

# Academic Health Centers: Addressing Social Determinants of Health

Steven A. Wartman, MD, PhD, MACP  
President/CEO  
Association of Academic Health Centers

2015

# What underlies an academic health center?

*The commitment to aligning patient care with teaching and research*



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This is a universal discovery about AHCs

Regardless of health system, culture, or economics:

*Academic health centers want to optimally align education and research with patient care in order to achieve the “virtuous cycle”*

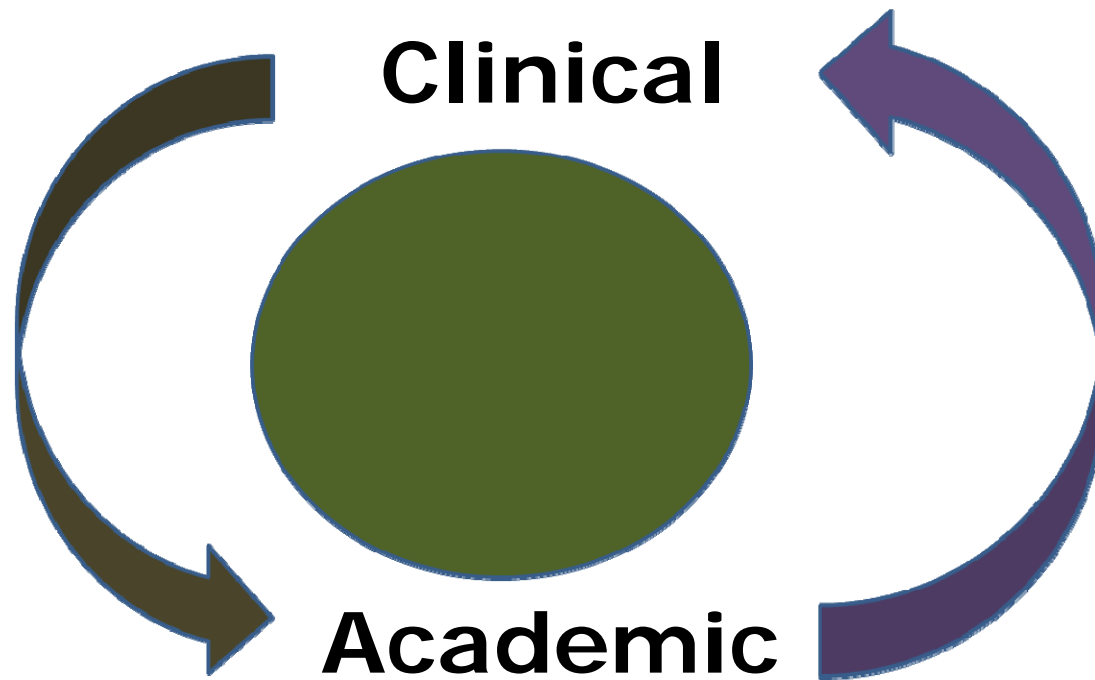


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# The “Virtuous Cycle”

The clinical and academic missions support each other and make each other better



# Common goals of academic health centers

- Restructuring health professions education to meet changing and evolving societal needs
- Linking research to improved health outcomes
- Transforming patient care based on population needs and priorities



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# Some of the disruptive forces at play

- Consumer empowerment
- Science
- Technology
- Changing market forces
- Societal needs and values
- Disease patterns
- Globalization
- Politics and policy
- Population demographics
- Entrepreneurism
- The pace of change



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## The AHC Traditional Missions

- *Education*
- *Research*
- *Patient Care and Service*



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# The Ultimate **Mission**

*Improved health and well-being*





## **Our Challenge: Translating Isolated Success into a National Movement**

- Many academic health centers have developed programs designed to address the social determinants of health
- Some of these programs have had demonstrated success in their communities
- The impact of these programs on the home institution is highly variable
- That success, however, hasn't translated into a broader movement of the academic health center community



# Barriers to Wider Success and Adoption

- The “Guild Mentality” of the Health Professions
- The Existing University/Academic Health Center Structure
- Regulation and Accreditation
- Misaligned Incentives in the U.S. Health Care System



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## “Guild Mentality”

- Leads to competition and duplication where we need collaboration and efficiency
- Historical divide b/w medicine and public health
- Inhibits the necessary integrated, inter-disciplinary approach to all academic health center functions



## Existing University/Academic Health Center Structure

- Professions and disciplines siloed from each other
  - Academic calendars out of sync
  - Competition for limited resources
  - Promotion and tenure policies
  - Lack of alignment in management and infrastructure
- Current funds flows



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# Regulation and Accreditation

- Licensure requirements, scope of practice laws, and accreditation requirements complicate collaboration across professions
  - Limits who can serve as educators
  - Overburdens some providers; undervalues others
  - Impedes innovation and the efficient delivery of health care



# Misaligned Incentives of the U.S. Health Care System

- System currently largely driven by profit margins
  - Limits access to care and needed services
  - Payment based on quantity, not quality
- Leads to:
  - Provider shortages in various specialties and geographic regions
  - Limited emphasis on needed but low pay areas (prevention, public health, primary care)
  - Rising cost of care



