



Tomorrow's Doctors, Tomorrow's Cures

Can Anyone Fix Health Care?

Indiana University-Purdue University
Indianapolis

Center for Teaching and Learning Winter
Lecture Series

Darrell G. Kirch, M.D.
President and CEO, AAMC
December 1, 2011

Learn

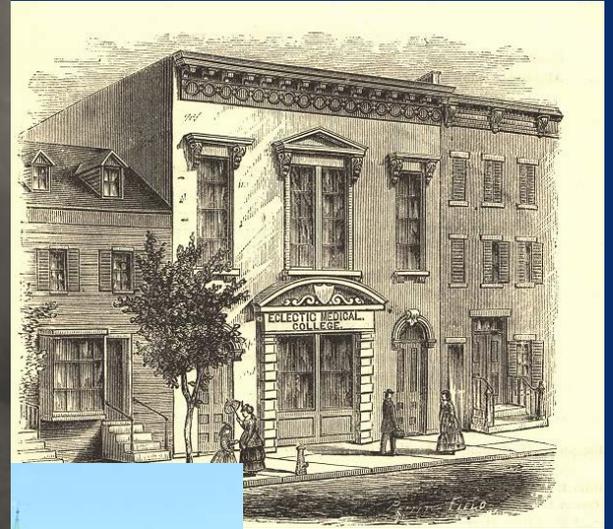
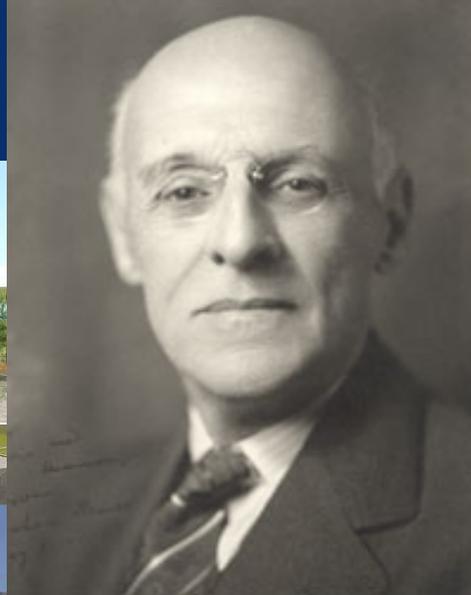
Serve

Lead



Association of
American Medical Colleges

The Legacy of Abraham Flexner for Medical Education



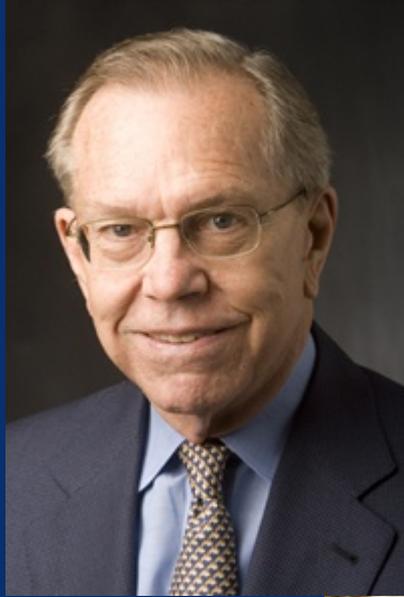
The Culture of the University



IUPUI University Library Special Collections and Archives



The Legacy of James B. Wyngaarden, M.D. for Biomedical Research



The Culture of Biomedical Research



The Legacy of Lyndon B. Johnson for Health Care



The Culture of Health Care



Academia as a Major Provider of Health Care

AAMC-member teaching hospitals represent 6% of all hospitals

Their work represents:

- 40% of all Medicare inpatient days
- 22% of all Medicaid inpatient days
- 40% of all hospital charity care

They provide:

- 79% of all burn center beds
- 40% of neonatal intensive care beds
- 83% of all ACS-verified Level 1 regional trauma centers

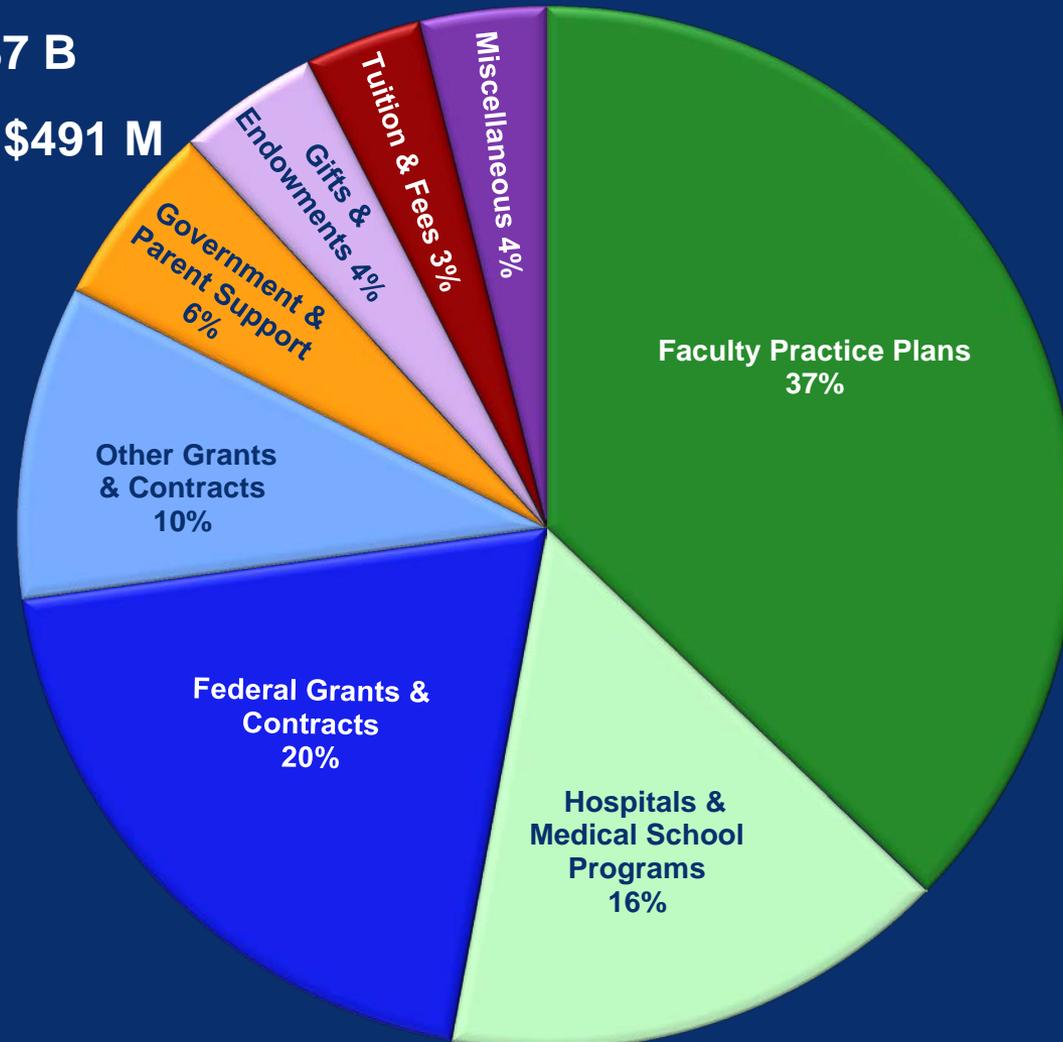
Overall, AAMC-member teaching hospitals provide 20% of all hospital care

Medical School Revenue by Source

126 Fully Accredited Medical Schools, FY2010

Total Revenue: \$87 B

Median Revenue: \$491 M

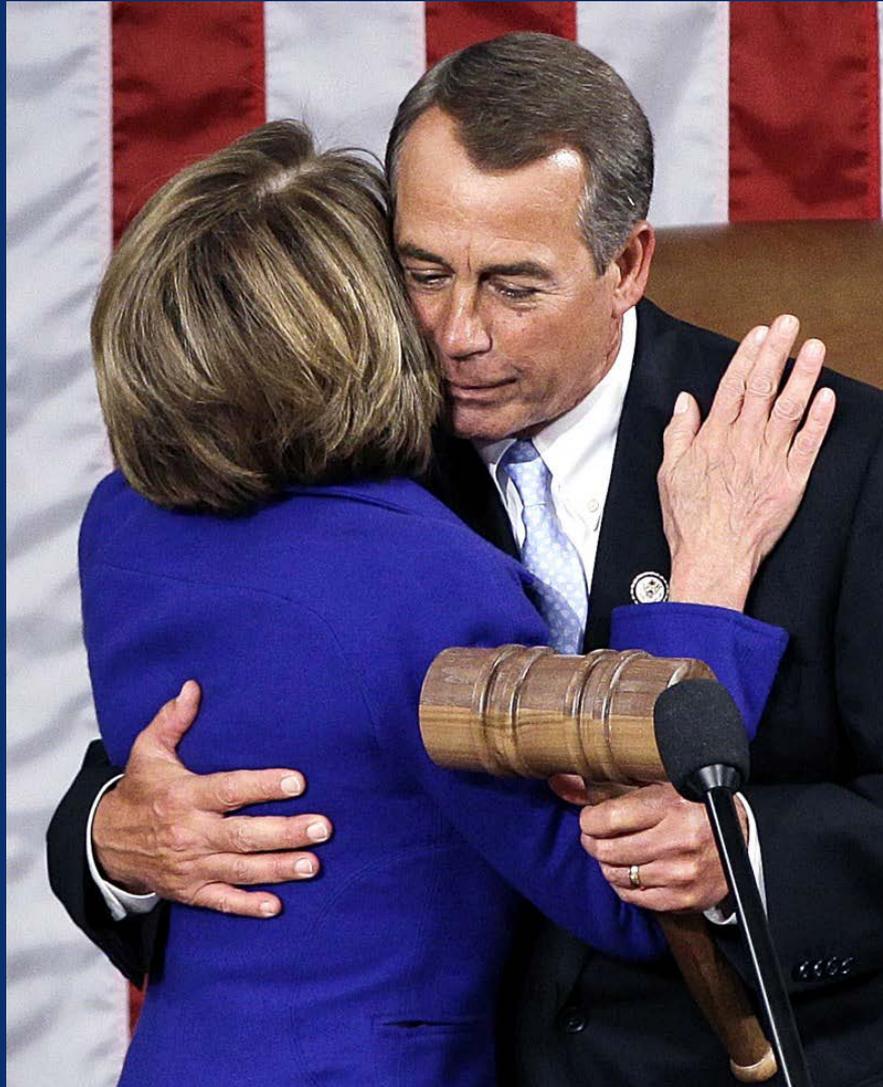


Source: LCME Part I-A, Annual Financial Questionnaire, FY2010

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Our national political reality!

