The Global Imperative for Academic Health Centers
Part 1

A Strategic Perspective
Two Anniversaries and a Report

- Last year was the 100th anniversary of the Flexner Report
- Last week was the 1st anniversary of the signing of the U.S. PPACA health reform law

Each anniversary is a reminder both of how far we have come and how far we have left to go
Report
Health Professionals for a New Century

• In December 2010 The Lancet published the Education of Health Professionals for the 21st Century Commission Report¹

• I would like to use some of the Report’s major findings and recommendations as a tool to:
  – Identify challenges facing academic health centers, and
  – Assess the evolving goals and objectives of AAHC & AAHCI

¹The Lancet, Volume 376, Issue 9756, Pages 1923-1958, 4 December 2010
Commission Findings

• Worldwide, educational institutions train about one million health professionals every year
  – Severe shortages are exacerbated by maldistribution, both within and between countries
  – Medical school numbers do not align well with country population size or national burden of disease

• Total global expenditure for health professional education is about US $100 billion per year
  – Is less than 2% of health expenditures worldwide
  – There are great disparities between countries
Commission Findings

• Stewardship, accreditation, and learning systems are weak and unevenly practiced around the world

• Commission’s analysis indicates the scarcity of information and research about health professional education

• Although many educational institutions in all regions have launched innovative initiatives, little robust evidence is available about the effectiveness of such reforms
The Commission Characterizes Two Generations of Educational Reforms

• The first generation, launched at the beginning of the 20th century, taught a science-based curriculum

• Around the mid-20th century, the second generation introduced problem-based instructional innovations
The Commission Suggests

• A third generation of reform is now needed that should be geared to:
  – Improve the performance of health systems by adapting core professional competencies to specific contexts
  – Draw on global knowledge to enhance progress and adaptation of these reforms
Report Offers Four “Enabling Actions”

- **First**, the broad engagement of government and societal leaders at all levels -- local, national, and global
- **Second**, current funding deficiencies must be overcome with a substantial expansion of investments in health professional education from all sources
- **Third**, strengthened stewardship mechanisms, including socially accountable accreditation
- **Lastly**, strengthened shared learning by supporting metrics, evaluation, and research
Strong Affinity of The Lancet Report Recommendations with AAHC/AAHCI

• They map directly to many of AAHC/AAHCI’s goals and objectives, such as:
  – Collaboration, shared knowledge, and experience
  – Development of global standards and metrics
  – Increased emphasis on community and population health
Part 2
A Pragmatic Perspective
Since Our Meeting Last Year...

• Considerable uncertainty abounds
  – A series of environmental disasters
  – Political uncertainty
  – Economic insecurity continues

• All have implications for academic health centers
Environmental Disasters

• Response to disasters and disease outbreaks often involves a region’s major health institutions
• Many countries also volunteer to be of assistance
• Academic health centers need to be prepared to respond to both local and international needs
Political Uncertainty

• Creates an environment in which planning is difficult and change can be very challenging
• There is a potential role for academic health centers working together to facilitate changes geared towards the improvement of health and well-being
Economic Insecurity

• Creates the imperative for the delivery of efficient and effective health care in which academic health centers must play a leading role

• Suggests academic health centers work together on a global basis to maximize their impact
These factors – environmental, political, and economic – present significant challenges to academic health centers but also offer major opportunities
Part 3
The Challenges and Opportunities
Preparing AAHC/AAHCI for the Next Steps
First – 4 Challenges
Challenges to Academic Health Centers

1. Increasingly constrained resources
   - Limited funding to invest in health system change
   - Presents a paradox: until health systems begin to change, it is difficult to reinvent education and research functions to support health system change
Challenges to Academic Health Centers

2. Convergence of common health issues
   
   – Public Health
     
     • Chronic, *noncommunicable* diseases are surging in all parts of the world
     
     – Hypertension, Diabetes, Tobacco use, Physical inactivity, and Hypercholesterolemia

   – Urbanization
     
     • Air pollution
     • Road traffic deaths and injuries
     • Mental illness

2Chretien JP. JAMA 2011;305:1238-1239
Challenges to Academic Health Centers

3. Health Workforce Shortages
   – Numbers and types of health professionals
   – International migration of health workers
Challenges to Academic Health Centers

4. Health Disparities

– Largely attributed to economic and social circumstances
– Includes factors such as income, education, housing, employment, poverty, and crime
– Academic health centers must move out of their “comfort zone” to develop approaches that take more of these issues into consideration
8 Opportunities
What Academic Health Centers Can Do

1. Broaden our understanding of ourselves:
   - Actively incorporate disciplines previously viewed as external (e.g., engineering and business management) as core healthcare disciplines to facilitate health system change
   - Shift view of academic health centers from individual institutions to a highly networked and interconnected consortia of institutions
   - Shift view of mission from management of individual patients to management of community and population health (locally, regionally, nationally, and globally)
What Academic Health Centers Can Do

2. Facilitate these conversations in a global context
   – Discuss our many common challenges
   – Benefit from the experience of others
   – Reduce redundancy wherever possible

3. Manage collaborations effectively on a global scale
   – Develop standards/guidelines for international collaborative activities amongst AHCs
   – Work with other public and private stakeholders to guide policy development
What Academic Health Centers Can Do

4. Facilitate the move to the next generation of education, research, and patient care so as to:
   — Make progress on basic public health issues
   — Meet the challenges of constrained resources by transforming how we teach, conduct research, and deliver patient care
   — Achieve alignment of incentives
   — Incorporate the social determinants into planning and programs
What Academic Health Centers Can Do

5. More effectively optimize and mobilize the global health workforce
   – Address health professions shortages in terms of numbers and disciplines
   – Thoughtfully review the migration of health professionals across borders
   – Transform prevailing practices to increase efficiency and efficacy
What Academic Health Centers Can Do

6. Programatically tackle health disparities
   – Make disparities a core component of our education, research, and clinical activities

7. Increase commitment to address the “convergence” of health challenges on a global scale
   – Incorporate the noncommunicable diseases of public health and urbanization as well as emerging infectious diseases
What Academic Health Centers Can Do

8. And, lastly, establish the “value proposition” of our roles locally, nationally, and globally
   – Raise public and policymaker awareness of academic health centers as engines of economic development, not just providers of health care services

*Applying knowledge to improve health and well-being*
Not an Easy Course to Navigate

• The difficulty of reconciling our business operations with our humanitarian mission
  – The global environment may constrain (if not reduce) available resources for the foreseeable future
  – In many cases, revenue streams (or government financial support) are not aligned with individual, community, and/or population health care needs
Not an Easy Course to Navigate

• In the current economic and political environment, flat investment in many cases would be an achievement
• The key is moving forward in the context of the limited resources we have
What is at Stake?

- Being caught in a “downward spiral” resulting from:
  - Budget deficit-driven restrictions or reductions in national and local expenditures on health care
  - Eroding economic sustainability of health systems
  - Declining affordability and access to care

- Risking lack of progress in addressing health disparities
Addressing the Future

• Focus on consolidation, alignment, and efficiency
• Develop high functioning systems
• Base much on shared savings so as not to be dependent largely on enhanced revenue
• Create an *internal business case* to support desired changes
  – Especially important if external incentives are not fully aligned with your goals and objectives
AAHC and AAHCI are Committed to Supporting these Objectives

— Development of new metrics
— Creation of an International Resource Center
— Founding of a Global Programs Network
— Programmatic support and consultation for developing academic health centers
— Advancement of international health-related policy development
Our Future Together

Our goal is not just to work together, but to change how health care is delivered