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## The Elephant in the Room

- The underlying threat of health system change to the AHC ecosystem
- Concern that a focus on the social determinants will lead to a net decline in revenue due to reduction in acute care services
  - Could limit the ability of the AHC to cross-subsidize its education, research, and uncompensated care programs



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# Building a Movement

The academic health center community must come together to address these barriers

1. Need to make a business case for addressing social determinants in addition to moral and medical cases
2. Need to work internally within our own institutions
3. Need to work collaboratively externally for the purposes of thought leadership, advocacy, best practices, and data collection





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# 1. Making the Business Case

- Address the conventional wisdom that a focus on the social determinants will lead to decreased demand for acute care services and less revenue
  - This belief is based on a static analysis of current situation
  - Does not account for changes in demography, payment models, available technology, etc.



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## Making the Business Case (cont'd)

- Baby boomers will be spiking demand for services over the next 2 decades
- While demand for acute care for some diseases (e.g., diabetes and hypertension) may diminish, the need for others (e.g., cancer and Alzheimer's) will increase as people live longer
- The payment model is expected at some point to shift to more value-based purchasing



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## Making the Business Case (cont'd)

- The net effect of these factors is likely to overshadow the potential negative impact on revenue of addressing social determinants
- There may be some marginal reduction in the rate of increase of net revenues, but net revenue loss is unlikely
- Any effect would be gradual and possibly eliminated by the impact of other factors
- Now is perhaps the ideal time to begin addressing the social determinants



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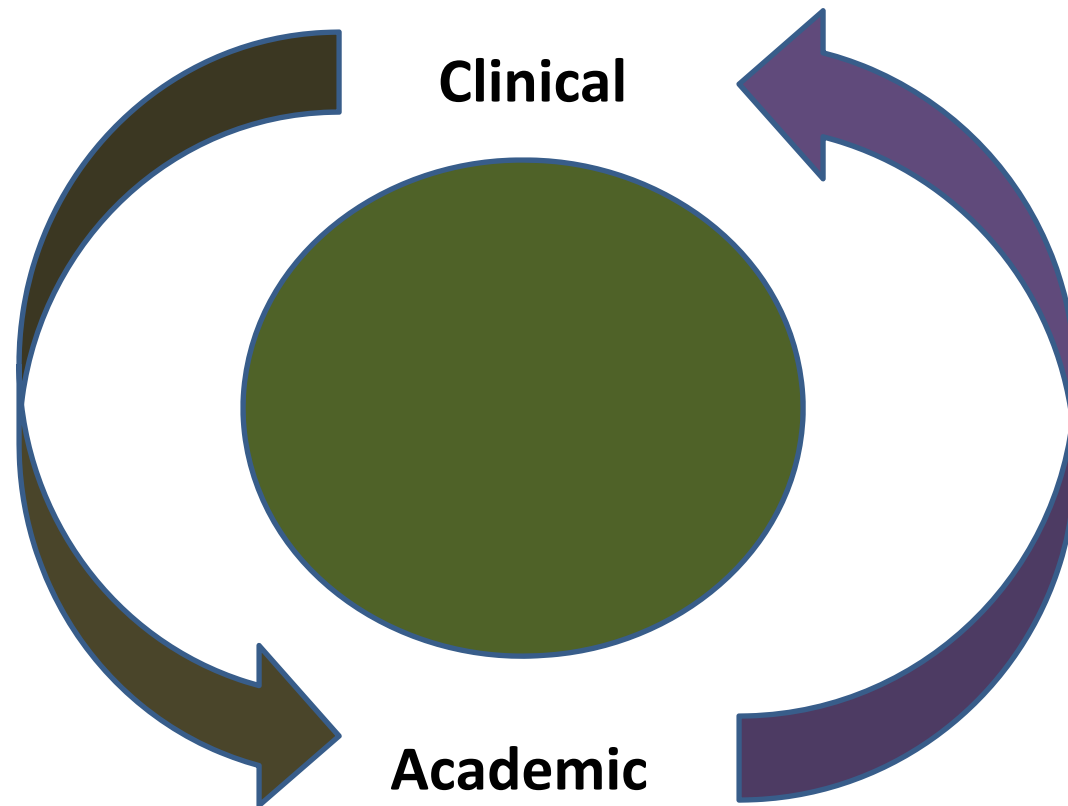
## 2. Internal Approaches

- Implement policies facilitating collaboration across departments, schools, and other entities
- Promote increased communication
- Provide faculty support, including review of promotion and tenure
- Encourage health care delivery innovation
- Forge a compact with the community
- Create new structures and incentives
- Foster new degrees of alignment



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# Achieving the “Virtuous Cycle”





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### 3. External Approaches

- Come together as a national group
  - Become thought leaders through meetings and publications
  - Collect and disseminate data and best practices
- Advocate for reform in
  - Payment models
  - Regulation of professions
  - Accreditation of training programs
  - Share collective/aggregate data



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## In Summary

- Need to come together as a community
- Work both internally and externally
- Acknowledge the importance of making the business case for addressing social determinants