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“I find that AAHC is my trusted source for ideas for managing the challenges of our disrupted world...not just on issues we face in the near term, but to think five and ten years into the future.”

Jean E. Robillard, MD
Vice President for Medical Affairs
Dean, Roy J. and Lucille A. Carver College of Medicine
The University of Iowa
I believe firmly that academic health centers are leaders in healthcare, certainly in the United States and, increasingly, around the world.

Discovery of new knowledge, the translation of those discoveries to patients, the development of the healthcare workforce—so much of the innovation in healthcare today—derives from academic health centers.

The Association of Academic Health Centers (AAHC) does an exemplary job in helping academic health centers advance innovations and understand the rapidly evolving environment that we must navigate. Through its meetings, initiatives, and publications, AAHC delivers critical information and insights about the most important trends in our industry. Moreover, AAHC meetings provide invaluable forums for leaders of academic health centers to share ideas and gain perspectives that help us hone our own leadership.

I especially commend Dr. Steven A. Wartman and his hard-working staff for their exceptional work and the impressive growth of AAHC’s international activities, including the very well received AIM initiative to offer peer consultants for institutional reviews. This past year, AAHC’s notable and creative relationship with Elsevier, that has already produced some significant publications, moved into a new direction, including the formation of its first program for the AAHC Thought Leadership Institute. Additionally, the data and analysis that AAHC compiles provide a welcome base of evidence to help weight practices and performance in academic health centers.

While it may be a cliché to say so, it is also a verity to say that we live in an era of disruption. Again and again, I find that AAHC is my trusted source for ideas for managing the challenges of our disrupted world. In that regard, AAHC is a true trendsetter and trailblazer. I especially appreciate the way that AAHC urges us to focus not just on issues we face in the near term, but to think five and ten years into the future. Having that kind of vision is one of Dr. Wartman’s and AAHC’s real strengths. In addition, AAHC can take positions and scrutinize issues in unique ways that I find truly incisive.

It has been a pleasure to serve over the past year as Chair of AAHC. It is precisely because of the programmatic strengths and forward-thinking ideas that AAHC brings to the table that I look forward to continuing to stay deeply engaged with the organization in the years ahead.

Jean E. Robillard, MD
FROM THE PRESIDENT
and CEO

“...our organizational strengths come from: being a nimble and member-driven association; focusing on the big picture; emphasizing pragmatic thought leadership; and providing meaningful support (and occasional inspiration) for our members.”

Steven A. Wartman
MD, PhD, MACP
Unleashing the Power of Alignment

Breakthroughs in the history of medicine are fascinating for their scientific contributions—and for the way they impact the delivery and culture of healthcare. I remember as a medical student wondering about the impact of William Harvey’s early 17th century elucidation of the systemic circulation: How did it change practice and what did it mean for patients?

Of course, there are many advances we can ponder, but few, in my opinion, will challenge the long-held tenets of medical care as much as what science, technology, and economics are bringing forth in the 21st century. As the printing press made literature much more readily available and influential, the technology-based internet is leading the current profound shift from a print-based industrial society to a new 21st century society. This shift is transforming many of the most basic aspects of healthcare; health professionals are becoming less the exclusive bearers of medical knowledge, and patient visits are gradually becoming more virtual. When you add in factors such as precision medicine, genetic intervention, powerful artificial intelligence, and a dynamically engaged private tech sector, the hegemony of academic health centers is increasingly subject to challenge. The 21st century could indeed be tough sailing for the missions of health professions education, biomedical and clinical research, and patient care/population health.

Yet, academic health centers hold a truly unique card to play: the ability to capture the synergy derived from the alignment of education, research, and patient care, such that each of the mission areas, when optimally aligned, makes the others more powerful—a kind of virtuous cycle. No other organization can do this. My visits and discussions with academic health center leaders confirm that this concept holds considerable traction, but is difficult to implement while facing the day-to-day crush of priorities and pressures of managing complex institutions. This in part accounts for the rationale behind AAHC’s new Aligned Institutional Mission (AIM) Program, a specific, carefully constructed program to assist members in achieving individualized mission alignment. The AIM Program is currently in the development stage with three sites in the U.S. and three others around the world.

