

Presidential and Academic Health Center Leadership within the Modern University: Opportunities and Challenges

Authors' Commentaries

CHAPTER ABSTRACT:

This chapter examines the role of the academic health center within the larger university, discusses governance issues and opportunities, and explores how university presidents and academic health center leaders can work synergistically to create a unified cultural and corporate identity. Central to a successful partnership, no matter the governance structure, are common core competencies; and, pathways to leadership can impact the effectiveness of the partnership.

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With a few notable exceptions, the majority of top-performing medical schools in the U.S. are academic health centers associated with broader universities—evidence that such structural organizations are beneficial to the overall institution.

Yet, the potential that exists for advantageous synergy among the component parts—undergraduate and graduate/professional schools, health science and non-health science colleges and departments, the clinical enterprise, the research function, clinical and non-clinical faculty and administration—is, in many institutions, not fully realized. Significant differences in culture, mission, and financial structure drive separation and siloing; these are trends that institutional leaders must consciously and deliberately counter with strategies for cross-institutional alignment to achieve the greatest possible success.

This imperative is even greater in today's increasingly difficult higher education and healthcare environments. Multiple pressures resulting from increased demand for accountability, a rapidly evolving regulatory landscape, a greater need to demonstrate value, and the drive to increase size and efficiency in an environment of decreasing state support, mean the siloing with which many of these organizations have existed is simply no longer tenable.

Thus, there is a great need to better educate university and academic health center leadership and faculty regarding what each of these constituents can bring to the table and how to leverage their unique skills, talents, and abilities to the betterment of the institution as a whole. And, all parties need to become convinced of the mutual benefits of greater synergy.

For example, many institutional leaders do not fully appreciate the energy, perspective, and tools that academic health faculty and leadership can contribute to the overall university. Because they operate in significant part as revenue generators, these personnel typically are able to inject a greater entrepreneurial perspective and bring related skills—such as effective project and change management—as well as business tools, such as lean process improvement. And, to quote Galileo, healthcare leaders' willingness, ability, and experience to “measure what can be measured, and make measurable what cannot be measured” can be applied advantageously to further a wide range of institutional goals.

Looking back on my 30-year career in academic medicine administration, I realize that every position I held offered lessons applicable to leadership, personal character, communication skills, responsibility, authority, and accountability. However, building strong relationships with those with whom I worked—whether peers, subordinates, or superiors—was the bedrock foundation of this journey. Cultivating relationships that were based on shared values enabled successful management and implementation of strategy and operations. In instances when things did not work out well, I could usually find disruption of relationship as one of the root causes.

The leader of the academic health system is required to have a clear understanding of the health system's mission relevant to the academic mission of the university. That includes training of health professionals, supporting discovery, and transforming care-models. As safety-net institutions, academic health systems have a moral obligation to serve our communities and the healthcare needs of our patients.

In addition, academic health system leaders need to broaden their vision and commitment to community engagement beyond the traditional care-delivery mission. We must advocate for, engage with, and champion community and business development activities; foster positive interactions with local, state, and federal government officials; and not be afraid to speak out for social justice.

As academic health systems face significant economic challenges in the second decade of the 21st Century and beyond, we must become much more strategic with investments. We should not expect to see unlimited growth and diversification moving forward. These are complex institutions, and changing priorities and direction can be difficult. But change is inevitable and is best guided by sound strategy that is aligned with the mission and values of the organization. In short, we must adapt to our changing environments.

Leaders should understand their governance, management, and organizational structures within the context of the larger university, and they must also embrace the university's vision and mission. At the highest levels of administration, the chemistry and relationship between the university president and academic health science leader is vital. If that positive working relationship does not exist, then the two parties need to seek rapprochement to achieve an effective working relationship. Failure to do this, in my opinion, requires the health system leader to move on; in the end, the university community is not well served by conflict between the two.

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