A Bipartisan Moment...



...Followed by a Partisan Statement...

112TH CONGRESS
1ST SESSION

H. R. 2

To repeal the job-killing health care law and health care-related provisions in the Health Care and Education Reconciliation Act of 2010.

...Followed by Conflict at the State Level...



...Followed by "Super Failure" ...



...Followed by ???...



Our national economic reality!



THE NATIONAL COMMISSION ON FISCAL RESPONSIBILITY AND REFORM

The Moment of Truth

DECEMBER 2010



Living Within Our Means and Investing in the Future

The President's Plan for Economic
Growth and Deficit Reduction

September 2011

OFFICE OF MANAGEMENT AND BUDGET
BUDGET.GOV

Spring | 09



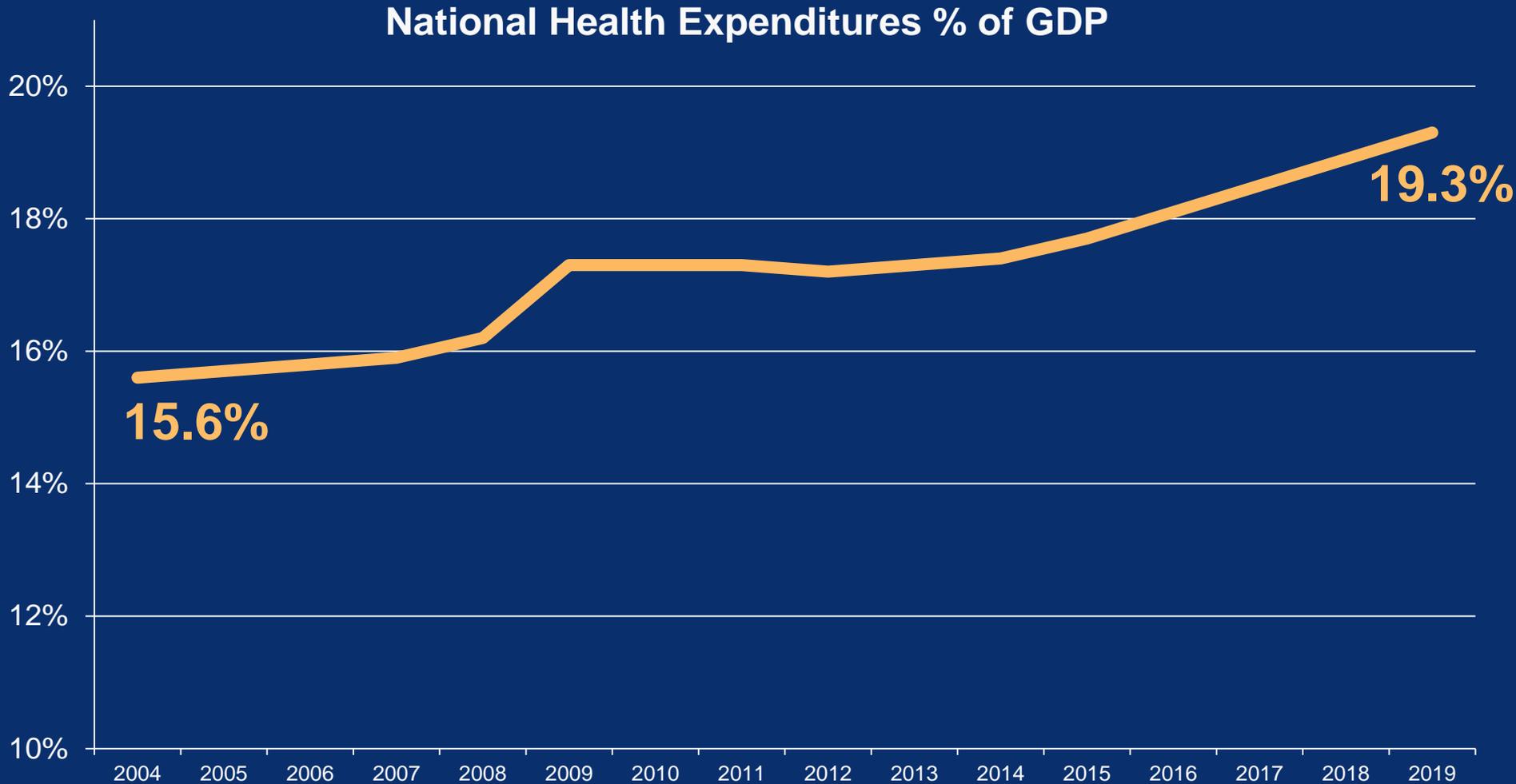
The End of the Third Bubble

Neal C. Hogan, PhD



Our national health care reality!

Health Care Spending

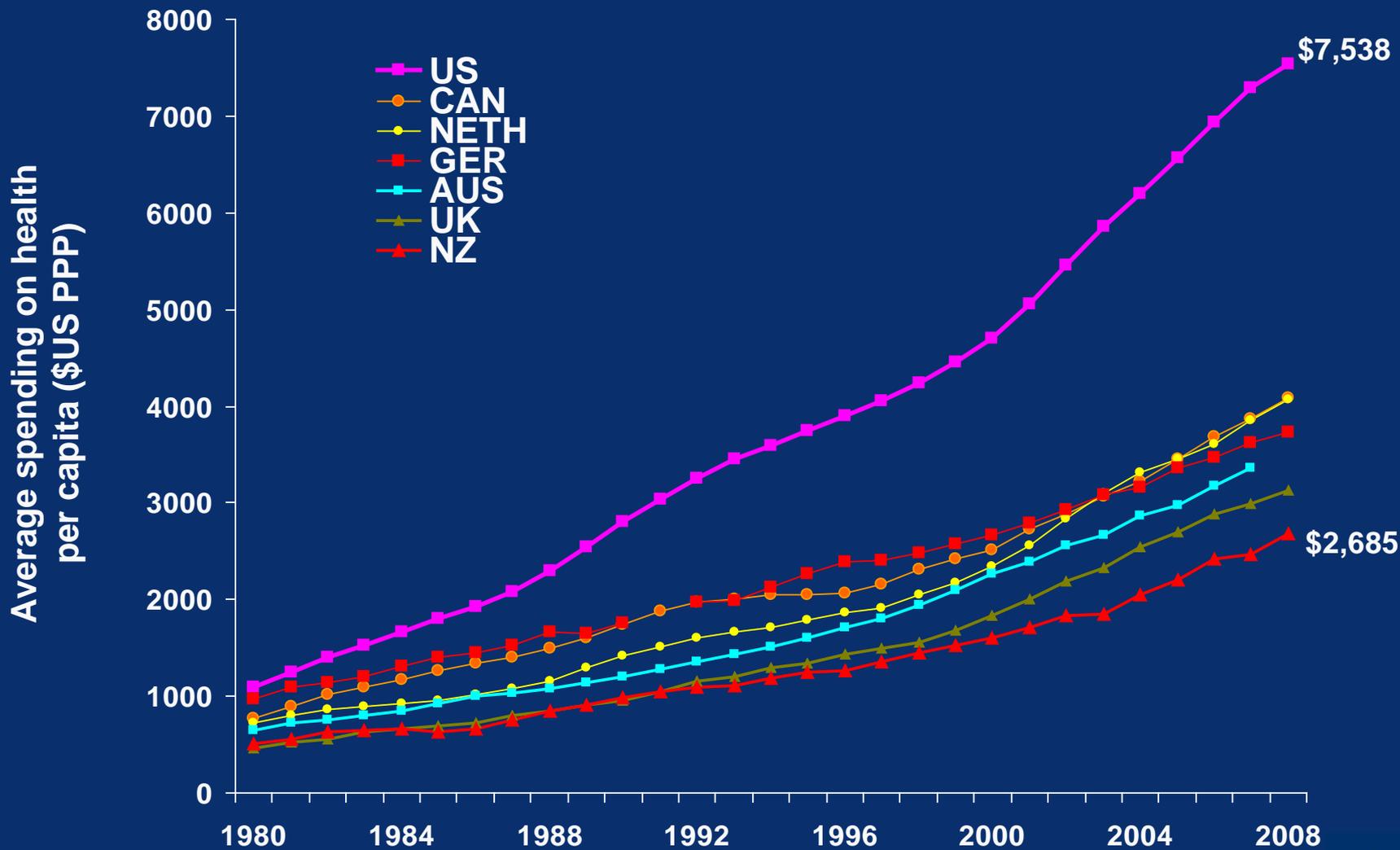


Source: CMS National Health Expenditure Data

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International Comparison of Spending on Health



Note: \$US PPP = purchasing power parity.