In addition to the AIM Program, this past year has been a breakthrough year for AAHC. We have rolled out a new AAHC Thought Leadership Institute designed to tackle some of the profound issues in 21st century medicine. Its first offering, Medicine and Machines, sponsored by Elsevier, is currently underway. Our international branch continues to grow as AAHC becomes a truly global organization. Because of the interest generated, the quarterly
Leadership Perspectives has been increased to bimonthly. A new publication, Nota Bene, presented its first issue on the topic of effective strategies for healthcare partnerships, and our quarterly research and metrics publications continue to provide useful data and insight for our members. Our surveys, meetings, online programs, and government relations are all going well.

Entering my 12th year at AAHC, I have learned that our organizational strengths come from: being a nimble and member-driven association; focusing on the big picture; emphasizing pragmatic thought leadership; and providing meaningful support (and occasional inspiration) for our members. I gratefully thank the AAHC Board of Directors—under the superb leadership of Dr. Jean Robillard, vice president for medical affairs and dean, Carver College of Medicine, The University of Iowa—for their support, encouragement, and excellent stewardship.

Steven A. Wartman, MD, PhD, MACP
...the technology-based internet is leading the current profound shift to a new 21st century society. This shift is transforming many of the most basic aspects of healthcare; health professionals are becoming less the exclusive bearers of medical knowledge, and patient visits are gradually becoming more virtual. When you add in factors such as precision medicine, genetic intervention, powerful artificial intelligence, and a dynamically engaged private tech sector, the hegemony of academic health centers is increasingly subject to challenge.

-S. Wartman
PROGRAMS & INITIATIVES
MEMBER PROGRAMS

AAHC provides opportunities for members to engage with leading experts in the field, share best-practices, and network with their peers. Additionally, AAHC hosts and/or participates in programs that convene thought leaders on issues and initiatives impacting member institutions and advance AAHC’s and its members’ missions.

MEETINGS

• Research Meeting, December 2015: Addressing The Obesity Epidemic and Emerging Trends in Health Science Research, the 2015 AAHC Research Meeting explored the current state of the obesity epidemic as well as new developments in health science research. Meeting sessions focused on the science of obesity, big data, population health, and research funding sources and trends. Participants and presentations demonstrated the cutting-edge science occurring within AAHC member institutions.

• AAHC Annual Meeting, September 2015: AAHC’s Annual Meeting, themed The Politics of Healthcare, was held in Atlanta. The meeting focused on the complicated intersection of politics and healthcare and how politics continuously impact academic health centers in a variety of ways, including the core functions of research, education, and patient care. Speakers addressed a wide range of politically-related issues, including: science and privacy, Medicaid expansion, offshore for-profit medical schools, mental health, leadership culture, interprofessional education and collaborative practice, and the consolidating healthcare market. Special sessions also addressed AAHC’s regional Graduate Medical Education Roundtable series.

• Senior Administrative/Fiscal Officers (SAFO) Annual Meeting, July 2015: In an environment of shrinking budgets, increased costs, and unceasing demands for improvement, the 2015 SAFO meeting, held in Chicago, focused on Restructuring the Missions. Participants gave presentations on how their academic health centers are reallocating resources to more effectively serve the institutional mission. Topics included alternative funding and revenue streams, restructuring and performance management, delivery systems and models, and innovations in education.

ONLINE PROGRAMS

• Online programing offers opportunities for interaction with experts on important issues and allows members direct access to high-profile thought leaders. Recent topics addressed included: international collaborations, the social determinants of health, and issues raised at the AAHC Graduate Medical Education Roundtables.

SOCIAL DETERMINANTS OF HEALTH INITIATIVE

• AAHC’s Social Determinants of Health Initiative was highlighted by serving as the central focus of the 2016 Global Issues Forum. In addition, AAHC held two advisory group conference calls to determine a path for future activities and programs. AAHC also participated in the two-day planning retreat of the Beyond Flexner Alliance, an initiative that brings academic health centers together with other stakeholders to educate policymakers and the public about the importance of addressing the social determinants of health.
AAHC THOUGHT LEADERSHIP INSTITUTE

Conceived as a platform to convene provocative and inspiring thought leaders from diverse backgrounds, disciplines, and sectors who can discern transformative ideas and applications, the AAHC Thought Leadership Institute is designed to address the cutting-edge and challenging issues impacting academic health centers in the 21st century.

