

Prof. Sanghoon Jheon: respect and strong leadership are two key principles as both a surgeon and president of SNUBH

Received: 29 December 2017; Accepted: 14 February 2018; Published: 13 March 2018.

doi: 10.21037/jhmhp.2018.02.02

View this article at: <http://dx.doi.org/10.21037/jhmhp.2018.02.02>

Editor's note

Recently, we are honored to invite Prof. Jheon for an in-depth interviews, sharing with our readers his insightful views and precious experience as an outstanding administrators of SNUBH.

In this interview, Prof. Jheon patiently and passionately introduced the progress that SNUBH has made till now, its training system and advanced technology. Moreover, as both a thoracic surgeon and a president of SNUBH, Prof. Jheon also shared his rich experience and perspective in hospital management, multicenter study establishing in Korea, and education programs for thoracic surgeons (*Figure 1*).

Expert introduction

Dr. Sanghoon Jheon has been professor in Seoul National University Bundang Hospital since 2003, and is a Chair Professor of Department of Thoracic and Cardiovascular Surgery in Seoul National University College of Medicine.

Now he serves as a president and CEO of Seoul National University Bundang Hospital.

He has contributed in several research areas, such as cardiopulmonary physiology, photodynamic therapy, synchrotron radiation research and lung cancer treatment. Recently, he has organized multicenter study for identifying recurrence risk factors in early stage lung cancer patients in Korea, and developed risk-scoring systems. Now he is conducting multicenter randomized controlled trials to investigate the effectiveness of adjuvant chemotherapy in surgically treated stage IB patients among Asian countries.

Dr. Jheon serves on several editorial boards, and has been reviewer of many scientific journals. He is one the founder of the Asian Thoracic Surgical Club, and now he is the president of the Korean Society for Thoracic Surgical Oncology.

One of the impressive things in his achievement is the establishment of education platform for thoracic surgeons, especially in minimally invasive thoracic surgery. With



Figure 1 Prof. Sanghoon Jheon, MD, PhD, Department of Thoracic and Cardiovascular Surgery, Seoul National University Bundang Hospital, Seongnam-si, Korea.

leaders of this field, he had founded an organization for education of young thoracic surgeons, entitled the “Asia Thoracoscopic Surgery Education Platform (ATEP)” in 2011. The ATEP has hosting educational workshops for advanced VATS techniques, international scientific conferences and outreach program for developing countries. Travelling fellowship program will be launched. More information about ATEP is in www.myatep.org.

SNUBH, Korea's first fully digitized tertiary hospital

JHMHP: SNUBH is the Korea's first fully digitized tertiary hospital with a reputation as leaders in the field of minimally invasive surgery. It takes after the fine traditions and art of medicine of Seoul National University Hospital, infusing world-class medical care with the latest electronic medical technology tools. Here would you introduce the world-class medical care of SNUBH provide for its patients? What are the latest electronic medical technology tools in SNUBH? How do they run for benefit of patients?

Prof. Jheon: SNUBH opened in 2003 as a full digital

hospital with our homegrown EMR system, and since then, we have developed a thriving HIS with CDSS, CP, CDW, PHR, u-Healthcare, Mobile EMR and VDI. We are currently working to integrate genetic and lifelog data into the HIS to provide customized and personalized care to our patients.

Recently, we upgraded our personal health record (PHR) system that we call "Health4U".

We applied HL7 standard and interact with S-health (Samsung) and Apple health kit. By following the international standard and interact with mobile healthcare platform, Health4U could have expandability for interaction with diverse mobile devices. Therefore, patient could automatically record their activity, heart rate *et al.* In addition, the patient could have their hospital record by Health4U. If the patients visit other clinic, patients could offer their medical test result, prescription information, et al to other clinic. Furthermore, the doctor could monitor the patients' health record and status in their home. It will help doctor to understand the effect of treatment and patient's state.

JHMHP: *Based on your experience, would you tell the approximate cost of these electronic medical technology tools? As the president of SNUBH, how do you think the control of medical cost? What would be the common and efficient way of control of medical cost at SNUBH?*

Prof. Jheon: Developing a simple tool may be easy in this day and age. IT is all around us and numerous companies are offering various types of tools for medical providers. Our contents and knowledge based on our experience of operating a renowned hospital in Korea is what makes our solution unique, and there can be no price tag for knowledge. SNUBH is a national university hospital, we strive to provide high-quality medicine to all, which makes cost control a very important aspect our operation. Our HIS helps us provide evidence-based medicine to patients in a standardized manner. Not to mention that digitizing medical records help reduce cost by eliminating redundancies in testing or overprescribing medication. These factors contribute to reducing medical cost for patients and push the hospital to become more efficient.

