an administrative leader, to helping others and expanding the pyramid of
impact. Then I decided to dedicate myself fully to the administrative work, and that’s when I went to business school.

How is a master’s in medical management different from a regular MBA program?

There were 28 people in my class, all MDs, and 13 months. Very intensive. We covered topics with the same breadth and presentation as any executive MBA. We tore apart the legislation for the Affordable Care Act. It was an amazing epiphany for me to go through this because I had become comfortable with the pieces of science and medicine. This was the third leg – how I fit in in an entrepreneurial way, how contrarian approaches fit in with others, how my mentality for equity investing was connected to leadership.

What did you learn about the Affordable Care Act?

Physicians have not had a leadership voice in Obamacare. It’s very disappointing to me, honestly. It starts back to the time when HMOs began to fail and doctors were selling out their businesses out of security.

Where physicians had been the primary advocate for the patient, always defending what is in the best interest of the patient, there was a point in time when a non-clinical person began to dictate and direct patient care decisions. We physicians probably should have held to our high road tenaciously then. But due to market forces and a sense of competition, and a feeling we had to survive, there was a concession to these very difficult market circumstances. Doctors lost that hallowed ground, where before we would never let anything interfere with our staunch protection of the patient.

Aren’t they still in that position now?

When Obamacare rolled out with accountable care, there was a question, “Isn’t this kind of the same old thing that an HMO intended?”

In the 70’s, when this movement began with HMOs, there was pressure on doctors to change how they did their work, for sure. But today, it’s 10-minute visits where in many cases you’re really not even getting to know the patient. The result of this is hopefully that we’re not making mistakes, and electronic medical records are helping us do things. But at the same time it has distanced doctors some from the very personal relationship that was the norm. Doctors are busy and they’re not as satisfied with their day’s work as they were. We’ve not fought for the accountable care model from the sense of the doctor.

So what is the state of research at St. Luke’s?

When I came to St. Luke’s, I looked at our clinical trials and the work we were doing was good. We had great people. Before accepting the position, I saw through the eyes of an entrepreneur that there was a rich opportunity to build and do something else in research here.

Instead of saying, “Geez, there is no medical school here, how am I going to get this academic stuff done?” I said, “Yes, there’s no medical school, I can hopefully partner with Boise State, Idaho State, the YMCA, and small business. We can build up our own research program in the absence of a medical school.” A medical school might have proven to be a barrier. Instead, we have clinicians with creative ideas, we were able to explore with no one around to say no. The vacuum created a chance for us to accelerate really quickly.

From an entrepreneur’s mindset, there is so much else we could do at St. Luke’s by trying to evolve through this model. We’ve formed something brand-new. It’s applied research. It’s our own work, not someone else’s idea. This is an experiment both in trying to move toward accountable care (and nobody has really outlined how you do that) and also an economic and business experiment that hasn’t happened in many industries. We’re testing the outcomes for the new model of accountable care.