- **Governance**: a Leadership Council comprised of AAHC members and leading thought leaders in healthcare, policy, and technology who will provide knowledge and expertise in guiding the development of the Institute.

- **Goals**: advance ideas through inspired thinking; seize opportunities by bringing together thought leaders who can make a difference; and drive reform by promoting strategies that can flourish into productive, tangible pathways. The Institute will focus on substantive, future-oriented topics.

- **Programs**: *Professional Intelligence: Medicine, Smart Machines, and the Future of Healthcare* is the Institute's first program, focusing on the growing interface of medicine and smart machines. The program’s goal is to lay the groundwork for building consensus and pathways to develop, manage, and lead the interface between artificially intelligent machines and humans to improve 21st century healthcare and population health. This program is funded in partnership with Elsevier.

SURVEYS & ANALYSES

AAHC’s research and analysis activities support membership with resources based on membership surveys and other data collections conducted by AAHC.

**RECURRENT MEMBERSHIP SURVEYS AND REPORTS**

- The annual AAHC Salary Survey provides membership with information relating to salary, benefits, and total compensation of member institution CEOs, deans, and other senior officials. The 2015 AAHC Salary Survey Report, distributed to members only, provided an overview of survey results, including selected observations regarding longitudinal trends.

- The annual *AAHC Member Institution Profile Survey* is designed to build upon a database of basic information about U.S. member institutions in such areas as faculty and enrollment, finance, clinical operations, and international collaborations. The resultant 2015 AAHC Member Institution Profile Survey Report provided a comparative overview of U.S. member institutions.

- A series of research and analysis reports, including AAHC’s *Quarterly Key Perspectives for AHC Leaders*, addressed a variety of subjects drawn from AAHC’s annual and non-recurring surveys that are of particular interest to senior leaders.

- Periodic articles in the *AAHC Newsletter* regarding select topics of interest drawn from AAHC surveys and updated website information on benchmarks and metrics provide data and analyses for members to use in their strategic decision-making.
TOPICAL SURVEYS AND REPORTS

• A User Feedback Survey was sent to Annual AAHC Salary Survey end users to rate the utility of the Salary Survey’s current form as well as determine potential improvements. This survey served as the basis for an online meeting of AAHC Senior Administrative/Fiscal Officers to discuss their recommendations for proposed modifications to the annual AAHC Salary Survey.

• A Research Supplement to the Annual AAHC Member Institution Profile Survey collected supplemental data related to research mission workforce, infrastructure, funding sources, and expenses.

• The Survey of AAHC Vice Presidents for Research collected data on the prevalence and use of benchmarks and metrics in support of the research mission, which were then incorporated into the design of the Research Supplement Survey noted above.

• A Survey of Thought Leadership Institute Planning Meeting Participants was released to collect information regarding expected healthcare trends and transformations to aid staff in the development of the Thought Leadership Institute planning agenda.

POLICY & GOVERNMENT RELATIONS

• Federal Legislation. AAHC led efforts with members to provide input to Congressional staffers on a number of proposed bills this year, including those related to mental health, funding for Zika virus treatment, funding for opioid treatment, GME reform, fetal tissue research, and the 21st Century Cures legislation.

• Graduate Medical Education (GME) Roundtable Series. AAHC concluded the regional roundtable series on GME reform and disseminated the findings to members, Congressional staff, physician groups, and news organizations. In addition, AAHC hosted several webinars in which speakers provided a ‘deep dive’ into specific themes that spurred additional discussion.

• Government Relations Network (GRN). AAHC continued to operationalize the GRN through institution of a formal steering committee and development of a list-serve for communication among GRN members.

• Interdisciplinary Steering Committee. AAHC launched a steering group comprised of government relations representatives at other associations that represent specific disciplines included within academic health centers.

COMMUNICATIONS

The AAHC Communications Department focuses on raising AAHC’s profile on topics of critical importance for members as well as creating value via new, relevant publications.
MEDIA RELATIONS AND THOUGHT LEADERSHIP

• AAHC builds relationships with media and potential thought leadership outlets, including a recently developed relationship with the Blog Editor of *Health Affairs*. An article on the GME Roundtable series and the future of the healthcare workforce was accepted for publication.

