



Association of Academic Health Centers

Leading institutions that serve society

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Highlights

**A VOYAGE OF DISCOVERY:
BUILDING ACADEMIC HEALTH CENTER INFRASTRUCTURE WORLDWIDE**

Observations:

- A single global marketplace for health care is emerging.
- The academic health center model is transforming many nations.
- U.S. academic health centers can create significant value for other countries and their own institutions.
- Health care is less geographically restricted than other industries, providing financial opportunities from operations overseas.
- New models of education, research, and patient care developed through international partnerships can be transferred back to U.S. programs.
- Global partnerships can also pose financial, political, and reputational risks.
- Careful planning and selection of partners, alignment of expectations, and a focus on the strengths of each party are critical to the success of global partnerships.
- Challenges in establishing international programs include: local hospital systems that are unprepared for residencies and do not meet ACGME standards; undeveloped or non-existent research capacity; potential for negative reactions in local health care market environment; and workforce issues.
- Key characteristics of high-performing academic health centers include clarity of expectations, leadership development, and a strong sense of vision and values.
- Academic health centers worldwide are moving toward institutional integration; there is a strong sense that clinical care must be integrated with the education and research missions.
- Expectations, competition in the marketplace, and the university mission and reputation must all be considered and addressed when moving overseas.

WHY MUST U.S. ACADEMIC HEALTH CENTERS GO GLOBAL?

Victor J. Dzau, MD, chancellor for health affairs, Duke University, president and CEO, Duke University Health System, and chairman, AAHC International Forum

Dzau addressed the pros and cons of international activities and the infrastructure needed to expand institutional activities to a global scale.

Essential Issues:

- A single global marketplace for healthcare is emerging.
- International institutions are competing for the same talent, the same ideas, and often the same research dollars as U.S. institutions.
- The growth in “medical tourism” and the increasing importance of global metrics for health care standards and quality means that academic health centers must engage with the rest of the world in order to remain competitive.

Potential benefits of global activities include:

- Development of an international reputation and brand
- Expanded revenue opportunities
- Enhancement of research and educational missions
- An increased ability to bring in patients from abroad.
- Access to new pools of talented students
- Greater opportunities to address global health inequalities

Ways academic health centers can create value for other countries include:

- Building a culture of innovation, quality, excellence, and integrity
- Providing advanced educational methods
- Translating research into clinical applications
- Experience with implementing the tripartite mission of academic health centers

Key questions, from strategic planning to competition, must be addressed before venturing into global markets. Financial, organizational, reputational, legal, political, and quality issues can pose risks.

Global ventures should:

- Be mission-driven
- Leverage an institution’s strengths
- Protect assets at home
- Engage with partners on a long-term basis

In developing international relationships, an academic health center should:

- Explore the needs of its partner’s communities
- Determine whether those needs are institutional strengths
- Leverage the strengths of its partners
- Provide expertise to strengthen its partner institution

The measure of a great academic health center will be its ability to go global.

IN SEARCH OF THE U.S. ACADEMIC HEALTH CENTER MODEL

Peter Noble, MBA, director of health development, dean's office, faculty of medicine and health, University of Leeds

Edward Hillhouse, BSC, MBBS, PhD, faculty dean, University of Leeds

Noble and Hillhouse have been analyzing the political, economic, educational, and managerial issues that impact the development of academic health centers to help build the enterprise in the United Kingdom. Of key concern was how institutions improve performance, because U.K. institutions are not integrated and education and research don't figure in the National Health Service's performance framework. Visits to the U.S., Australia, India, China, and Europe revealed varying perceptions on how performance can be improved.

Noble and Hillhouse identified enablers and barriers to improved academic performance, gathered best practices, and learned how performance management can be embedded within a health system.

Five key characteristics of high-performing academic health centers emerged from two cohorts of academic health centers in the U.S.: (1) "traditionally great" institutions, which have maintained their high standards over many decades, and (2) "transformationally great" institutions, which have rapidly transformed themselves into high-performance entities:

- Clarity of expectations
- Leadership development
- Mentoring and coaching
- A strong sense of vision and values
- Sustainability

CREATING ACADEMIC HEALTH CENTERS IN SINGAPORE

John Eu-Li Wong, MBBS, FAMS, FRCP, vice president, Research/Life Sciences, dean, Yong Loo Lin School of Medicine, National University of Singapore

Singapore's development of an academic health center enterprise highlights (1) the country's movement toward a knowledge-based economy, (2) institutional integration, and (3) a priority to encourage and increase the pool of academic and health leaders.