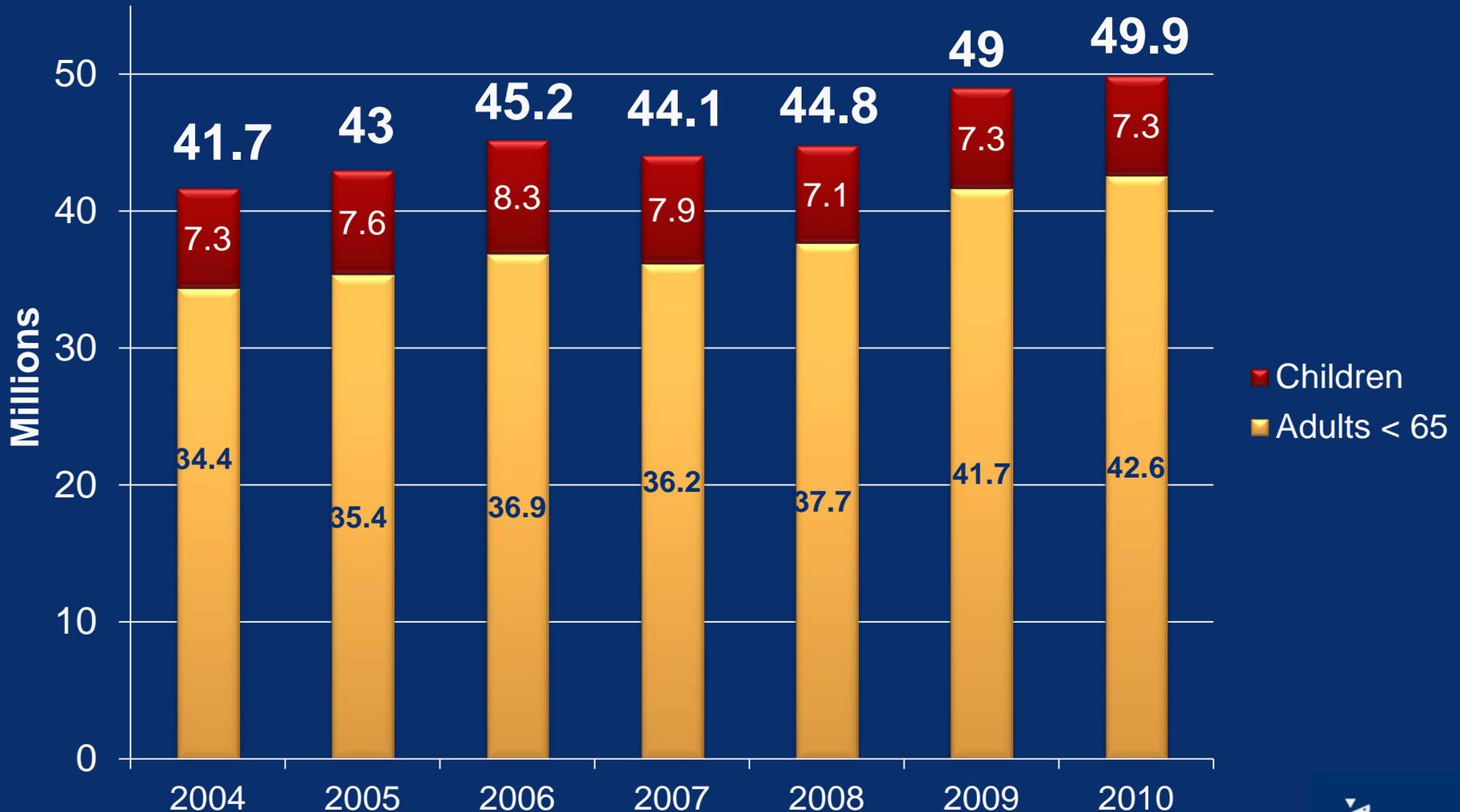
Source: Organization for Economic Cooperation and Development, OECD Health Data 2010 (Paris: OECD, October 2010).

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Deficits in Insurance Coverage

Number of Uninsured Children and Non-Elderly Adults: 2004 to 2010

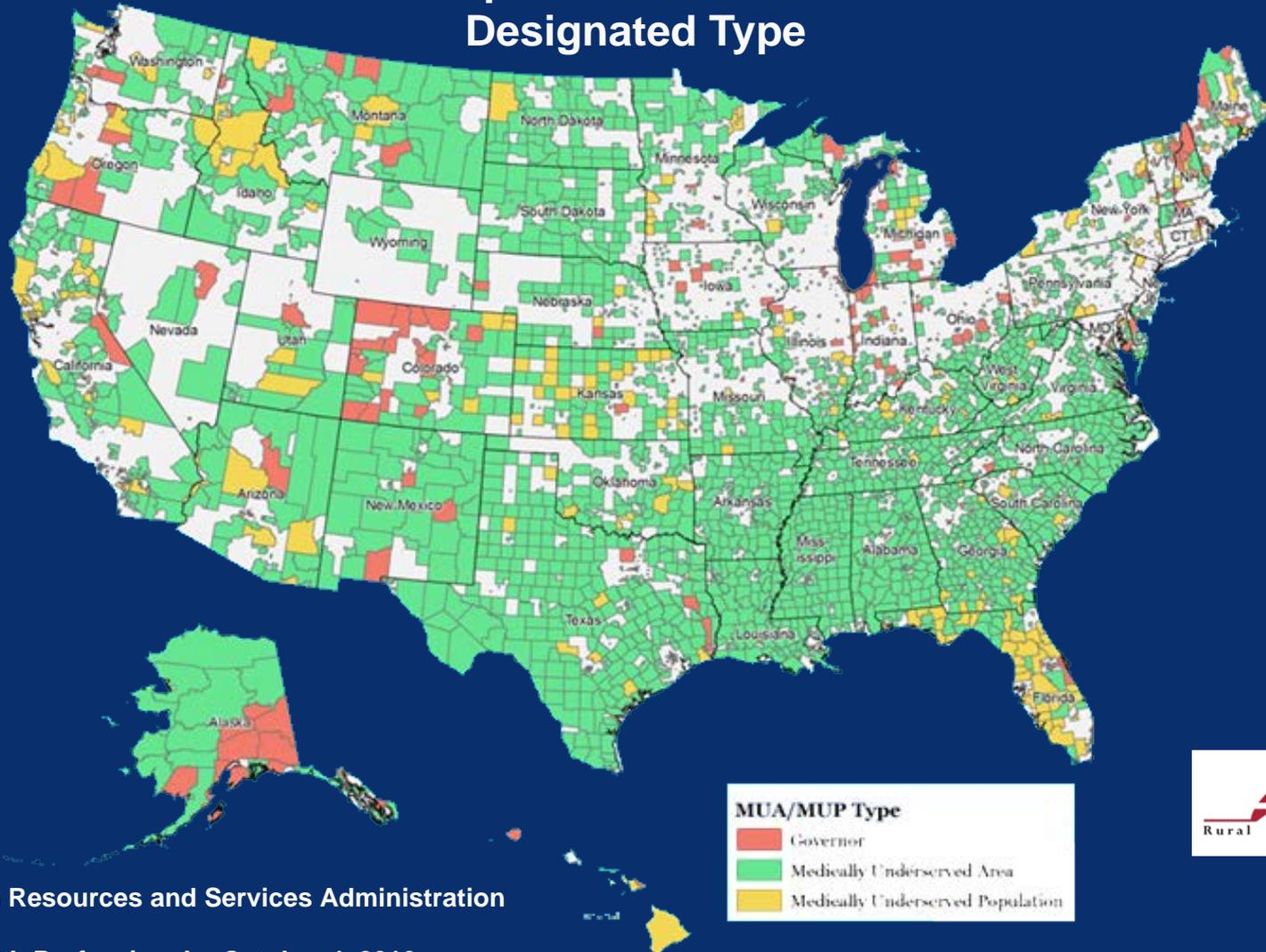


Source: U.S. Census Bureau, Current Population Survey, 2004 to 2011 Annual Social and Economic Supplements

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Deficits in Access

Medically Underserved Areas – MUAs and Medically Underserved Populations – MUPs
Designated Type



Source: Health Resources and Services Administration – HRSA, Bureau of Health Professionals; October 4, 2010
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Deficits in Outcomes

U.S. Comparison to Developed Nations

2009 Life Expectancy

Bottom Third

(78.2 yrs compared to Japan at 83)

2008 Infant Mortality

4th Highest

(6.5% compared to average 4.6%)

2008 Adult Obesity*

1st

(Over 1/3 of U.S. population)