• AAHC staff continue to build strong relationships with health reporters, serving as a resource. Following the AAHC Annual Meeting, *Politico* published an article featuring member institutions and the impact of state legislative efforts.

PUBLICATIONS

• *Leadership Perspectives*: now a bi-monthly publication featuring commentaries by academic health center CEOs in a peer-to-peer format that offers thought leadership on the pressing issues and challenges impacting their institutions.

• *Nota Bene*: a new AAHC publication focused on in-depth thought leadership pieces of interest to AAHC membership, to be published periodically. The first issue focused on *Eight Strategies for Effective Partnerships in Healthcare*.

• *Research & Analysis Quarterly*: a quarterly electronic publication that features key perspectives for academic health center leaders based on membership surveys and data analyses.

• *Infographics*: a four-part infographic series designed to demonstrate the impact of academic health centers in an easy-to-understand format for external constituencies.

MEMBERSHIP AND SOCIAL MEDIA OUTREACH

• AAHC is undertaking a complete website redesign. As part of this effort, a number of members participated in user experience testing and provided feedback to inform the new design and website experience.

• AAHC continues to communicate with and feature members via the *AAHC Newsletter* and in social media using AAHC’s Facebook and Twitter (@aahcde) accounts.

DEVELOPMENT & PARTNERSHIPS

AAHC’s development program is committed to building partnerships and providing opportunities for organizations, foundations, and philanthropists to invest in and support the Association’s mission. Activities include:

• Facilitating a funding partnership with Elsevier for the *Professional Intelligence: Medicine, Smart Machines, and the Future of Healthcare* program of the AAHC Thought Leadership Institute.

• Conducting outreach to cultivate potential partners/funders through inclusion as speakers at AAHC meetings and other touchpoints.

• Exploring opportunities to support domestic and international programming.
“AAHCI provides a vital forum for continuing and extending the important global dialogue we need to have... academic health centers share so many common structures, themes, and issues, wherever they are located in the world.”

Martin Paul, MD, PhD
President, Maastricht University
As I hand off the mantle of leadership of the Association of Academic Health Centers International’s Steering Committee, I do so knowing that AAHCI has continued to grow in truly significant ways over the last years. Several highlights come to mind:

- **Membership:** From a very modest number of initial members, AAHCI’s membership roster now includes some 50 academic health centers worldwide. In relatively short order, AAHCI is becoming a major actor globally.

- **Regional Offices:** The establishment of regional offices has accelerated development of AAHCI into a true global network. Creating those offices has contributed inestimably to the growth of AAHCI overall while developing channels for the flow of information both to and from the entire association.

- **Global Issues Forum:** A central point for both AAHCI, and myself personally, is that there are many common denominators across the work of academic health centers, no matter where in the world they are located. The Global Issues Forum provides a unique context for us to discuss common issues and share ideas and innovations.

- **Aligned Institutional Mission (AIM) Program:** As global academic health centers stake their claim as leaders in international health, the AIM program provides a unique lens for clarifying and developing alignment among the interrelated functions of education, clinical care, and research.

In many ways, this progress in AAHCI’s activities comes from the synergy between AAHC and AAHCI. I hope that we can soon reach a stage where we think not of two entities but of one integrated organization with national and international impact. In the meantime, AAHCI provides a vital forum for continuing and extending the important global dialogue we need to have. Our discussions will continue to bond academic health centers in the US and in other countries as we strive to better understand each other and to find compelling ways to work together toward common goals. It has always been an eye-opener for me that academic health centers share so many common structures, themes, and issues, wherever they are located in the world.

Dr. Steven A. Wartman and the staff at AAHC deserve high praise for the vision, expertise, and prodigious energy they bring to that endeavor. They have helped make my work with AAHCI richly rewarding both personally and professionally.

Moving forward, there is much to be done internationally to fulfill our vision for developing, sharing, and scaling best practices for academic health centers and medical education. I very much look forward to continuing to work for these goals.

Martin Paul, MD, PhD
MEMBER PROGRAMS

AAHCI programs, held throughout the year and geographically distributed, provide both international and US-based members peer-to-peer meetings that focus on the sharing of best practices, networking, and opportunities to pursue collaborations worldwide.