- The world's economic center is tilting toward Asia.
- Singapore is uniquely situated to interact with other Asian countries and to help the region develop its health care capacity in order to deal with increased demand of health care services.
- Geography and demographics also put Singapore in an ideal position to be at the forefront of phenotypic and personalized medicine.
- Medicine remains the most competitive school for university admission in Singapore; applicants exhibit extremely high levels of achievement.
- A key initiative has been to merge Singapore's existing medical school and teaching hospital into a single institution operating under unified governance.
- An advisory panel and leaders of academic health centers in other countries counseled Singapore's government that the best way to achieve system efficiency and management of scarce resources was through integration.
- Advisers recommended the development of institutions that did not focus solely on clinical services, but integrated clinical care with education and research.

- For the future, the focus is to develop outcome measures that can show progress in all three mission areas.

ACADEMIC HEALTH CENTERS IN THE UNITED KINGDOM

Stephen Smith, DSc, FMedSci, principal, Faculty of Medicine, CEO, Imperial College Healthcare NHS Trust

Smith addressed the establishment of the first academic health center in the United Kingdom.

- Historically, there has been an institutional separation of health care provision from research and education in the U.K.
- Imperial College Healthcare NHS Trust was launched through the merger of two hospital trusts and integration with Imperial College London.
- The establishment of this institution created a new organizational structure with integrated leadership and management, formally bringing together education, patient care, and research.

Goals include:

- To enhance and professionalize the U.K.'s clinical trials process.
- To contribute to the development of a biomedical hub in London.
- To become a top-five global academic health science center by 2012, and attract the most highly qualified and motivated staff and students.

ACADEMIC HEALTH CENTERS IN ISRAEL

Rafael Beyar, MD, DSc, FACC, FESC, director general and CEO, Rambam Healthcare Campus, Israel

Rambam Healthcare Campus provides an example of strategic collaboration for education and research.

- Israel has four academic medical centers in four major cities, producing a total of 400 students per year.
- Technion medical school is located in the North of Israel, near the Lebanon border, and is adjoined to the Rambam Healthcare Campus.
- Increased visibility for Technion's research capacity was a catalyst for collaboration on research and clinical activities.
- Given Rambam Healthcare Campus' location and attacks during 2006, new emergency plans were developed, including:
 - Ensuring access to electronic medical records system
 - 500 beds located underground
- Diversity and competition exists between Israeli medical schools; an association of deans coordinates activities between the schools.
- In the last ten years, half of Israel's physicians came from outside the country.
- The country is trying to double the number of medical students produced per year given decreased immigration.
- Key strategic issues include decisions on whether to build new medical schools or expand existing ones.
- Rambam has collaborations with Johns Hopkins University, The University of Toronto, and the Mayo Clinic.
- The institution is looking to expand on Middle East collaboration, seeing health as a step towards peace.

STRATEGIC PARTNERSHIPS BETWEEN U.S. AND CHINESE ACADEMIC HEALTH CENTERS

Xian Wang, MD, PhD, vice president for education, Peking University, Health Science Center

Dr. Wang addressed strategic partnerships between U.S. and Chinese academic health centers and changes in medical education. Chinese expectations about their health system have grown rapidly as developments have expanded life spans and improved communication has raised awareness of the potential of medical care. Ensuring access to health care will require a significant increase in physician capacity, especially in rural and urban areas.

China's medical education system, which was essentially shut down during the Cultural Revolution, was reestablished in the late 1970's, and the process of reform was accelerated in 1999 with the creation of a comprehensive university in Peking.

The current state of Chinese medical education:

- Various education programs and degrees exist, engendering confusion and making it difficult for many graduates to find employment.
- Teaching models and approaches at Chinese medical schools are less advanced than those in other countries.
- Standards for evaluation have not been adequately developed.
- Funding for education is insufficient.
- Increased enrollment in recent years.

Planned educational reforms include:

- Redesign of the medical education curriculum
- Implementation of newer and more advanced teaching methods, including problem-based learning
- Increased focus on scientific research training for students

ROUNDTABLE ON EDUCATIONAL ISSUES

L. Maximilian Buja, MD, executive vice president for academic affairs, University of Texas-Houston Health Science Center

R. Sanders Williams, MD, senior vice chancellor of academic affairs, dean, Duke-National University of Singapore, Graduate Medical School Singapore

Faculty-driven initiatives

- Dr. Buja highlighted international educational activities driven primarily by faculty members. The school has established its initiatives through less-formal agreements of cooperation as well as formal written program agreements.

Accreditation and GME

Both panelists called attention to:

- GME policy in the U.S., which limits residency training slots for international medical graduates
- The lack of accreditation mechanisms for international education programs
- The need for a serious debate on these issues

Establishing Partnerships

Dr. Williams described Duke University's activities in Singapore, addressing why a major U.S. academic health center became involved in an overseas venture of such magnitude and depth.