JHMHP: *No man is an island, so is a hospital. Here would you share some cooperation SNUBH with other hospital worldwide? Would you share the win-win case?*

Prof. Jheon: SNUBH has strong ties with not only hospitals but also institutions and governments as well. But the important thing is to build strong human to human ties, regardless of what organization you are cooperating with. The case on point is our 3T (Teach the Teacher) model with the Moscow Department of Health and Welfare. We educated over 250 doctors working in Moscow City hospitals who are actively participating in their hospital as decision makers or influencers. We regularly conduct SNUBH alumni meetings and CME courses to develop and deepen our cooperation with every enrollee of SNUBH-Global Medical Academy.

As president of SNUBH

JHMHP: *With more stringent policies and rules on the compensation for medical expenses, how do you think medical output and management output could bring wider development spaces for the hospital?*

Prof. Jheon: Korea has 11.7 beds per 1,000 persons, the second highest among 34 OECD countries. This makes Korea a highly competitive market, it is truly the survival of the fittest. If you look at other industries, the most reputable companies produce best outcomes and handsome rewards. Quality, basically medical output, and management output are not contradicting concepts. Medical facilities need to make a paradigm shift and rethink what "growth" means in our field.

JHMHP: *As president of SNUBH, would you share the experience of managing different departments in the hospital? What would be the principles/philosophy in your daily management?*

Prof. Jheon: Respect and strong leadership are two key principals that I live by. I am a thoracic surgeon and I may not be the best person to discuss macular degeneration or rhinoplasty. Yet I have a wonderful team of ophthalmologists

who I can say with certainty are one of the top physicians in the world. We have a strong team built on mutual respect in SNUBH. This is important because it influences the way our patients and staff interact with each other as well.

SNUBH has taken many interesting steps that many in the industry hesitate to take. We were the first to receive HIMSS outside North America, we were the first to receive the new hospital accreditation program launched by the MOH of Korea. We made a major building and land acquisition which wasn't even a hospital building. There were doubters, nonetheless, the SNUBH leadership sailed into the uncharted waters with unwavering conviction and our efforts are paying off.

JHMHP: *What quality you think should possess as hospital administrator? Which parts of the SNUBH managing system you think are worth of learning by the peers?*

Prof. Jheon: Enthusiasm to learn. Before taking up more administrative roles, I was deeply immersed in my clinical activities. I was in the hospital every day, but my encounters rarely extended beyond my department, ward and OR. It gave me great joy to learn more about our dedicated staff all the way from our faculty members to our housekeeping staff. As an administrator, you must understand that it takes an enormous team to operate a tertiary hospital with 7,000 outpatients visiting every day.

SNUBH is a vibrant hospital, taking risks head-on and striving to innovate. Hospitals that are complacent or are satisfied with the status quo should look to us.

JHMHP: *As both a president and thoracic surgeon, would you tell if the role of president affect your way of thinking when you treat a patient as a surgeon? How? In turn, how does the role of a surgeon help your management as a president?*

Prof. Jheon: In critical moments when I face tough choices, I always think of my day to day practice as a thoracic surgeon. Every choice I make as president always reflects my life as a physician. The sole purpose of a hospital is to save lives, to improve quality of life and I will never compromise that fundamental value.

JHMHP: *What quality you think should possess as a hospital administrator? Which parts of the SNUBH managing system you think are worth of learning by the peers?*

Prof. Jheon: As I mentioned before, at this moment as willingness to learn and leadership are two qualities that I draw from the most.

To start a multicenter study in Korea

JHMHP: *We learn that you initiated multicenter studies in Korea and have organized multicenter study for identifying recurrence risk factors in early stage lung cancer patients in Korea, and developed risk-scoring systems. Would you kindly tell what inspire you to start the multicenter study? What is the feature or advantage of the multicenter study for patients?*

Prof. Jheon: Lung cancer patients often face recurrence or metastasis. Although the 5-year survival rate for lung cancer is increasing, we still can do more as clinicians to help our patients. Acquiring quality data is critical to building a scientific study that produces meaningful outcome. Hence, I started floating the idea of creating a simple application to help people check their recurrence risk. Thankfully, many physicians instantly understood the need and pitched in, not to mention the willingness of the patients to be involved in the study.

