

Academic Health Centers: A Time to Respond to the New Global Economy

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Now is the time for academic health center leaders...to help governments and international organizations change the nature of...decision making [on] health policy...and economic development.



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A time of great economic turmoil challenges all nations to define new roadmaps, find new answers, and set new directions. In the United States, for example, the government is responding to an economic crisis of historic proportion, with Congress enacting a massive stimulus package, state governments turning to Washington to salvage their budgets and pay for public services, and the Federal Reserve hinting at the nationalization of some banks.

There is a dizzying array of ideas and plans, as well as debates, on every economic issue from regulation to managing budget deficits to tax policy. Of course, the full toll of the economic crisis is still unknown. What was once a problem of bad mortgages and poorly-managed banks has spread far wider, devouring the global economy at a pace that has surpassed most predictions. The clear message from a global perspective is that nations are linked to one another, and this interconnectedness increasingly applies to and has implications for academic health centers.

Economic hardship raises a series of questions: “What does economic instability, change, and crisis mean for academic health centers worldwide? What is the vision they must embrace for the future? How can they be effective in influencing social culture and fulfilling public expectations? And, how can academic health center leaders contribute to policymaking during these turbulent times”?

The economic crisis certainly presents some daunting challenges for academic health centers throughout the U.S., including decreasing patient care revenues concurrent with increasing patient care burdens, shrinking endowments, declining grant funding, and diminishing government support. Given that academic health centers have become increasingly international in scope and vision, the challenges are even greater. Yet, the economic crisis offers opportunities and a chance to take a fresh look at the big picture, to reconsider

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an institution’s strategic vision and goals, and to relook at organization and management structures and processes.

COMMITTING TO INTEGRATED INFRASTRUCTURE

Committing to an integrated infrastructure is what many academic health centers around the world are doing. There is interest and action by institutions involved in health professions education, biomedical and clinical research, and patient care to consider how best to draw these three components together under the rubric of the academic health center. While this emerging movement is driven in part by the economy, with its pressures to improve efficiency and productivity, it is perhaps driven more powerfully by the realization that the gap between scientific knowledge and health practice is increasingly intolerable. This gap—between science and education, on the one hand, and health care delivery on the other—has never been greater, according to some observers who point out that the social determinants of health continue to widen that gap.^{1,2,3} To close that gap, there is a compelling need to work across the traditional silos of education, research, and patient care: research, in fact, *demands* it; patient care *requires* it; and health professions education *needs* it.

The academic health center provides the answer for working across these silos because a model in which the missions of education, research, and patient care are aligned is the optimal institutional structure for getting this work accomplished. The strongest and most successful models of academic health centers are those built upon integrated structures with aligned missions. That means education and research cannot be separated from the clinical mission, if

the public is to be best served. Commitment to one mission requires commitment to all three missions, a phenomenon known as the “virtuous cycle,” whereby each component—education, patient care, and research—is viewed as making the others stronger.⁴

How can academic health centers best work together on an international basis to improve the infrastructure for health and education and also close the divide between science, practice, and the health of our diverse populations? Three areas, for example, come to mind as a starting point: leadership, regulatory improvement, and the health care workforce.

Leadership

Now is the time for academic health center leaders to step forward to help governments and international organizations change the nature of their decision making when it comes to health policy and its related economic development. Academic health center leaders need to direct policymakers toward strategic, long-term goals that focus on the systematic development of a strong and viable infrastructure for health professions education, biomedical research, and health care delivery.

While the U.S. has had familiarity with the integrated model for some time, other countries are moving in this direction, such as the action taken recently by the United Kingdom to designate for the first time a number of institutions as “academic health science centers.” The integrated model represents a major step forward in facilitating the activities of those who teach, support, administrate, practice, study, investigate, and graduate. As these kinds of changes are made or anticipated, they need to be openly shared, not only to demonstrate best practices but to facilitate advocacy for these practices in the emerging global health economy.

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While leadership always matters, this is the time when leadership *really* matters. Academic health center leaders must put forth the vision of an integrated framework of organization and governance not only to improve health but also to provide a framework for regional and national economic development. Academic health center leaders must educate policymakers to address educational and health needs in a systematic fashion—with the total infrastructure picture in mind—not with a piecemeal approach as is so often the case. Academic health center leaders must help define a new role for government vis-à-vis these unique institutions. Working together, international academic health center leaders can develop policies and guidelines for infrastructure development and performance, along with standards for accountability, quality, capacity building, and expansion. They also must work closely with global organizations, policymakers, business decision makers, and community leaders.

Regulatory improvement and standardization

Globalization mandates a new look at regulatory frameworks. A sound regulatory system is required for academic health centers to achieve their full potential. In the U.S., as in many countries, there are increasing demands for more regulation, often without regard for the impact on academic health center missions. Whether the regulatory efforts are applied to patient care, education, or research, academic health center leaders must be increasingly engaged in helping to ensure these regulations are rational, appropriate, and make sense when looked at *in toto*. Academic health center leaders also need to be proactive to avoid becoming the victims of the unintended consequences of national or international regulatory policies.