MEETINGS

AAHC 2016 Global Issues Forum, April 2016, Washington, DC
• Formerly known as the International Forum, the 2016 Global Issues Forum was themed Academic Health Centers and the Social Determinants of Health. The Forum brought together an even mix of US-based and international leaders seeking new ideas and solutions for including the social determinants of health in education, research, and clinical programs. Sir Michael Marmot, Director of the University College London Institute of Health Equity, and Dr. Jo Ivey Boufford, President of the New York Academy of Medicine, were keynotes for the meeting.

European Office Membership Meeting, March 2016, The Netherlands
• Focusing on Integration of Patient Care with Research and Education, the AAHCI European Regional Office, hosted by Maastricht University, brought together European academic health center leaders from current and prospective member institutions to share best practices. Participants also received information about AAHCI and explored how the Association can better serve the European membership.

Southeast Asia Regional Meeting, January 2016, Singapore
• The National University of Singapore hosted its first meeting as an AAHCI Southeast Asia Regional Office. The meeting was a one-day event on Integrating Medical Education and Research with Clinical Care in an Emerging Academic Health System, in conjunction with the 2016 Asia Pacific Medical Education Conference. The meeting tackled challenges in the integration of medical education, research, and clinical care.

AAHCI Regional Meeting, China, October 2015
• AAHCI member Peking University, together with the Medical Education Committee of the China Association of Higher Education and the PRC Government Ministry of Education’s Working Committee for the Accreditation of Medical Education, co-hosted AAHCI’s second regional meeting in China. Themed, Reflections on Medical Education Reform: Cultivating Health Professions for the 21st Century, the meeting brought together a wide variety of leaders from the region to discuss critical developments in medical education in China, particularly focusing on accreditation issues.

ONLINE PROGRAMS

• AAHCI provides ongoing online programs throughout the year, focusing on best practices and international collaboration. Recent topics included: Building Bridges, Sharing Knowledge and Understanding Needs—The American University of Beirut Medical Center (AUBMC) Experience (Lebanon); The Path to Excellence in International Education: Lessons Learned and Future Directions (Canada); and Spotlights on Patient Care (Australia and the U.S.).
WORKING GROUPS

AAHCI Latin America Working Group
• The Latin America Working Group was created to advise and support the continued growth and development of AAHCI in that region. The group provides support in the recruitment of Latin American members, recommending local funders and associations for partnerships within the region and advising on region-specific programs and services. AAHCI is planning a Latin America regional meeting for the spring of 2017.

AAHCI Africa Working Group
• The AAHCI Africa Working Group provides program support for the Africa region. AAHCI’s goal is to secure funding in support of co-hosting an Africa regional meeting in the first quarter of 2018.

New and Developing Academic Health Centers
• Many AAHCI members have expressed interest in convening a group of leaders of new and developing academic health centers and systems to exchange ideas and best practices, as well as to elaborate on the new and innovative models that emerge from their unique positions. Plans are underway to convene the working group in the 2016-2017 membership year.

Nursing Leadership
• Nursing leaders facilitated an interactive discussion with participants at the 2016 Global Issues Forum on how AAHCI can help harness the nursing workforce potential to impact positively on the social determinants of health and improve care within academic health centers. A group will be convened to explore opportunities to work with the International Learning Collaborative—an organization that brings together healthcare and nursing professionals, academics, and leaders to elevate care delivery worldwide by tackling system challenges pertaining to fundamental care.

ALIGNED INSTITUTIONAL MISSION (AIM) PROGRAM™

Academic health centers worldwide possess the unique capability of aligning their missions of education, research, and patient care. Recognizing this exceptional capacity, the AIM Program was conceived by AAHCI members as a means to assist institutions in creating the optimal alignment among these three key components. The overall goal of AIM is the achievement of a “virtuous cycle” such that each element informs and improves the others, thus creating powerful 21st century health learning systems.

The AIM Program is highly individualized for the specific strategic vision and stage of development of a given institution. AIM seeks to help participating institutions enhance and measure organizational alignment; set and develop a plan to meet their own individualized strategic goals; and benchmark their degree of success.