*Only 7 nations reported data on this indicator

Source: OECD Health Data 2011, June 2011

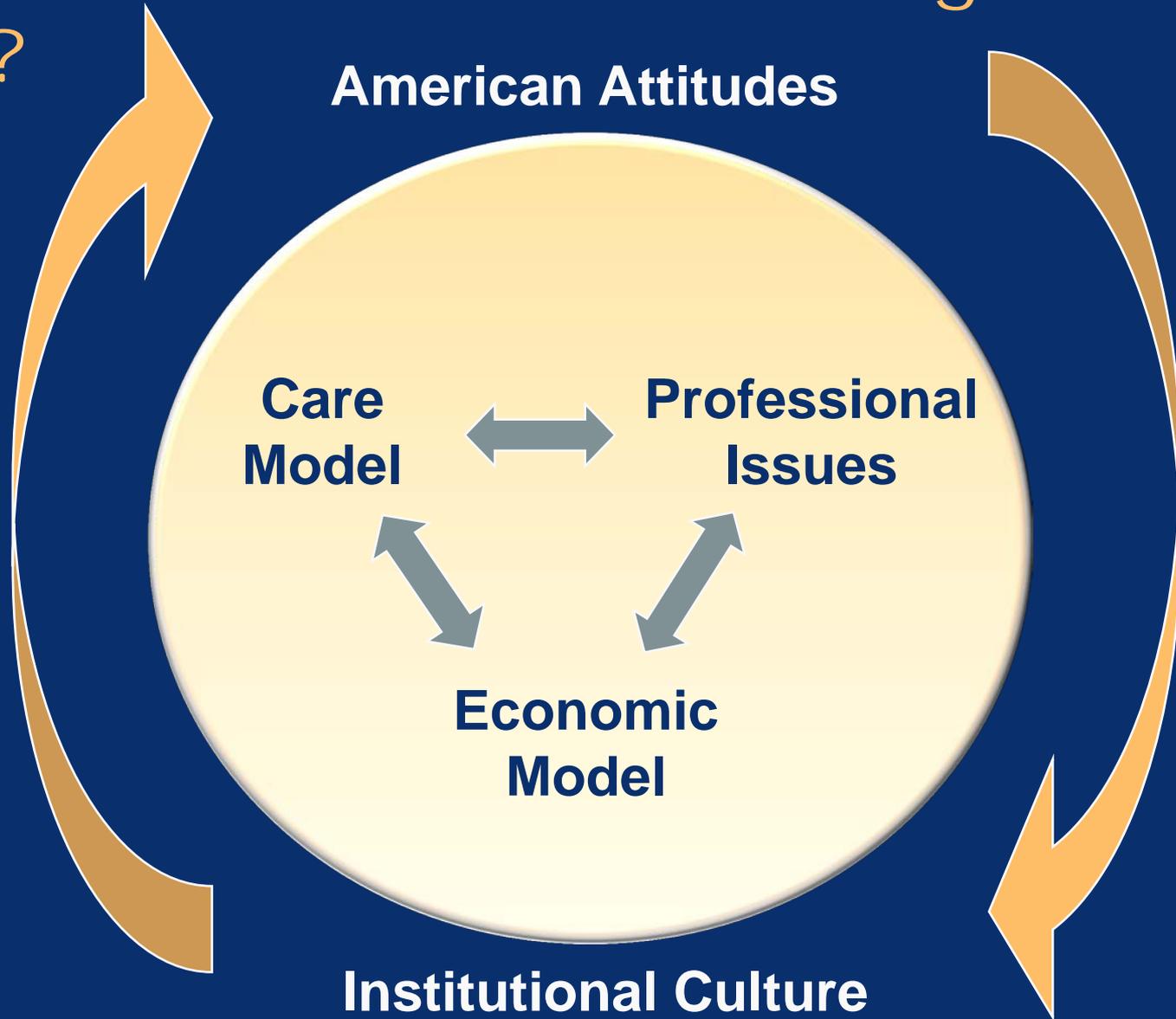
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Indiana Health Status

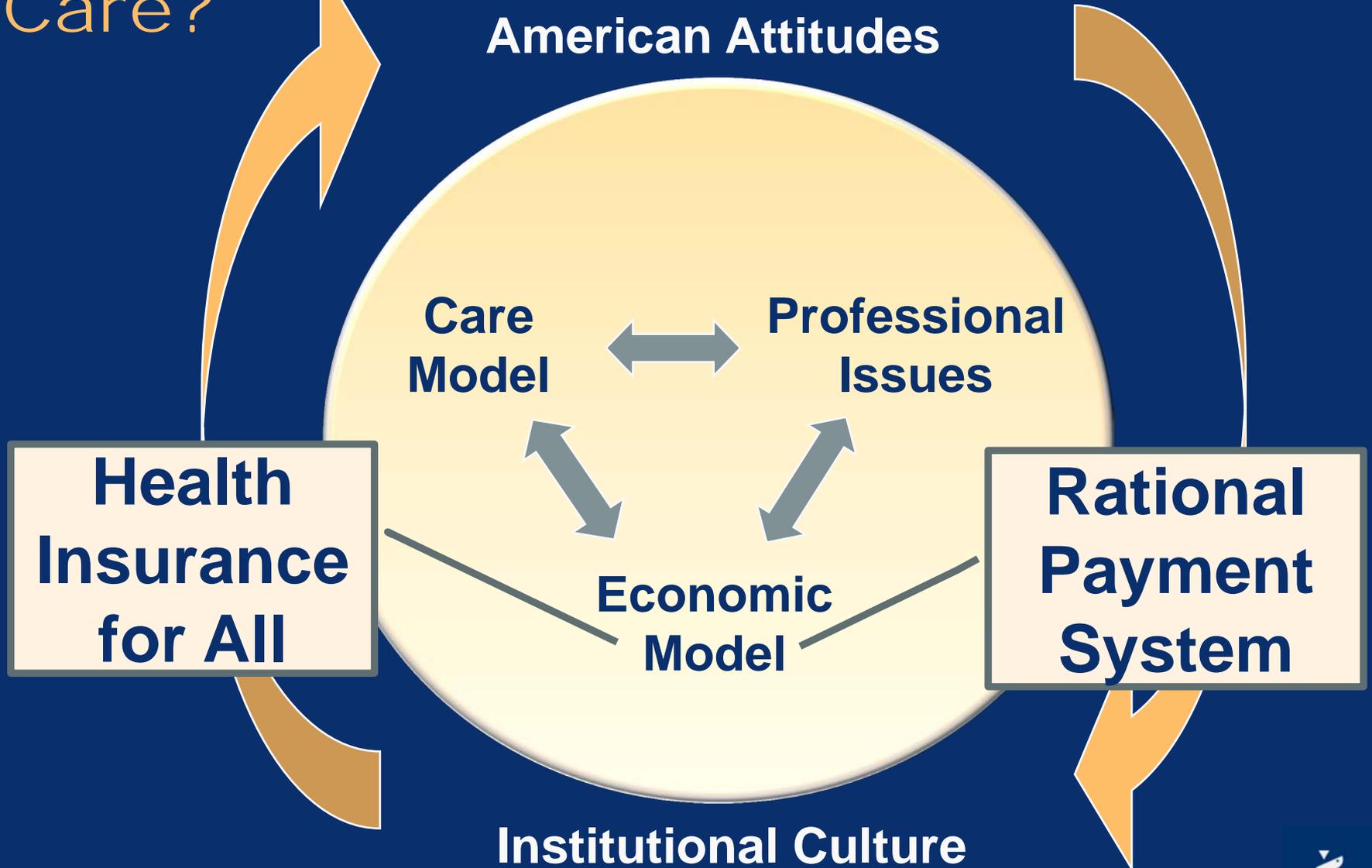
	Indiana	U.S. average
Life expectancy	77.7 years	78.6 years
Infant mortality rate (per 1,000 live births)	7.8	6.8
Heart disease rate (per 100,000)	203.0	190.9
Diabetes rate (per 100 adults)	8.0	5.5
Overweight/obese adults	66.4%	63.8%

**In the face of these realities,
have we really “reformed”
health care?**

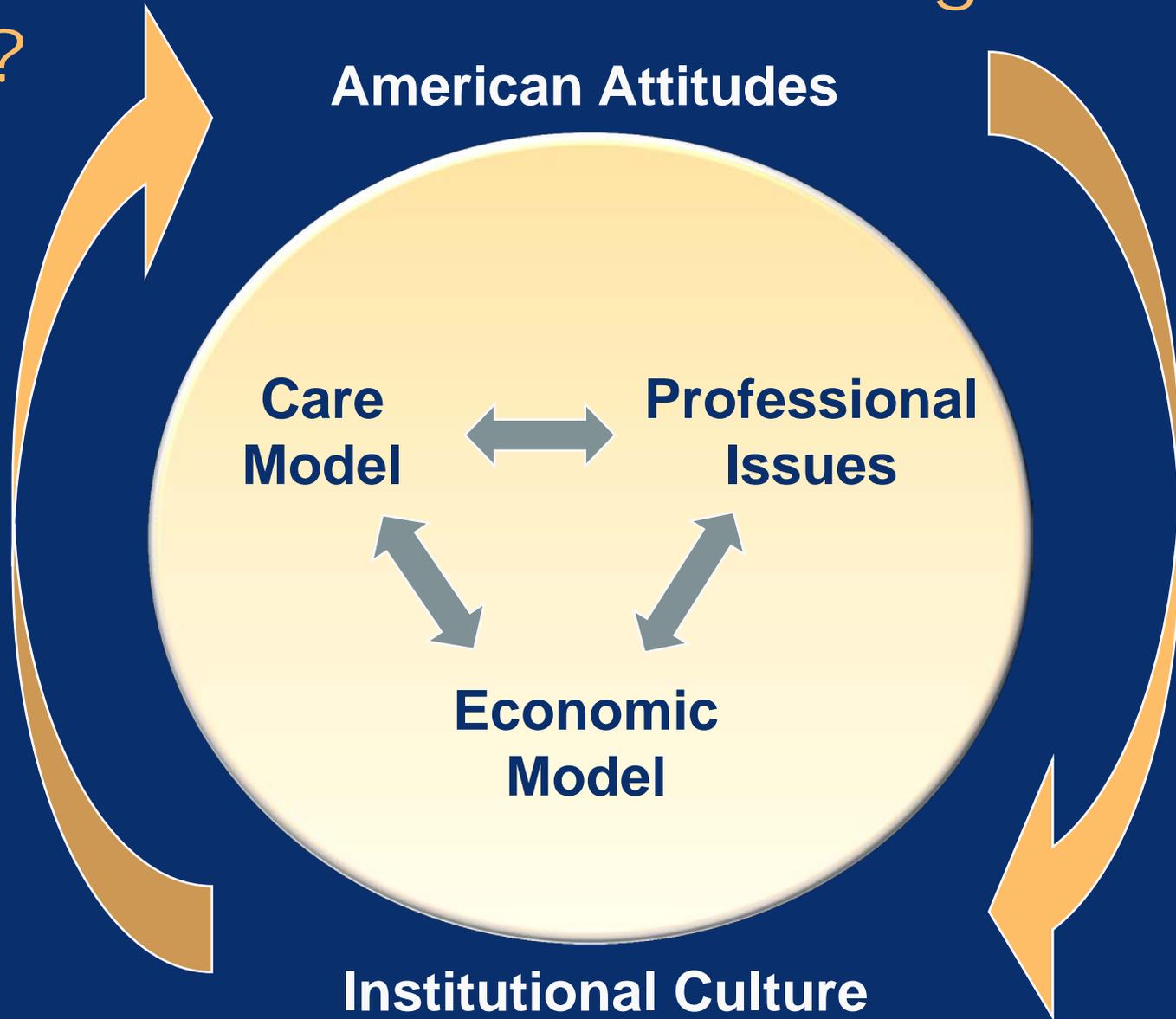
Can We All Commit to "Fixing" Health Care?



