



AAHC Annual Meeting  
October 11-13, 2007  
Philadelphia, PA  
Highlights

## **HEALTH REFORM**

### **John P. McGovern Award Lecture**

Theodore R. Marmor, PhD, Professor Emeritus at Yale University and Adjunct Professor of Public Policy at Kennedy School of Government, Harvard University, delivered the John P. McGovern award lecture. He analyzed the contemporary challenges of health care reform in light of historical reform efforts. Marmor:

- Challenged accepted notions of feasibility for reform and differentiated between advisable and inadvisable types of incremental reform.
- Criticized the tendency to approach health care reform by focusing on the problem (e.g. the uninsured) and searching for common ground between proposals rather than identifying public fears about each proposal.
- Noted, in analyzing the gulf between different health care reform political camps, that policy differences reflect entrenched philosophical differences that would be near-impossible to change.
- Called for the formation of a commission to explore five or six distinct health care proposals, investigate the fears associated with each proposal, and craft feasible policy responses to allay those fears.

## **HEALTH WORKFORCE**

### **The AAHC Report on the Health Care Workforce**

Daniel W. Rahn, MD, President of the Medical College of Georgia, Senior Vice Chancellor of Health and Medical Programs of the University System of Georgia, and chair of the AAHC Advisory Committee on Workforce presented the preliminary findings and recommendations of the AAHC workforce initiative, which was funded by the Josiah Macy, Jr. Foundation. Rahn:

- Described the landscape for health workforce policy, including worsening problems in health workforce capacity and distribution. He noted numerous challenges, such as the aging health workforce, increased need for chronic

disease management, inadequate capacity of the health professions education system, and changing work expectations of younger professionals.

- Described how fragmentation and lack of coordination have hampered past workforce efforts. He also noted the economic, political, and infrastructural factors that complicate any consideration of workforce concerns.
- Focused on the major AAHC recommendations, including creation of a national planning initiative, increased advocacy and education efforts by the AAHC and its members, and the development of a national health workforce strategy.
- Concluded that the complexity of the problems are often not well-understood, and said the AAHC can leverage the strength of member institutions to effect change on a national level.

### **Putting the Workforce Puzzle Together: Health Workforce Panel**

A panel of health workforce experts, all of whom wrote papers commissioned by AAHC, addressed critical dynamic aspects of the health workforce. The panelists, Catherine Dower, JD, Associate Director, Health Law and Policy Center for the Health Professions, University of California, San Francisco, Stephen N. Collier, PhD, Director and Professor, Office of Health Professions Education and Workforce Development, University of Alabama at Birmingham, and Don E. Detmer, MD, MA, President and CEO, American Medical Informatics Association, each focused on a long standing issue that requires reassessment and change to develop necessary workforce capacity for the 21<sup>st</sup> century.

- Dower advocated the use of regulation as a proactive tool to tackle workforce challenges. She called for better alignment of practice acts with training, moving towards national standards or state agreements to add consistency, and changing the process for determining scope of practice so that legislators are better informed.
- Collier introduced major trends in health professions education and credentialing. In particular, he noted, "We're seeing bimodal distribution of health professions – more jobs at the higher and lower educational levels, but not much in the middle, at the baccalaureate level." A key issue is the extent to which credentialing should be used to regulate the health professions.
- Detmer discussed health IT and the escalating need for health informatics workers. He warned academic health center leaders that progress in informatics will come sooner rather than later, and declared that leaders need to commit to delivery and development in informatics in order to secure a return on investment.

### **Resolving Shortages, Creating a New Future**

Robert Kuttner, co-founder and editor-in-chief of *The American Prospect*, framed health workforce challenges in terms of the national and international labor markets, describing the impact of the workforce on the nation's economy and delivering recommendations for health care reform. Kuttner:

- Declared that health care lies outside the realm of market economics, noting that academic health centers violate the economic principle of maximizing profit and minimizing cost, since they combine and cross-subsidize distinct functions and continue unprofitable activities.
- Suggested that in a rational world, funding for health professions education would come from a line-item in the federal budget and would be allocated as needed.
- Described opportunities to attract workers into health care, noting trends in the national labor market, such as the erosion of middle income jobs and automation as well as competition with the global economy.
- Noted that with the collapse of the manufacturing industry, an influx of Americans will be seeking decent jobs that pay a living wage. This creates an ideal opportunity for the health workforce to absorb this new trainable labor pool.
- Called for the country to ensure that health care jobs pay a living wage.
- Advocated for true national single-payer health insurance, declaring that until such a system is in place, funding for health education will remain patchy and a struggle.

### **From Ideas to Action: Getting Down to Details on the Workforce**

A panel composed of a prominent workforce analyst, a politician, and two academic health center CEOs shared their perspectives on why the health workforce has not been a priority issue on the national agenda and offered ideas on how to raise awareness to avoid future crises.

Noted workforce expert **Richard A. Cooper, MD**, professor of medicine, University of Pennsylvania, commented on workforce needs and offered advice on how the nation should work to prepare for those needs. Cooper proposed splitting the health professions into two distinct groups for the purposes of policy discussions: (1) the *health labor force*, comprising technicians, health aides, and other “lower level” health workers; and (2) the *high-skilled workforce*, comprising skilled health practitioners from BSNs to physicians.

Jobs in the health labor force are relatively well-defined, with roles and responsibilities well-circumscribed. The key to development of this workforce, according to Cooper, is K-12, community college, and undergraduate education, particularly in the sciences. This pipeline needs to be expanded and tapped as a source of health workers—perhaps through the use of vouchers and other incentives—to fill jobs in the health labor force.

