Health Care Reform
A Threat to Research and Education in the Academic Health Center

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Academic health centers, generally defined as facilities consisting of a medical school, affiliated hospitals, and one or more other health profession schools such as nursing, pharmacy, or public health, educate the world’s finest health care providers and provide models for outstanding patient care. At the same time, the research carried out in these centers, which is envied throughout the world, provides scientific foundations for our biomedical, biotechnological, and pharmaceutical industries. These centers are critical to the partnership between medical research, which generates new understanding of disease; medical education, which trains future health care providers; and industry, which uses this knowledge to develop new treatments to prevent and treat disease.

Health care reform, whether legislative or voluntary, poses a substantial threat to America’s academic health centers. This threat reflects the conflict between creativity and efficiency. The goal of health care reform is swift and efficient health care delivery, whereas those of the academic health center are education of tomorrow’s health care practitioners and creation of new knowledge to prevent and treat disease. For both of the latter goals, the needs of the patient—not efficiency—are the focus; thus, the academic physician responsible for training students and generating new knowledge cannot be expected to treat patients as rapidly as the full-time clinical practitioner.

Academic health centers have come to depend on patient care revenues to pay for research and teaching because other support for research and teaching is being eroded by changing patterns of funding for academic medicine. Endowment income and tuition, which until World War II paid a significant fraction of these costs, now make only a small contribution to maintaining our academic health centers. Direct funding for medical research, largely from the federal government through the National Institutes of Health and supplemented by such voluntary agencies as the American Heart Association, grew rapidly during the 1960s. However, like endowment income and tuition, research funding has not kept up with the advances in medical science. Support from the pharmaceutical industry is being reduced by pressures to lower the costs of drugs.

Of concern today is the growing impact of managed care, which, by forcing efficiency through price compe-

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