The development phase of the program was launched with six identified participating institutions: Florida International University (USA); University of Arkansas for Medical Sciences (USA); University of Southern California (USA); Seoul National University
(South Korea); University of Indonesia Faculty of Medicine (Indonesia); and University of Queensland-Brisbane Diamantina Health Partners (Australia). The development sites will provide feedback on the technical and support aspects necessary to advance the program.

Following completion of the developmental phase, it is anticipated that a pilot phase will be launched in 2017, with full roll-out to all members in late 2017 or early 2018.

SURVEYS & ANALYSES

AAHCI conducts research and analysis to provide a strategic foundation for determining international initiatives and to support international membership activities. Projects undertaken this past year include:

• The 2016 AAHCI Member Profile Survey, launched to collect basic data on institutional characteristics of AAHCI members;
• An AAHCI Member Satisfaction Survey, conducted in May 2016 to help guide AAHCI in the development of new programs and services; and
• A survey conducted in March 2016 to address the needs and interests of new and developing academic health centers and systems, which led to the creation of a new working group.

REGIONAL OFFICES

AAHCI continued to work with its three pilot regional offices to provide local representation for international members. The regional offices promote activities and programs among existing members and recruit new members from their respective regions. The offices also serve to provide valuable insight for AAHCI on the key issues and challenges in each region.

As the pilot program comes to a conclusion, it has paved the way for enhancing regional offices. A review and evaluation of the offices was conducted in June 2016 by Regional Ambassadors, Regional Administrators, and AAHCI staff to assess their overall viability and ensure maximum benefit for regional office hosts and AAHCI members. The pilot offices are:

• Southeast Asia Regional Office
  Hosted by the National University of Singapore

• Middle East & North Africa (MENA) Regional Office
  Hosted by Hamad Medical Corporation

• European Office
  Hosted by Maastricht University
AAHCI STEERING COMMITTEE
AS OF JUNE 30, 2016

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Singapore

Note: The President and CEO of the Association of Academic Health Centers (AAHC), and the Chair of AAHC’s Board of Directors serve as voting, ex-officio members.
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Angela Franklin, PhD
President and CEO, Des Moines University

The University of Iowa
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Vice President for Medical Affairs
Dean, Roy J. and Lucille A. Carver College of Medicine

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Steven Kanter, MD
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Washington University
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Associate Vice President for Hospital Operations, University of Illinois
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Senior Vice President, Health Sciences
Dean, School of Medicine

Reuven Pasternak, MD
Chief Executive Officer
VP for Health Systems, Stony Brook University Hospital

University at Buffalo/
The State University of New York
Michael Cain, MD
Vice President for Health Sciences
Dean, School of Medicine and Biomedical Sciences

University of Rochester
Mark B. Taubman, MD
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Chief Executive Officer, UNC Health Care System
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President and CEO

Texas Tech University Health Sciences Center at El Paso

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West Virginia University
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Dean, ANU Medical School

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Hospital Universitario San Ignacio
Claudio Brando, MD
Education Director

Sociedad de Cirugia de Bogota-Hospital de San Jose
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Decana, Escuela de Medicina y Ciencias de la Salud

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University Medical Center Gottingen
Heyo Kroemer, PhD
CEO and Dean, Medical School

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Nazarbayev University
Massimo Pignatelli, MD, PhD
Dean, School of Medicine
Adjunct Professor of Pathology
Univ. of Pittsburgh School of Medicine

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Managing Director

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Deputy Rector (Finance and Administration)

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Fumio Kumada
Manager of Faculty of Medicine Educational Affairs Department

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Faculty of Medicine Siriraj Hospital, Mahidol University  
Prasit Watanapa, MD, PhD, FRCS, FACS  
Professor and Dean

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Principal, College of Health Sciences  
Director, African Initiative, CIGI

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Gulf Medical College Hospital and Research Center  
Akbar Thumbay, MS  
Director Operations, Healthcare & Retail Division

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Academic Health Science Partnership in Tayside  
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Chair, NHS Tayside Board  
Imperial College London  
Professor the Lord Ara Darzi, MD  
Chairman for the Institute of Global Health Innovation  
Paul Hamlyn Chair of Surgery  
Mark Davies  
CEO, Imperial College Healthcare NHS Trust  
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Manchester Academic Health Centre  
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Faculty of Medical and Human Sciences  
South East Wales Academic Health Science Partnership  
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Executive Officer  
University of Oxford  
Alastair Buchan, FMedSci  
Dean of the Medical School  
Head of the Medical Sciences Division  
University of Oxford, John Radcliffe Hospital
It is my pleasure to submit the audited financial statements for the fiscal year 2015-2016 for the Association of Academic Health Centers (AAHC) and the Association of Academic Health Centers International (AAHCI).