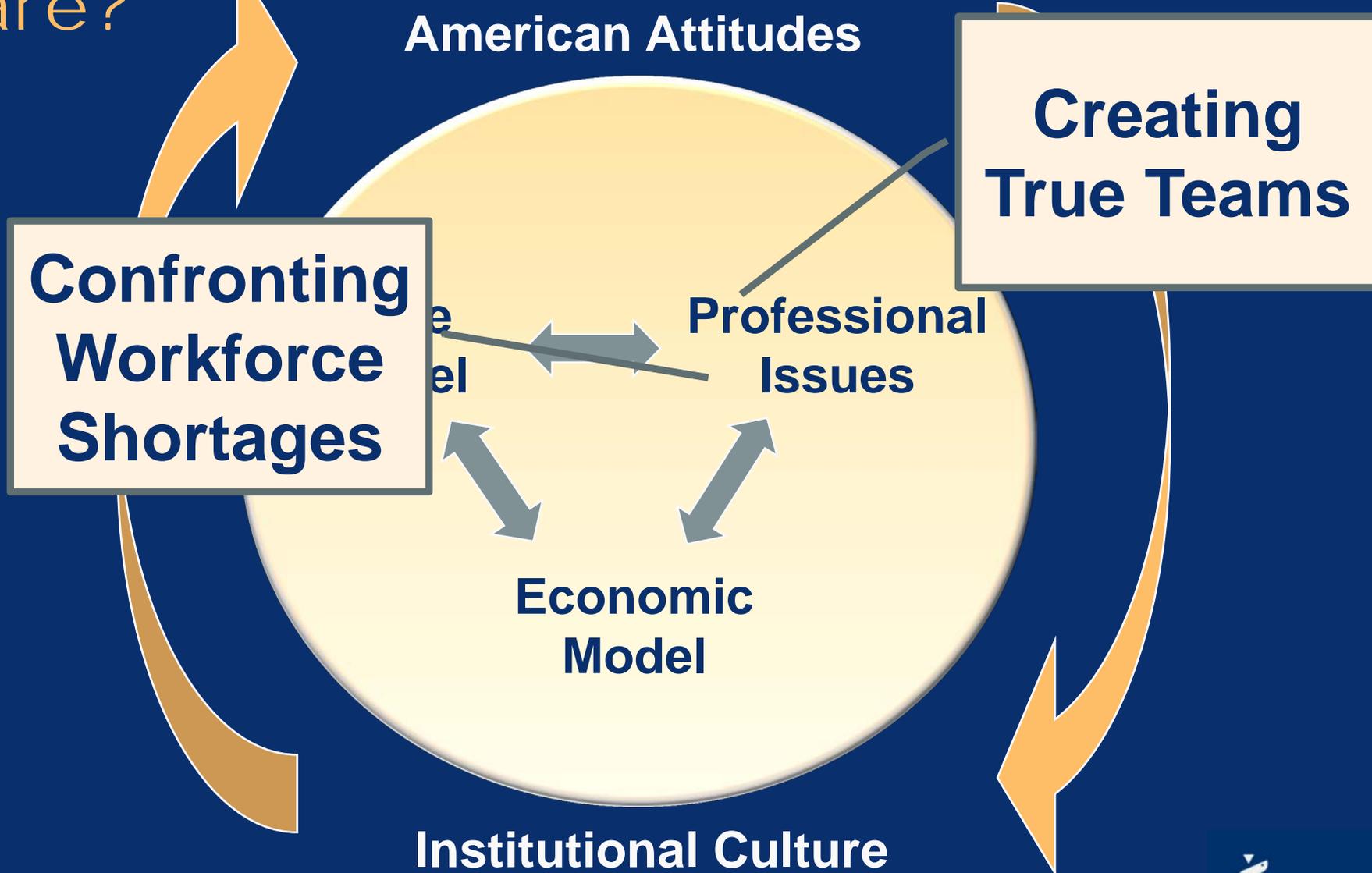
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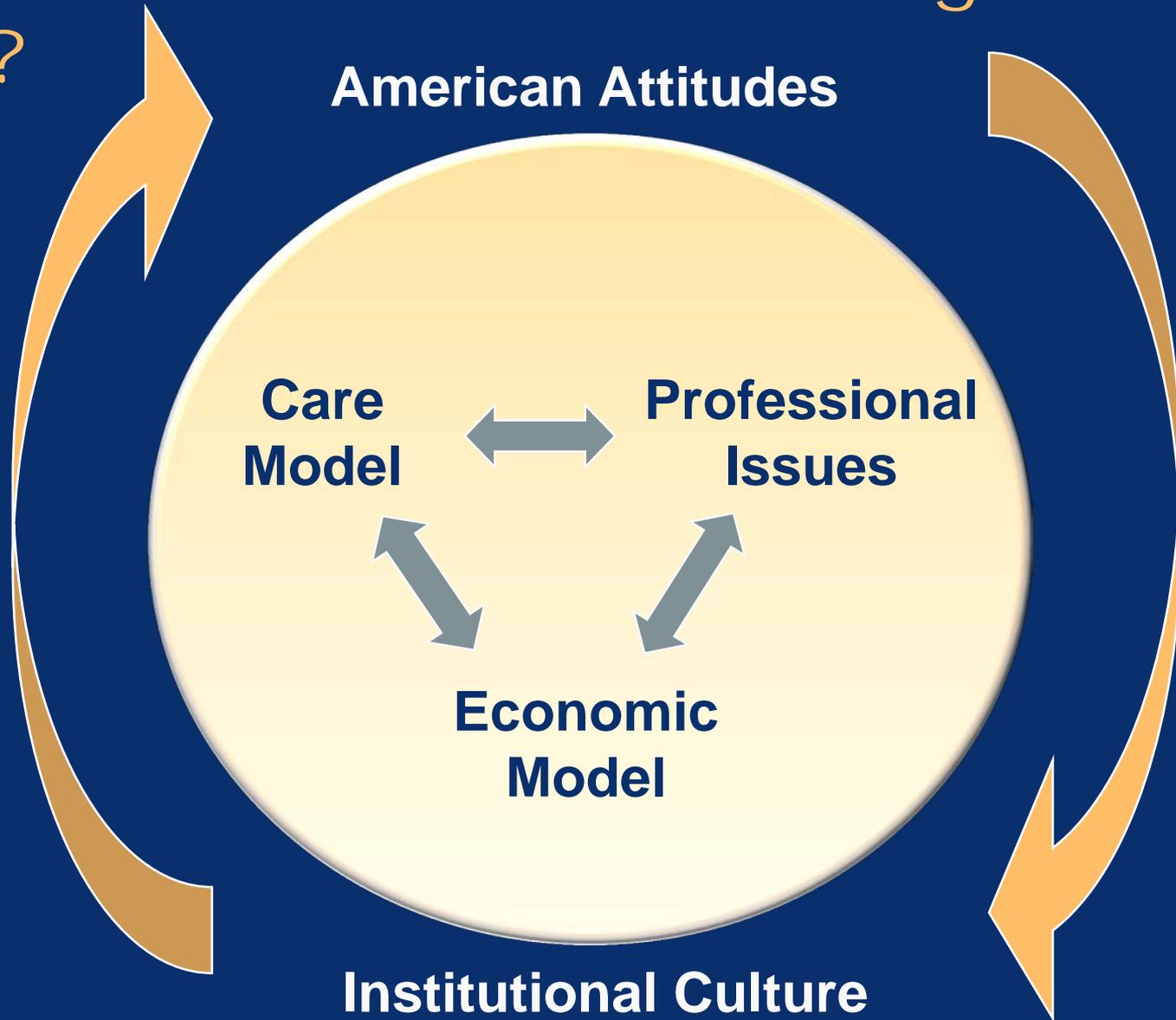
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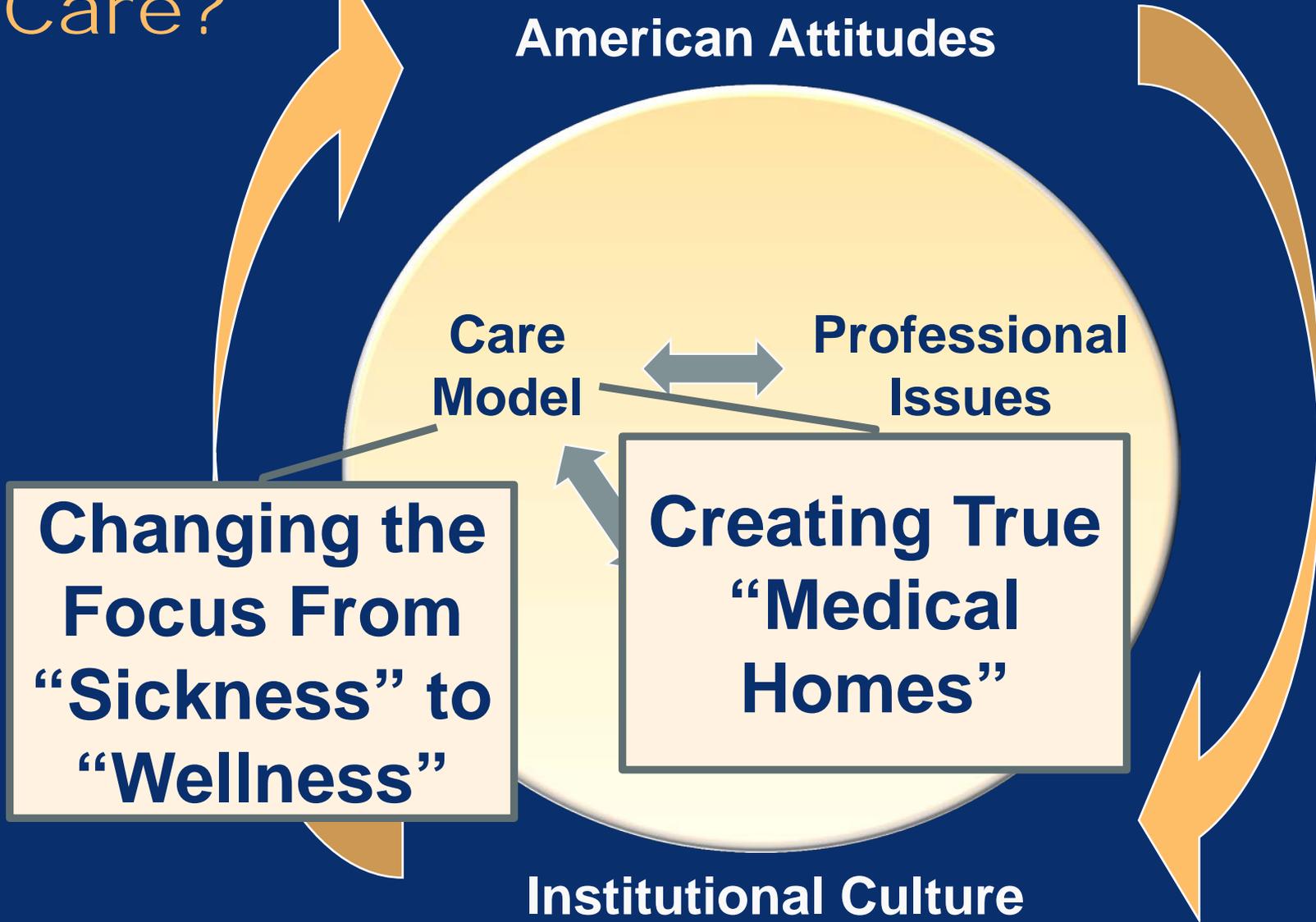
