Organizational Relationships at Academic Medical Centers

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Disclosures

• I have spent my entire career in academic medicine, so by definition I have biases but I also have experience moonlighting in non-academic medical centers

• The future of AMCs is in some jeopardy

• The relationships between the various entities is complex
The GSM: Regional Campus

• UTHSC is in Memphis
• Regional campuses in Knoxville, Chattanooga and Nashville
• Unique situation here due to the location of the UTMC
• With growth in the number of new medical schools and class sizes in established medical schools, there are an increasing number of affiliated often community-based, non-academic medical centers that provide educational opportunities. The long-term impact of these changes is not clear.
The GSM: Regional Campus

• The “Internship Program” was the first to be officially accredited in 1956 with the opening of the new UT Memorial Research Center and Hospital

• In 1991, The University of Tennessee College of Medicine formalized its graduate medical and dental education programs in Knoxville at UT Medical Center by naming the program the UT Graduate School of Medicine.

• We have 11 residencies and 11 fellowships (and growing)

• We have translational science labs (not typical)
The GSM: Regional Campus

• The Affiliation Agreement and Lease & Transfer Agreement established in 1999 allowed the University to lease the hospital and land to University Health System Inc. with a Board that includes 50% representation from the University, schedule of lease payments, and detailed description of the relationship between the two entities.

• The GSM “owns” Family Medicine and the residents’ clinic for ObGyn and Internal Medicine: we are fully responsible for the budget

• Definition of “full-time” and “part-time” faculty in flux but as of December 2020, the figures are:
  
  FT: 204   
  PT: 66    
  Volunteer: 250
The GSM: Core Values

Review

• To foster an innovative learning organization through the leadership of pre-eminent faculty
• To educate fellows, residents, and students to provide competent, safe and compassionate healthcare
• To promote basic science and clinically relevant research
• To cultivate physicians to be educational scholars, lifelong learners and informed consumers of clinical research
• To collaborate with our partners and community for shared responsibility
Academic Medical Centers

Kevin Grigsby (AAMC):

“You’ve seen one academic medical center, you’ve seen one academic medical center”
Academic Medical Centers

How true is this statement?
Academic Medical Centers

Or stated otherwise, why might this be the case?

1. Unique history of the hospital/medical center
Academic Medical Centers

Or stated otherwise, why might this be the case?

1. Unique history of the hospital/medical center
2. Complexity of relationships between medical school/university, faculty practice plan and hospital/health system/network
   (a) Funds flow
   (b) Board structure
   (c) Organizational chart/reporting
   (d) Affiliation Agreements
Academic Medical Centers

Or stated otherwise, why might this be the case?

3. Leadership Philosophy
4. Donor base
5. Clinical areas of focused expertise
6. Approaches to Diversity and Equity

I could go on and on...
Academic Medical Centers

The term “AMC” may increasingly be an anachronism... because most AMCs are part of a larger construct involving clinics, other hospitals, ambulatory surgery centers etc.

The preferred term is: *Academic Health System*
AMC, COM and Practice Plan Relationships

Examples:

- University of Virginia
- University of Miami
- Ohio State
- Emory University
- University of Michigan

Examples:

- University of Alabama
- Vanderbilt University
- University of Pennsylvania
- University of Pittsburgh
- Northwestern

Examples:

- Columbia University
- New York University
- Duke University
- Johns Hopkins University
- University of Florida

Examples:

- University of North Carolina
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What a Dean Does and Does Not Do

Responsible for the School/College of Medicine and possibly:

• VP/VC for Clinical Affairs or Health Affairs
• VP of Health Sciences (e.g. PA school & other health professions)
• Chief Academic Officer
• CEO of the Health System
• VP for Medical Affairs
Other Examples

• Cleveland OH: Cleveland Clinic, University Hospital/Case, MetroHealth

• New York NY: Cornell, Mount Sinai, Langone/NYU, Sloan Kettering etc

• Philadelphia PA: Jefferson Medical College, Temple, Hospital of the University of Pennsylvania, Einstein Medical
GSM Organizational Chart

• A living, breathing document
GSM Budget Summary

• For the most recent Fiscal Year
  • Funding Sources
  • Expenditures
GSM: All Funding Sources FY20

- Graduate Medical Education 67%
- E&G Funding 13%
- Patient Care (GSM Clinics) 12%
- Private practice clinical support 4%
- Gifts 1%
- Research Grants/F&A/Fees 3%
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GSM: All Expenditures FY20

- Faculty: 27%
- Medical Residents: 21%
- Staff: 15%
- Benefits: 22%
- Operating: 15%
Funds Flow

Characterized as a “labyrinthine tangle of negotiated support agreements among the hospital, faculty practice plan, clinical affiliates, departments, medical school and parent university”