JHMHP: *Based on your experience, what would be the obstacles/challenges to start a multicenter study in Korea? (You could share specific examples.)*

Prof. Jheon: Hospitals are like silos and we need to find channels to better aggregate data and cooperate in terms of research and treatment. This way, we can better influence the medical device, pharma and government agencies.

JHMHP: *What principles should be observed to perform this kind of study for doctors involved in it?*

Prof. Jheon: Patients should always come first. Some physicians lose sight of what is important and focus on only the research itself. Also, each hospital may have a different

way of doing things, you should be open to collaboration, even better if your hospital has an experienced IRB team or support structure to help you navigate the complex work required for multicenter research.

JHMHP: *Would you share the progress of current multicenter study or successful multicenter study case at your hospital?*

Prof. Jheon: I successfully completed multicenter trials for pneumothorax and lung cancer recurrence. Recently, I initiated a multicenter study for lung cancer genomics.

Trust and confidence are key foundations to leading a successful multicenter trial. We need to give confidence and be confident that we can perform a successful trial, only then will you be able to be involved in multicenter trials.

Multicenter trials may seem daunting to Korean thoracic surgeons who are unfamiliar with the process. Start with easy and simple topics to help researchers build confidence and gradually move into more sophisticated projects. Another point I would like to mention is the value of trust in principle investigator. Trust helps the team power through uncertainties and doubt.

Education programs for thoracic surgeons

JHMHP: *We also know that one of your focuses is on the establishment of education programs for thoracic surgeons. Here would you share some education programs that you're working on? What do you expect these programs to bring to our young surgeons or what would you like them to learn from these programs?*

Prof. Jheon: ATEP offers valuable training opportunities including a scholarship fund to physicians in developing countries. We need to provide opportunities to enthusiastic young surgeons who want access and experience cutting-edge-medicine. We also provide master classes throughout the year with the help of many renowned thoracic surgeons dedicated to developing future talent.

JHMHP: *Would you kindly share 1–2 specific successful education programs that you think it's worthy of learning? What is their pattern of working, popularity, advantages and current status?*

Prof. Jheon: I personally offer a 1 year fellowship program under the ASCVTS (Asia Society of Cardiovascular and

Thoracic Surgery). This program includes a scholarship of US\$25,000. Participants will observe operations in the OR, bedside and inpatient care practices and conferences. Also, courses helpful to enhancing academic activities such as medical writing workshops and opportunities to attend international conference exist. During their 1 year stay, participants take a month away from SNUBH for a traveling fellowship course in Japanese hospitals.

The ATEP offers educational workshops including animal lab training, outreach programs and 3 months traveling fellowships. In SNUBH, we provide international master courses, curriculum for executives of hospitals, graduate schools, international fellowships and observation ships. Global Medical Academy for Moscow City physicians is an excellent model for medically developing countries. Also, Korea attracts many global conferences; hence, you have many opportunities to attend international level conferences.

JHMHP: *Training of young surgeons is important for a hospital. As the president of the Seoul National University Bundang Hospital (SNUBH), here would you share the training system for young surgeons at your hospital? Compared to other hospitals in Korea, what would be its characteristics? Or is there achievement of this system you'd like to share?*

Prof. Jheon: Young surgeons receive ample opportunity and exposure to various patient cases being one of the busiest hospitals in Korea. Hence, surgeons receive abundant bedside and hands-on opportunities. Based on these experiences, we help them grow as researchers as well. Young surgeons have access to various courses on publishing papers and faculties are often willing to support young doctors to take part in research projects.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Journal of Hospital Management and Health Policy* for the series "Meet the Experts: the Cutting Edge in Hospital Management". The article did not undergo external peer review.

Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/jhmhp.2018.02.02>). The series “Meet the Experts: the Cutting Edge in Hospital Management” was commissioned by the editorial office without any funding or sponsorship. Skylar Gao reports that she is a full-time employee of AME publishing company (publisher of the journal). The author has no other conflicts of interest to declare.

Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are

appropriately investigated and resolved.

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doi: 10.21037/jhmhp.2018.02.02

Cite this article as: Gao S. Prof. Sanghoon Jheon: respect and strong leadership are two key principles as both a surgeon and president of SNUBH. J Hosp Manag Health Policy 2018;2:13.