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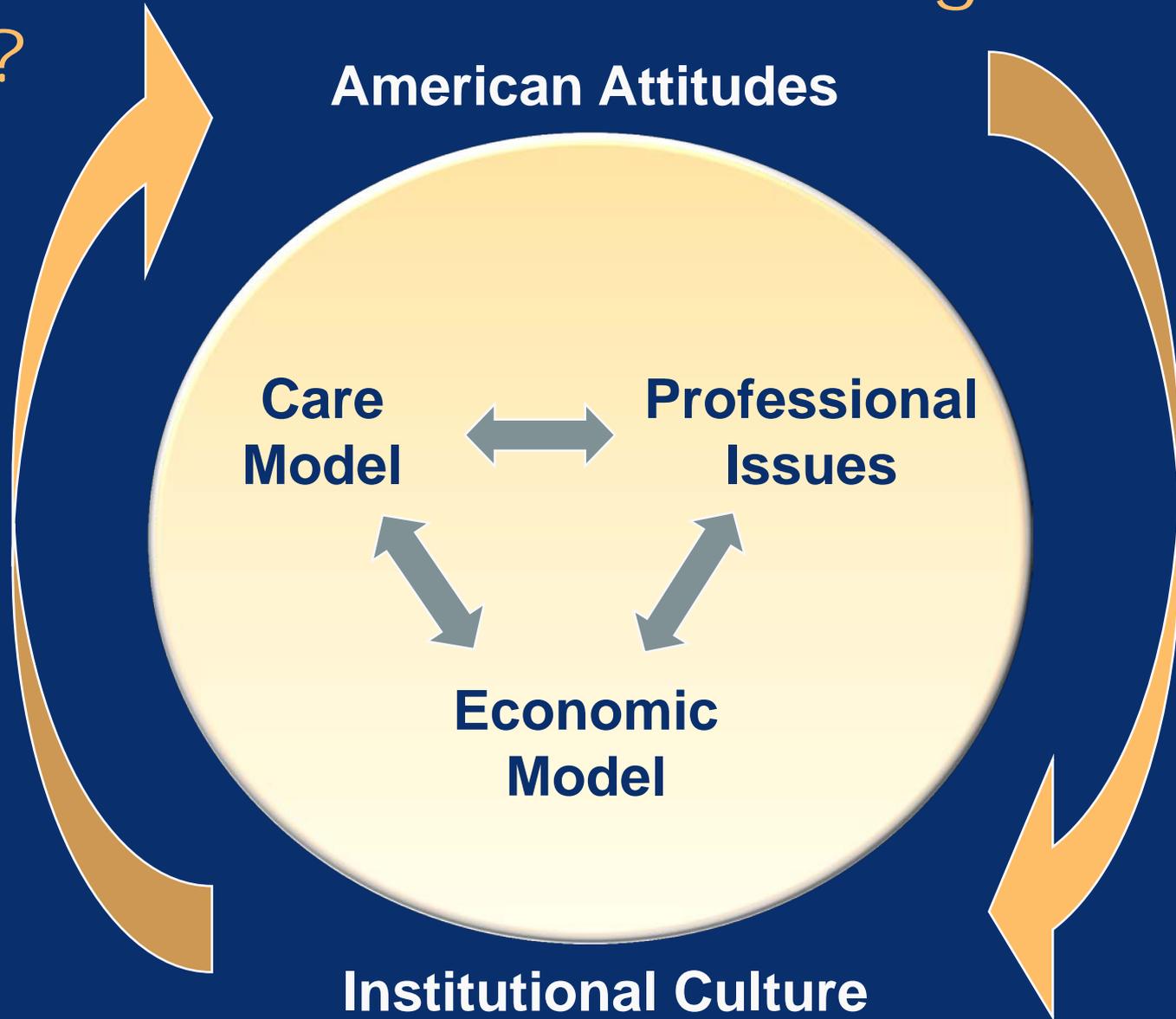
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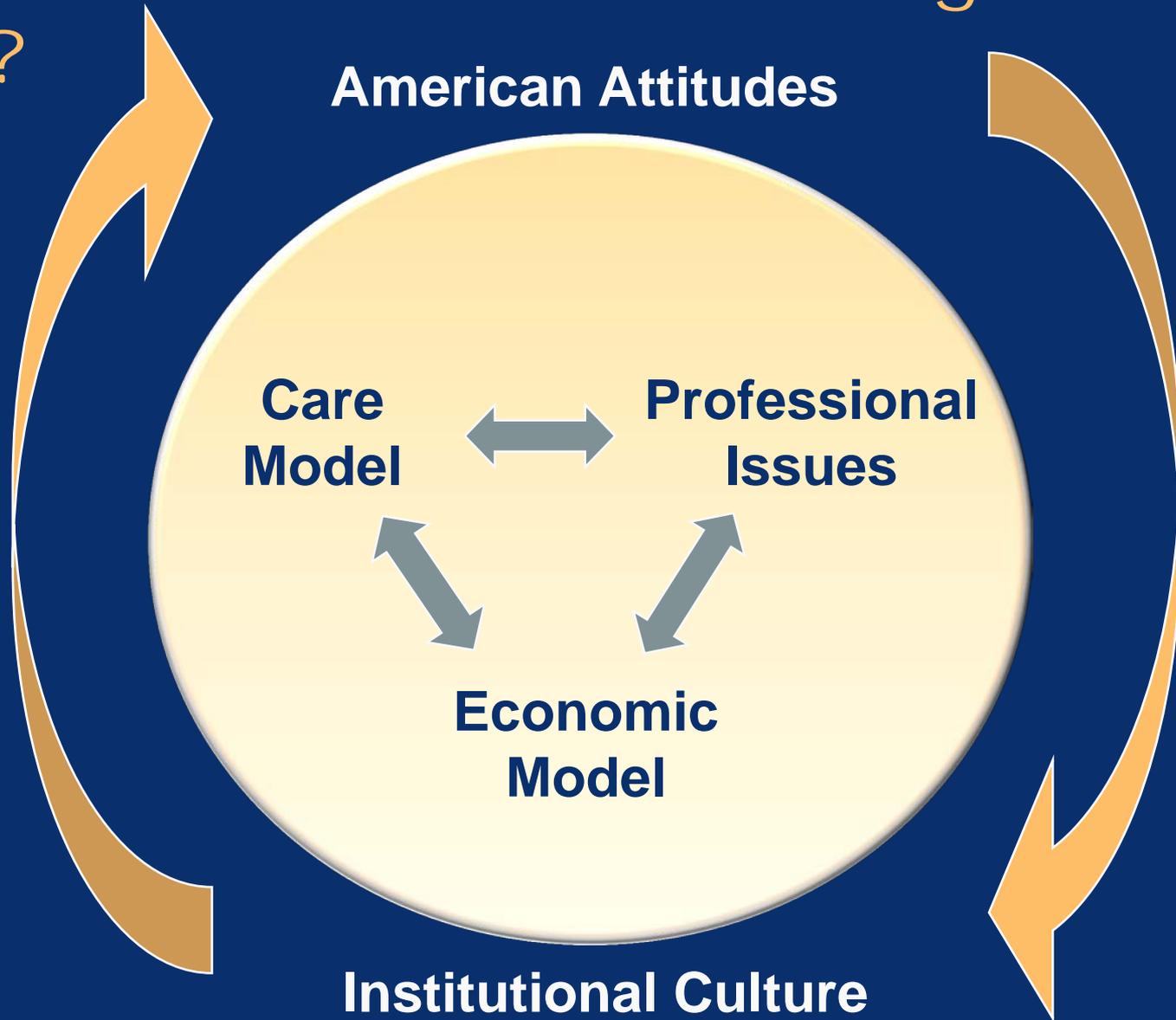
**Changing the Focus From
“Sickness” to
“Wellness”**