AAHC and AACHI undertook significant program expansion this year with the creation of the Aligned Institutional Mission (AIM) program, and the Thought Leadership Institute. These programs are supported by Board allocated strategic reserves and external partnerships, and both initiatives reflect the international scope of the association and the broad reach of member institutions. Staffing levels have increased to support the expanded member programming, and advocacy efforts were enhanced by increased publications and visibility on broad issues such as graduate medical education, effective partnership strategies, and the social determinants of health. Through this period of growth AAHC maintains healthy investment reserves of $3,153,903, providing more than nine months of operating costs, which is well ahead of industry standards.

The firm of Tate & Tryon conducted the audit, providing a “clean” or unqualified opinion, meaning that the financial statements are presented fairly in all material respects and in conformity with generally accepted accounting principles.

Copies of the complete audited financial statements are available to members upon request.

Elizabeth Bishop Gemoets
# ASSOCIATION OF ACADEMIC HEALTH CENTERS, INC. & AFFILIATE

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

**AS OF JUNE 30, 2016**

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$2,116,400</td>
</tr>
<tr>
<td>Investments</td>
<td>3,153,903</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>35,469</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>122,023</td>
</tr>
<tr>
<td>Property and equipment</td>
<td>265,406</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS** $5,693,201

### LIABILITIES AND NET ASSETS

#### Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$304,833</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,841,710</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>271,738</td>
</tr>
</tbody>
</table>

**Total liabilities** 2,418,281

#### Net assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td></td>
</tr>
<tr>
<td>Undesignated</td>
<td>1,943,361</td>
</tr>
<tr>
<td>Board designated</td>
<td>1,180,217</td>
</tr>
</tbody>
</table>

**Total unrestricted net assets** 3,123,578

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily restricted</td>
<td>57,342</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>94,000</td>
</tr>
</tbody>
</table>

**Total net assets** 3,274,920

**TOTAL LIABILITIES AND NET ASSETS** $5,693,201
## ASSOCIATION OF ACADEMIC HEALTH CENTERS, INC. & AFFILIATE

### Consolidated Statement of Activities

**AS OF JUNE 30, 2016**

### UNRESTRICTED ACTIVITIES

#### Revenue and Support

- **Membership dues**: $3,300,580
- **Meetings and registrations**: 152,400
- **Interest and dividends**: 107,973
- **Grant and contracts**: 27,945
- **Publications and book sales**: 7,537
- **Other income**: 2,000
- **Net assets released from restriction**: 1,228

**Total unrestricted revenue and support**: $3,599,663

#### Expense

**Program Services**
- **Issues and research**: $611,111
- **Meetings**: 536,038
- **Communications**: 435,827
- **Membership**: 431,942
- **Grant and contracts**: 339,034
- **AAHC International**: 273,712
- **Executive leadership groups**: 224,285
- **Government relations**: 34,060
- **Advisory Groups**: 20,171

**Total program services**: $2,906,180

**Supporting Services**
- **Management and general**: 643,943
- **Governance**: 382,076

**Total supporting services**: 1,026,019

**Total expense**: 3,932,199

**Change in unrestricted net assets before investment loss**: (332,536)

**Net loss on investments**: (110,536)

**Change in unrestricted net assets**: (443,072)

### TEMPORARILY RESTRICTED ACTIVITIES

- **Interest and dividends**: 7,501
- **Net loss on investments**: (7,917)
- **Net assets released from restriction**: (1,228)

**Change in temporarily restricted net assets**: (1,644)

### CHANGE IN NET ASSETS

- **Net assets, beginning of year**: $3,719,636

**Net assets released from restriction**: 1,228

**Net assets, end of year**: $3,274,920
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Web Support Specialist

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Kristen Verderame, Esq.
Director of Government Relations
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