

# The Future of Academic (Medicine) Health Care

U21 Health Sciences Meeting  
Lund University

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## Academic Medicine

- Disadvantages and Challenges
  - Government – research funding, policy
  - Health care delivery units – ambulatory units
  - Provider – clinical faculty, FFP, AMC
  - University
  - Economy
  - Social expectations

## Academic Medicine

- Government (funders, policy-makers)
  - Disadvantages
    - Excess of 40% of public funds are aligned to health
    - Inability to sustain growth of research platform
    - Poorly understood linkage of research to economic benefits
    - Inability to recognize immediate benefits of academic medicine

## Academic Medicine

- Government
  - Challenges
    - To maintain funding flow for research and education with other health care needs (eg. Medicare, NIH)
    - To identify value of academic contribution
    - To maintain a long range outlook

## Academic Medicine

- Institutional health care provider
  - Disadvantages
    - Large teaching hospitals are not financially sustainable (Medicare/Medicaid plans > \$8B)
    - Inpatient days decreased by 40% 1980-1995 (O/P surgery, home IV, ambulatory)
    - Medicare introduced DRGs in 1983
    - Large proportion of uninsured access teaching vs community hospitals
    - MCOs – Managed care organizations
    - AAMC – direct cost of med student to AMC \$40-50K whereas total \$70-100K pa

## Academic Medicine

- Institutional health care provider
  - Challenges
    - To balance health of a population vs revenue generation
    - To diversify revenue streams
    - To provide a systems approach rather than institutional approach

## Academic Medicine

- University
  - Disadvantages
    - Reliance upon complex partnerships
    - Pedagogy changed (PBLs, AV/IT, etc)
    - Community-based education
    - Interdisciplinarity challenges traditional academic structures

## Academic Medicine

- University
  - Challenges
    - To establish a unique funding model for professional schools (Dentistry, Business)
    - To ensure access (ie. Socioeconomic, demographic data)
    - To allow for interprofessional – education to practice
    - To re-align balance of “academy” with “business”

## Academic Medicine

- Individual Health care provider
  - Disadvantages
    - Need to balance remunerated with non-remunerated activities
    - Maintenance of clinical skills
    - Education/training trajectory (affected by demographic shifts)
    - Group practices
    - Low reward for “non-traditional” academic endeavours
    - Balance of teaching/research/clinical responsibilities

## Academic Medicine

- Individual Health care provider
  - Challenges
    - To be a part of a professional and interprofessional team-based practice
    - To access stable funding model in a competitive environment
    - To be rewarded for key activities (eg. Clinical teaching, practice monographs, guidelines etc.)

## Academic Medicine

- Research
  - Disadvantages
    - Supported by targeted funding
    - Limited curiosity-driven research
    - Limited career pathway support
    - Dependency on operating/personnel/equipment awards

## Academic Medicine

- Research
  - Challenges
    - To understand relationship with biotechnology industry
    - To improve interface with Universities and Research Institutes (research/education)
    - To secure designated funding within “health envelope”

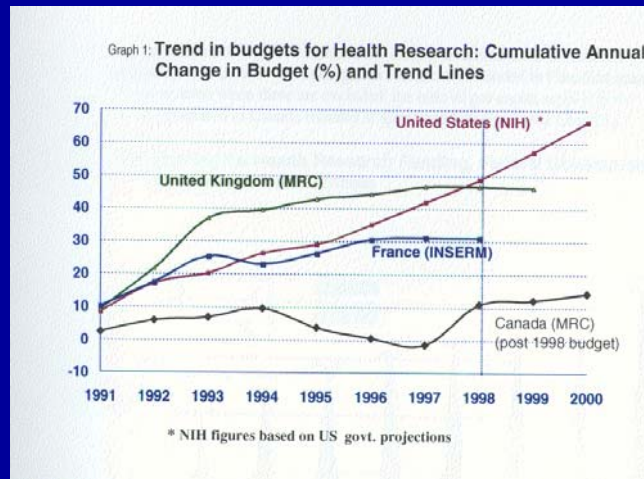
## Academic Medicine

- Economy
  - Disadvantages
    - ROI in health research is long term strategy (eg. Basic, applied, population-based)
    - Academic medicine is data and technology intensive (ie. Expensive)
    - Research is becoming a global activity (ie. Collaboration)

## Academic Medicine

- Economy
  - Challenges
    - To better reflect the economic benefit of an academic health model as part of a knowledge-based economy
    - To extend research trajectory from applied to population to economy
    - To better align investment in education with economy (eg. Germany)

## Academic Medicine



## Academic Medicine

- Societal expectations
  - Disadvantages
    - Seen as compromising access to care
    - Viewed centrally rather than based in community
    - Not recognized as being “owned” by society
    - Poor visibility or understanding of benefits

## Academic Medicine

- Societal expectations
  - Challenges
    - To shift from illness to wellness
    - To understand difference between health and medicine
    - To recognize population-needs in addition to personal

## Academic Medicine

- Questions:
  1. What strategies would better integrate academic health into the community?
  2. Which economic indicators would best reflect the direct long-term benefit from an AHC concept?
  3. Do we need to alter the expectations of an academic investigator to be more sustainable?