**Creating True
“Medical
Homes”**

Can We All Commit to "Fixing" Health Care?



Can We All Commit to "Fixing" Health Care?



What Americans Want From Health Care

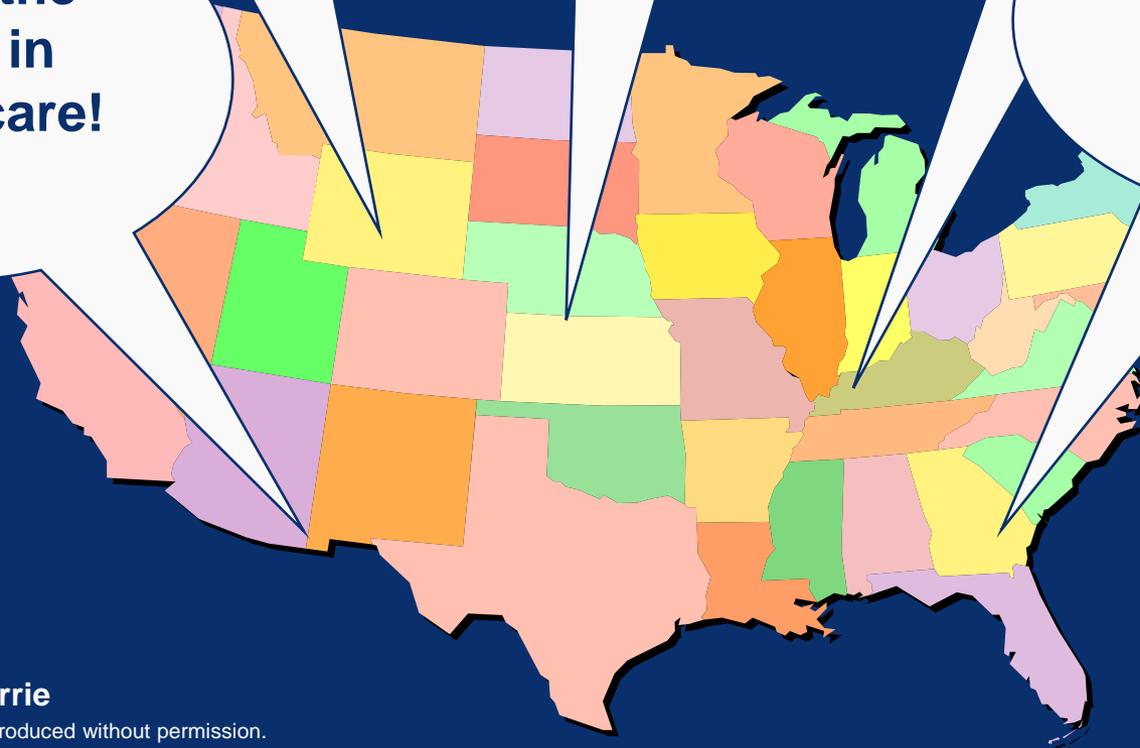
I want it now!

I want someone else to pay the bill!

I want to prolong life as long as possible!

I want the latest in health care!

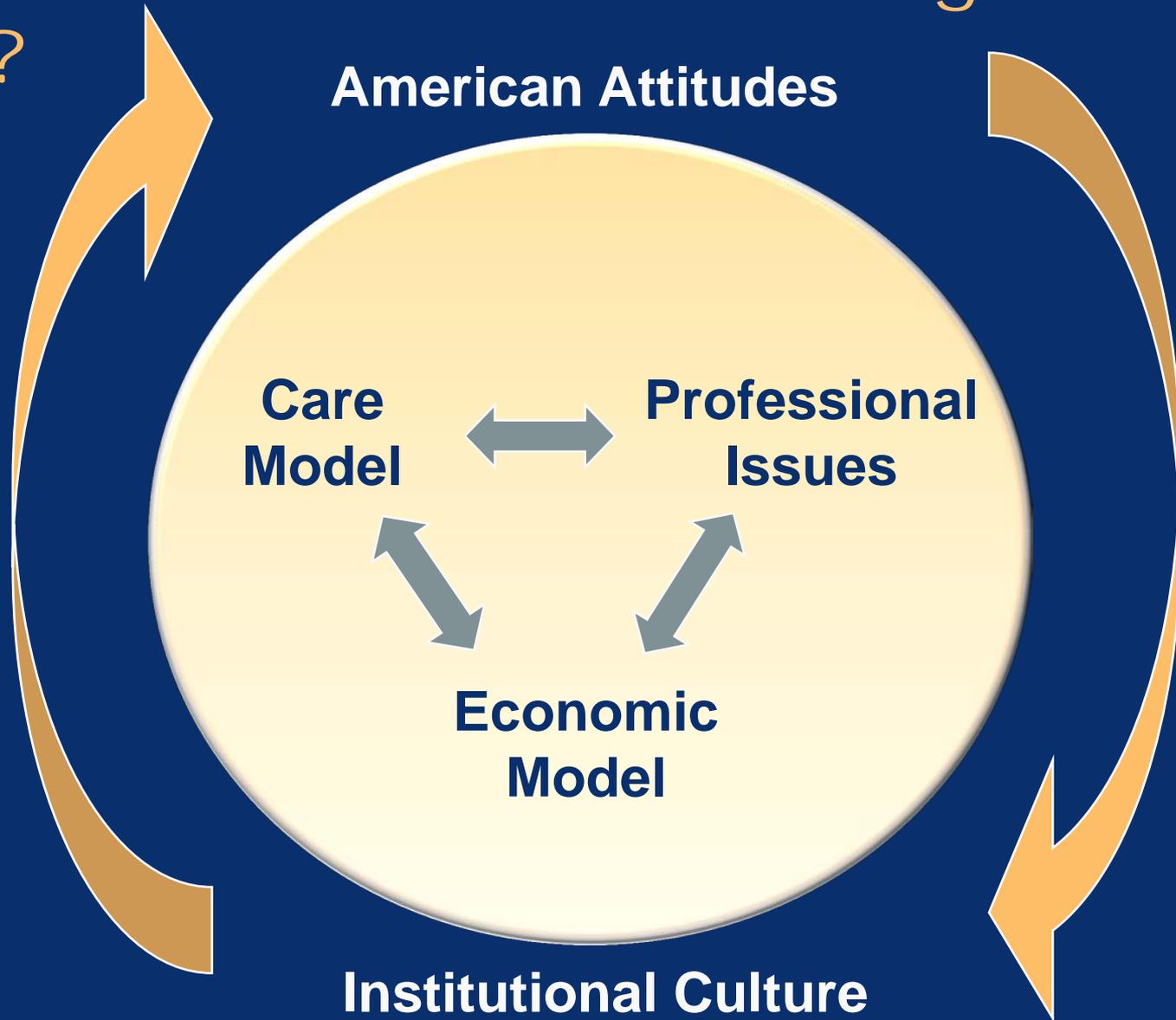
If anything goes wrong, I want to sue someone!