Duke entered into its partnership to:

- Extend its brand to another part of the world
- Differentiate Duke from other outstanding academic health centers through the quality and scale of its international engagement
- Facilitate some of the school's research goals

Singapore's goals included:

- Establishing a knowledge-based industry in health care
- Developing the health workforce—specifically physician-scientists and physician entrepreneurs
- Increasing prestige of academic medicine in Singapore

Other benefits have also been realized:

- The Singapore program provided an opportunity to experiment with educational methods and institutional structures.
- Duke decided not to create departments in the traditional sense, but instead organized the faculty around an "educational team" and "signature research programs" in major disease areas.
- The development of new models in Singapore has allowed some transfer of methods back to Duke's program in the U.S.

ROUNDTABLE ON CLINICAL ISSUES

Bradford C. Berk, MD, PhD, senior vice-president for health sciences, chief executive officer, Medical Center and Strong Health System, University of Rochester

Arthur S. Levine, MD, senior vice chancellor for health sciences, dean, school of medicine, University of Pittsburgh

Andrea P. Summer, MD, assistant professor of pediatrics, Medical University of South Carolina

The University of Rochester's goals for its international activities include:

- Expanding interaction with rest of the world
- Taking advantage of clinical opportunities, such as new technologies developed outside of the U.S. and the emergence of new diseases
- Staying in the forefront of globalization

The nursing school has a number of international initiatives and led the way on global activities. The nursing school has a strong program in clinical trials education, helping to train and certify health care providers in other countries.

Rochester is noted for its work on infectious diseases, and has created models for vaccinations and immunizations in the case of epidemic outbreaks.

The medical school has partnered with the Gates Foundation to create training networks for prevention of HIV and other STDs.

Twenty percent of Rochester's medical students go overseas. The school hopes that once students become more comfortable in the international environment, the institution will be able to transform its training programs into more comprehensive clinical endeavors.

Medical University of South Carolina

When setting up global programs, Dr. Summer noted the importance of:

- Working within a country's local infrastructure
- Adhering to local regulations
- Establishing formal agreements with international partners
- Implementing methods to assess efficacy and sustainability

Multi-professional initiatives may be necessary to support many international programs.

International programs should:

- Be mindful of global workforce issues
- Strengthen existing primary health care services
- Enhance the performance of local workers
- Avoid pulling skilled workers from established hospitals and clinics
- Decrease attrition rates and strengthen workforce capacity in rural and other underserved areas
- Manage expectations

The University of Pittsburgh

UPMC's global activities are premised on the concept of "doing well while doing good." Programs include a transplant center in Sicily, a hospital in Palermo, an effort to provide emergency services and training in Qatar, and several programs in Ireland. Levine also addressed the financing and returns on investment of UPMC ventures.

The market for health care in the Pittsburgh area has become constrained by economic and other factors. Health care is less geographically restricted than other industries. UPMC recognized an opportunity to extend its activities and enhance its financial situation from opportunities overseas.

UPMC manages a hospital in Palermo (the only institution in the region providing tertiary and quaternary care) which attracts patients from Europe and the Middle East. The Italian government has provided a significant amount of funding for UPMC to establish a basic biomedical research center near Palermo, with the long-term goal of creating a biotech industry in Southern Italy.

Factors contributing to the success of UPMC's international programs include:

- Location in regions that want to have state-of-the-art tertiary and quaternary care
- Partner countries that have the financial resources to afford state-of-the-art care and the infrastructure to support it
- The programs have been financially viable, providing money to reinvest in the clinical care mission in Pittsburgh
- Research opportunities
- A focus on integration of informatics and technology

Cautions and Recommendations:

- Carefully study sites
- Make sure the institution can afford the program
- Make sure sites are non-competitive
- Make sure there is an opportunity for financial viability and sustainability

PRESIDENT'S ADDRESS

Steven A. Wartman, MD, PhD, MACP, president and CEO, Association of Academic Health Centers

Calling academic health centers “unique trans-global organizations,” Wartman proposed the newly established AAHC International™ as the organization to promote academic health center collaboration worldwide and to ensure that academic health center leaders have a voice in international matters affecting health, research, and the economy.

Wartman cautioned leaders about finding “the right balance between the benefits and costs associated with globalization,” noting that “the benefits of progress and economic growth cannot be limited to one country or one segment of a population.” See the full address on the AAHC website:

<http://www.aahcdc.org/policy/promiseandpower08.php>

SHANGHAI: STRATEGIES, INNOVATION, AND VISIONS FOR EDUCATION

Lily Hsu, RN, MSN, dean, School of Nursing, Shanghai Jiao Tong University

Hsu addressed the development of medical education and academic health centers in China.