International cooperation among academic health centers to create and implement a new regulatory framework, where appropriate, is critical. One step toward this goal is for academic health center leaders to open a dialogue on how regulation of international research and education impacts the cross-border activities of institutions. This dialogue could address, for example, the

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need for standardization in educational standards, research administration, and guidelines on technology transfer—just to name a few. The goal is to improve and implement high-quality regulation with reasonable accounting and oversight that promotes, rather than inhibits, international collaborative efforts in health professions education, biomedical research, and health care delivery.

The health care workforce

Even before the current global economic crisis, there were serious concerns regarding shortages and problems in the health workforce worldwide. Whether it be clinicians, faculty, researchers, or students, academic health centers must be engaged in the development of sound and rational international workforce policy to build and sustain all the components of the health workforce. An insufficient health workforce is a particular constraint for any country trying to reduce disease and improve health. The “push-pull” of international health workforce migration results in significant shifts in the balance of human resources worldwide.

Globalization has greatly accelerated the opportunities for migration of the health workforce. And, in so doing, it has created an increasingly competitive environment for needed talent. How can global health workforce issues be resolved in the contexts of individual choice and economic competition? *Out of Order, Out of Time*, a report of the Association of Academic Health Centers (AAHC), calls for a national planning body to articulate a national health workforce agenda for the U.S.⁵ There is the strong need for the international community of academic health center leaders, who educate and train the next generation of teachers, researchers,

and practitioners, to come together to open a meaningful dialogue on this and other critically important topics.

CHOOSING COLLABORATION AND TRANSFORMATIVE GROWTH

A careful look at the academic health center enterprise reveals that this is not the time for retrenchment, which is surely the pathway to mediocrity. Rather, this is the time for reawakening, a time for transformation and new growth. The challenge is to recognize what aspects of the institutions need to be transformed applying a broad national and international perspective of how best to address the needs of the populations that are being served.

These challenging times make clear the necessity to look well beyond individual institutions and borders. There is a need to develop the perspective whereby academic health centers are viewed as part of a collaborative, international enterprise that is capable of being recognized—indeed branded—for what they uniquely offer. Academic health centers are essential for the development of a nation’s knowledge economy because no other institutions are capable of training the range of individuals who are needed to develop the science, create the technologies, educate future students, and provide the range and quality of health care services that will be needed on a global scale.

Strengthening the academic health center identity worldwide will only come through connectivity and integration, both within and outside institutions. This international identity must emerge from working together, sharing best practices, and focusing on the added value these institutions add to nations and the world as a whole.

THE GLOBAL ACADEMIC HEALTH CENTER RESPONSE

The Association of Academic Health Centers (AAHC) is the only organization speaking for the entire academic health center enterprise. The AAHC has showed that successful academic

health centers require strategic planning, leadership, resources, sustained funding, and long-term vision—all combined with public policy that supports the mission areas and promotes innovation. We know that academic health centers must partner with government and multiple constituencies in the public and private sectors to advance an agenda dedicated to building and improving the nation’s infrastructure for health, education, and research.

This economic crisis requires that we move forward with this knowledge on a collective and collaborative international basis. We have the opportunity to work through AAHC International™, which was recently established by the AAHC to:

- Facilitate academic health centers becoming agents of change embodying the ideals of enhancing health worldwide;
- Strengthen the academic health center mission areas of education, patient care, and research through the promotion of best practices and international collaborations; and,
- Focus on the role of academic health centers as part of a nation’s infrastructure and public policy framework.

By serving to mobilize and speak on behalf of their enormous collective strengths and resources, AAHC International™ can help ensure that academic health centers have a voice in international matters affecting health, research, and the economy, and, in so doing, help foster the concept of an international academic health center community driven by the ideal of improving the public good. As an organized group, academic health centers can address pressing needs in public health, patient care, health professions education, and biomedical and clinical research. In addition, AAHC International™ can work with institutions to develop the organizational and management expertise that captures the power of the combined missions of the academic health center. The key to the success of AAHC International™ is the development of an open, collaborative framework.

In this light, I am proposing the establishment of an “Infrastructure Workgroup” under the aegis of the AAHC International™ to develop a

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roadmap for successful academic health center development that not only can serve the needs of institutions but also—and most important—serve the needs of nations and their diverse populations. The group’s agenda will include strategies and recommendations to promote growth of academic health centers, including examination and analysis of the current structures and emerging trends on a global basis. The group would also be charged to open a dialogue on current and emerging regulatory and workforce concerns that must be resolved.

Working together, academic health centers will find their way through the current economic crisis. In doing so, we must remember that the goal is not just to survive, but to bring real value toward the improvement of global health and well-being.

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VISION

To advance health and well-being through the vigorous leadership of academic health centers.

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To mobilize and enhance the strengths and resources of the academic health center enterprise in health professions education, patient care, and research.

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