With growth of research programs and erratic NIH funding, academic missions have become increasingly dependent on clinical margins at affiliated hospitals/health systems. But government and commercial payer rate reductions, operating margins with which to fund the academic mission are disappearing.
Funds Flow

“The interdependent economies of academic health systems are poorly equipped to cope with flat or downside financial changes because their funds flow models lack flexibility on the downside and incentive structures to stimulate new support on the upside”

Two additional considerations:

- Federal funding of GME has not changed since 1996
- General rubric: every $1.00 of research grant funding, costs the institution $0.53-$1.50
Funds Flow

“Scarce funding and complex fund flow formulas create internal tension for the enterprise, resulting in potentially serious organizational dysfunction as clinical and academic leaders each strive to direct resources to their respective agendas”.

The AAMC states that base level of academic support is fundamental, with built in incentives, and can be helped by creating synergies between discovery and clinical priorities. However, this could put basic and even some translational science in jeopardy.
Funds Flow

Clinical Funding
- Health System
- Faculty Practice

Academic Funding
- Grant Revenue
- Endowments and Government Support
- Tuition
- School of Medicine
- University
- Clinical and Basic Science Departments

Clinical Funds Flows as Critical Source of Academic Support
Other Budgetary Considerations

• We do not receive tuition dollars
• Standing up a medical school (M1-M4) would take >$100,000,000
• We are responsible for our own budget and spending decisions
• We receive nearly 100% of GME dollars from UHS
The Promise of Academic Medicine

“...to create new knowledge, train the next generation of practitioners and advance the standards of patient care”.

-AAMC: Next Generation Funds Flow Models, October 2018
Research

• *Translational labs*: Amyloid and Cancer Theranostics (Wall, Martin, Kennel), Vascular Research (Mountain), Regenerative Medicine (Stephenson, Masi), Trauma & Critical Care (Karlstad)

• *Molecular Imaging & Translational Research* (Osborn)

• *Clinical Research*: multiple investigators (Dhand, Zite, Fernandez, others)

• *Clinical Trials*: multiple investigators

• *BioStats and Research Design*: Heidel

• *UTCAMS*: Lamsen
Research

• Opportunities Abound for Collaborative Research
  • UTK: CON, COE, CVM, Arts & Sciences
  • UTHSC
  • ORNL
  • Other Colleges of Medicine / external researchers (ex: Wall, Karlstad, Zite)
  • Regional / National organizations (ex: Amyloidosis Foundation, OsteoScience Foundation, others)
Research

-Tiny Ted Talks at UT, October 2019, Relix Theater
-Presentations by faculty from the GSM, CON and COE
Strategic Plan for Research 2021-26

Final vetting of the Plan underway: comprehensive roadmap for the future.

At the end of the day, a successful research enterprise requires a faculty with the winning combination of Skills and Desire, an infrastructure that facilitates navigation of all administrative steps (pre and post award), biostatistical support, appropriate incentives and a culture that promotes research as a primary mission.
Important True-ism for Research

• It’s no longer a hobby
• Research currently exists in an environment of “hyper-level scientific and operating complexity”
• A challenge for any institution, especially those not steeped in an academic tradition. A carefully constructed infrastructure is needed.
Research at the AMC

- Identity
- Attract talent/opinion leaders
- Attract higher quality students & residents
- Clinician satisfaction
- Reputational score and ranking
- Intimately tied to the educational mission: learning research methodology and participating in research leads to more perceptive / discriminating clinicians

Most importantly: advancement of knowledge!!!
Advancing the Research Mission in a Time of Mergers and Acquisitions

Academic medical centers find it increasingly necessary to pursue economies of scale by merging, partnering with, acquiring, or being acquired by nonacademic hospital networks and health systems. These arrangements may provide greater purchasing power, leverage with payers, and a reduction in the size of clinical and ancillary staff for services that are deemed to be redundant. In this environment, a new set of challenges confront the ability of academic medical centers to fulfill the mission to create new medical knowledge. Clinical research is encountering a “hyper-level of scientific and operating complexity” and pressures to generate clinical volume and revenue leave many academic researchers with limited ability to focus on investigative work.
Strategic Elements of AMC Research Enterprises

1. Research Faculty
2. Research Infrastructure and Space
3. Research Organizations
4. Research Focus Areas
5. Research Teams
6. Research Partnerships

Areas for Future Strategic Attention:

I. Research Business Models
II. Translational Organizational Structures
III. Philanthropic Agility
Financial Commitment to Research

Why would this be the case?

1. Administration
   - IRB, IT, Lab space & upkeep, Pre-Award office, Post-Award office, Seed grant programs

2. Unfunded mandates
   - Training, Compliance, and the Above
Discussion Time