- China would like to transform itself into an innovation-oriented country; life sciences will be a major focus of Chinese universities in the next century.
- There is an interest in promoting international integration and developing leaders with global vision.
- Most Chinese leaders are still trained abroad; however, higher education in China has been developing rapidly.
- Government investment in higher education has increased, and individual philanthropic funding from private donors is also becoming more emphasized.
- While the central government still owns the university system, institutions have been granted increasing operational independence.
- There are various educational systems and degree programs in the field of medicine in China—unifying this system will be a difficult undertaking.

Educational Patterns in China

Students learn mostly by rote. Chinese universities are struggling to develop characteristics in students and faculty that are not traditionally emphasized in Chinese culture, including:

- Innovation
- Inquisitiveness
- Embrace of educational methods such as problem-based learning, research-based learning, and case-based learning

There is also an effort to adopt themes from Western systems of higher education, including addressing institutional values and mission. Shanghai Jiao Tong University plans to put increased emphasis on research and innovation, as well as quality enhancement and ethical practices.

PIONEERING ACADEMIC HEALTH CENTER STRATEGIES IN QATAR

Daniel R. Alonso, MD, dean, Weill Cornell Medical College–Qatar

Weill Cornell Medical College-Qatar is not a separate school, but a branch campus of Weill Cornell Medical School. Cornell requested and was given significant assurances in its agreement with the Qatar Foundation that the branch campus could basically function in the same way as the New York campus. Cornell has an enormous level of independence and autonomy with respect to operations.

Types of faculty:

- Faculty recruited to be in residence in Qatar
- Distance faculty from New York who spend short periods of time teaching in Qatar
- Faculty located in New York who teach through distance learning, which may be live or recorded.
- Clinicians commissioned from the major health care provider in the region for clinical education purposes.

All faculty members are appointed by administrators in New York, not in Qatar, using the same standards and paying the same rates as they would in New York. The school anticipates a large influx of faculty with the establishment of a research program and the new teaching hospital.

Cornell's committee on admissions in New York also chooses students for the Qatar program using the same standards as the U.S. program. To date, data show no statistical difference in course performance between students in Qatar and students in New York.

The challenges to establishing the medical school include:

- The local hospital system is not prepared for residencies, and does not meet ACGME standards. For this reason, the school encourages students to pursue graduate medical education in the U.S.
- A lack of research capacity in Qatar

Medical students do their clinical training through the regional health care provider, which achieved Joint Commission international accreditation in December 2006, and which is working toward JCAHO standards. One of Cornell's goals is to help the region's health care system move toward ACGME standards. The school also helps local hospitals recruit for vacant positions.

ROUNDTABLE ON RESEARCH ISSUES

Edward D. Miller, MD, dean and chief executive officer, Johns Hopkins Medicine, The Johns Hopkins University

Philip Pizzo, MD, dean, school of medicine, Stanford University

Thomas Rosenquist, PhD, vice chancellor for research, University of Nebraska Medical Center

Competition and Expectation

- Dr. Miller noted the need to address the perceptions of local providers concerned with competition in the marketplace.

- Be aware that expectations of international partners can vary with regard to performance metrics and other elements of agreements.
- Hopkins' contract was terminated early with some negative consequences.
- Johns Hopkins ended its research enterprise in Singapore, but has sustained its clinical program in the country, which has been more successful.

When exploring an international partnership:

- Be clear about the value that each side contributes to the deal and the resources required.
- Know what is expected of each party.
- Make sure you can deliver on your promises.
- Have a detailed, mutually agreed-upon exit plan that is codified.

Targeting Partners

- Carefully select a target institution and location.
- Show why your targeted school should pick you as a partner—i.e., demonstrate the areas in which you are a top school or a high-profile school, and try to find areas of compatibility.
- When you initially hold a meeting or make a visit, bring you're A team—high-level people: deans, chancellors, VPs, VCs, and/or directors.
- Consider involving politicians—UNMC brought Nebraska's Governor and others into the process.
- Make specific agreements—there are risks that come with having specific metrics, but they are essential.

Nebraska emphasizes that its agreements:

- Establish functional financial communities
- Are scalable
- Have some endurance

Considering the University Context

Stanford's activities are framed in the context of the whole university, as opposed to the academic health center.

- Stanford has decided not to engage in clinical care in the international arena, but instead to focus on what Stanford is known for: innovation on a cross-disciplinary platform, and education and development of physician scientists and scholars.
- Medical students, residents, and faculty are enormously interested in global health—this has been a catalyst for Stanford's international activities.
- A joint program between the School of Medicine and the School of Engineering was used as a platform to launch Stanford's international activities.
- This program engages students to work on innovative solutions to practical problems.
- A joint program with India was established to bring students and faculty to Stanford to share in the experience of identifying problems relevant to India and to seek practical solutions to those problems.
- Stanford has also forged a relationship with a private health center in China to train and educate physician-scientists.