Cooper described the high-skilled workforce as being more dynamic, with many professionals capable of performing different roles and functions and able to evolve along with the health system. Preparing these kinds of high-skilled, adaptable health professionals, Cooper argued, will be the nation’s greatest workforce challenge. To do this, the focus for nursing should be on BSN education and fostering development of graduate medical education.

From a political point of view, **U.S. Representative Allyson Schwartz (D-PA)** noted the trend of decreasing federal support for health professions education, but said that Democrats in Congress are trying to restore many of the recent cuts that have been made. Schwartz called on academic health center leaders and the medical community as a whole to become more actively engaged in the political process at all levels, suggesting that they provide more input on which programs are working, which programs are not working, and how the government can be most helpful to them. She also noted that with very little budget room to work with, Congress has been under increased pressure to justify its allocation of federal dollars, and has been looking to evidence of programs' effectiveness when determining spending priorities.

Providing an academic health center CEO perspective, **David R. Smith, MD**, president, State University of New York Upstate Medical University, highlighted the need to build a broad coalition to affect change in the political realm. Smith called on AAHC members to become personally engaged in raising awareness and working to move the health workforce issue onto the public agenda.

Another CEO, **David L. Dunn, MD, PhD**, vice president for health sciences, University at Buffalo/The State University of New York, reminded the group that talk about the health workforce really refers to the patient population and how to best meet their needs. Dunn argued that the two most important issues underlying the public's needs are energy policy and health policy, suggesting that the country needs an overarching health policy coupled with a comprehensive energy plan. However, he cautioned that local and regional needs must also be addressed with a multifaceted approach to resolve workforce issues.

## **CLINICAL RESEARCH COMPLIANCE**

### **The Road Ahead For Clinical Research and Compliance**

**John R. Finley, JD, MPH**, *Associate Vice Chancellor for Compliance, University of Kansas Medical Center, Co-Chair, AAHC's Forum on Regulation*, provided an update on the work of the Forum and offered observations concerning the role of academic health center leadership with regard to compliance and regulatory reform.

Finley highlighted how the activities of the three Forum workgroups are not only establishing AAHC leadership in the regulatory realm, particularly with regard to clinical trials, but also developing essential tools to assist AAHC members institutions develop, improve, and enhance clinical research administration and clinical trials billing processes.

The Education/External Affairs workgroup has been key to the AAHC expanding its dialogue with the Centers for Medicare & Medicaid Services, Medicare fiscal intermediaries, and the Food and Drug Administration and working with them on policies and practices. The Peer Review/Site Visit workgroup is finishing the design of a *clinical trials administration toolkit*, which will assist institutions as they enhance, expand, and/or improve their clinical trials operations. The *toolkit* will contain a variety of models, recommendations, and guidance documents related to clinical trials administration and compliance. It is anticipated to be ready for distribution late this fall.

Finley also addressed the necessity of having academic health center leadership involved to ensure successful navigation of the current regulatory environment. Finley described how the University of Kansas Medical Center (KUMC) has centralized compliance functions, reduced the administrative burden on researchers, and implemented an electronic tracking system. He stressed that this would not have been possible without the commitment of KUMC's top leaders.

### **Redesigning the Academic Health Center Clinical Trial Landscape**

**Nick Gaich**, Chief Operating Officer, SPCTRM, Stanford School of Medicine, Stanford University, Forum on Regulation: Workgroup on Budgeting/Billing Grids, Chair, and **David Haray**, MBA, Vice President, Patient Financial Services, Stanford Hospital and Clinics, Forum on Regulation: Workgroup on Budgeting/Billing Grids, Co-Chair, provided an assessment and analysis of the products under development by the workgroup on billing/budgeting that are already impacting the way AAHC member institutions are evaluating, structuring, and improving clinical trials administration and billing processes (an area of high institutional risk).

The *clinical trials functional process map* and *transformational curve* are tools for both examining current clinical trials processes and illustrating optimal administrative structures within institutions. Both tools also lay a foundation for cross institutional analysis. The tools will enable institutional leaders to evaluate progress and identify institutional strengths and weaknesses while developing policies for improved clinical trials management.

The *business requirements document*, which is near completion, identifies the multiple interfaces within the clinical trials billings processes where automated solutions are desired to help optimize operations. In addition, the workgroup is finalizing the design of a future state document, illustrating the ideal structure and organization for optimal operations of clinical trials administration. All of these tools will be included in the AAHC *clinical trials administration toolkit*.

The Roger J. Bulger Award Lecture

### **The Expanding Regulatory Environment: What's To Be Done?**

**John Podesta**, President and CEO, Center for American Progress, discussed the impact and implications of the expansion of the regulatory environment on the U.S. research enterprise and academic health centers. Podesta stressed the importance of harmonizing federal regulations concerning medical research and balancing regulations with public protection.

Podesta offered two explanations for the current increase in health and medical research regulations:

- The need to drive down reimbursement costs, and
- The federal government's desire to bring new drugs/devices to the market faster through pre-market testing.

Podesta also emphasized that accountability supports innovation.

Regulatory reform is also linked to questions about the future of the health system, according to Podesta, who commented on the role of the business, pharmaceutical, and insurance constituencies in creating a framework for health reform. Podesta pointed to the importance of integrating more mechanisms to address the financing

of preventive and chronic care. He also noted the increasing importance of IT as a mechanism for change.

### **BENJAMIN FRANKLIN LECTURE**

Attendants of the annual meeting were treated to a lecture about Benjamin Franklin and the city of Philadelphia by Peter Conn, PhD, Professor of English, University of Pennsylvania, over dinner. Conn discussed Franklin's myriad accomplishments and illustrated Franklin's impact on the formation of American values.