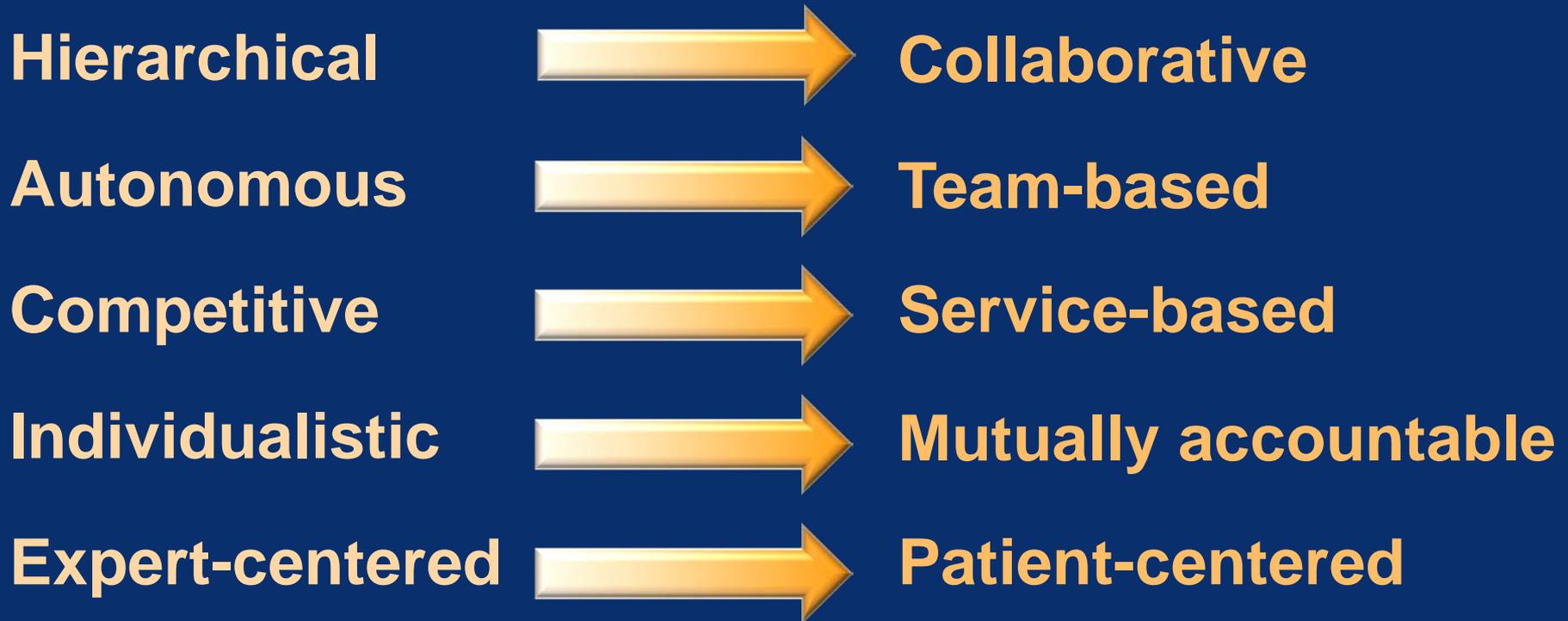
Adapted from T. Gorrie

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Can We All Commit to "Fixing" Health Care?



An Emerging Culture for Health Care

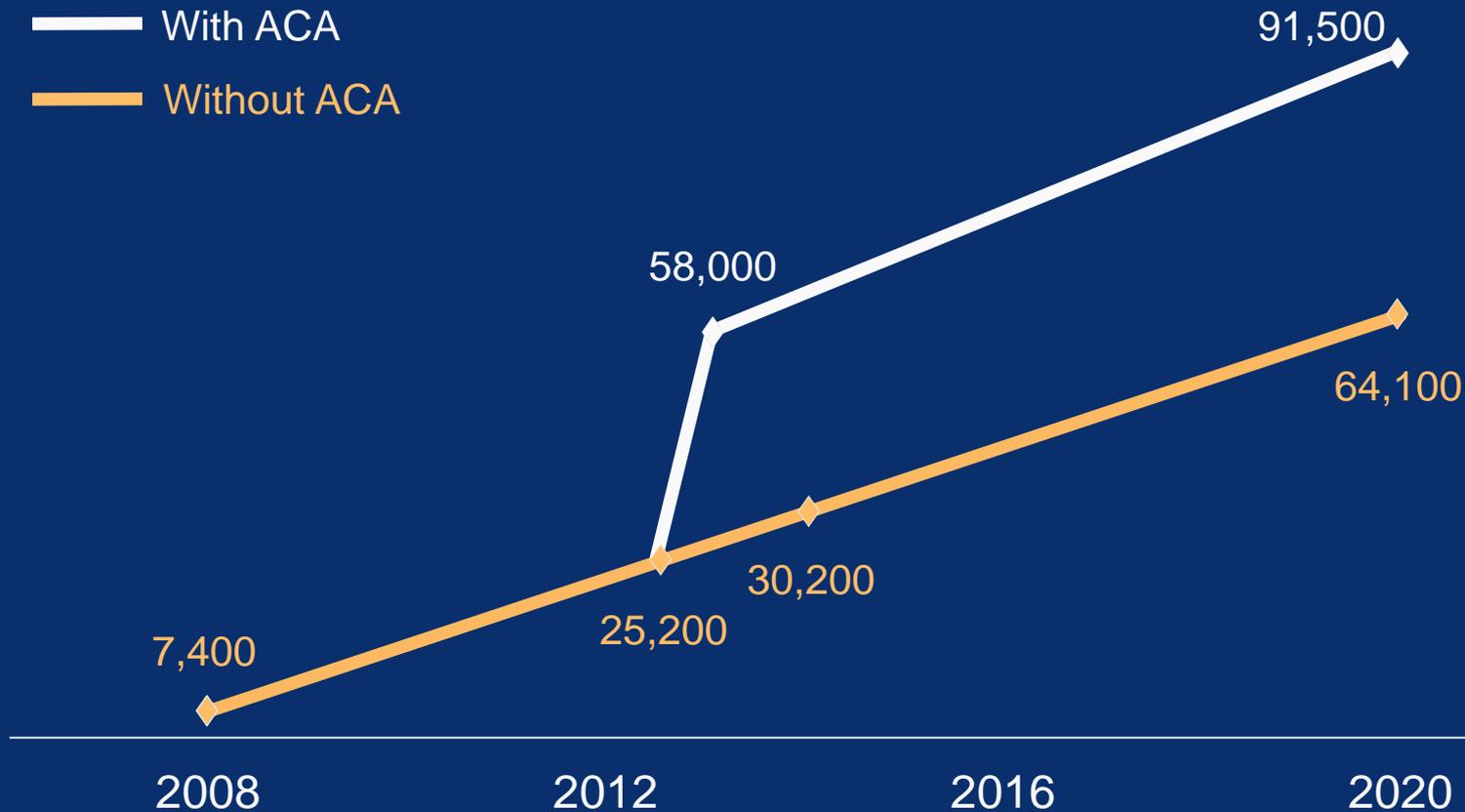


**Will we be able to form the
enduring partnerships
needed for this new health
care world?**

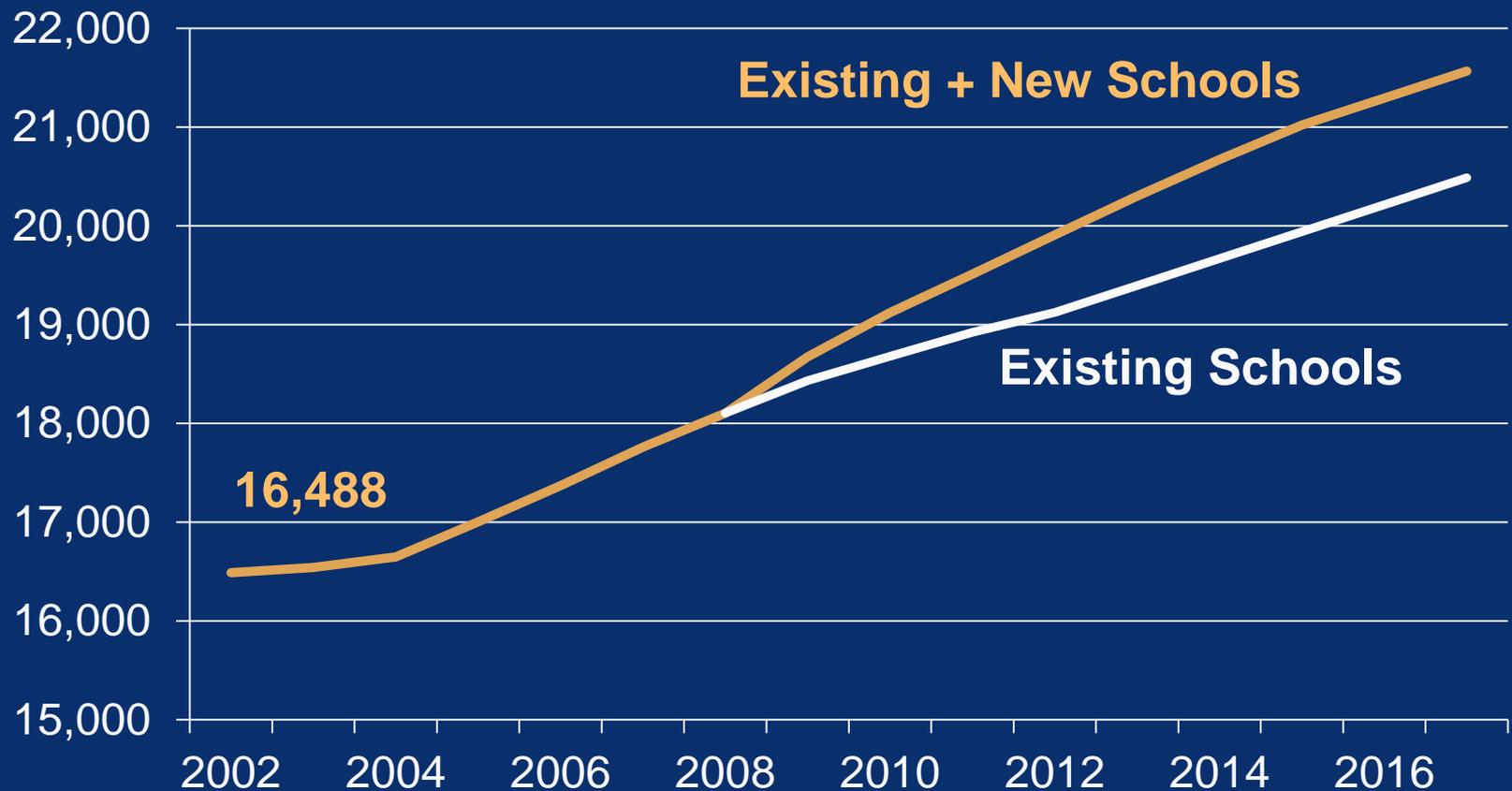


**Will we have the health care
professions workforce to take
care of us?**

Rising to the Challenge of Workforce Shortages



First-Year Medical School Enrollment Projections



**Will we create a true continuum
of medical education?**

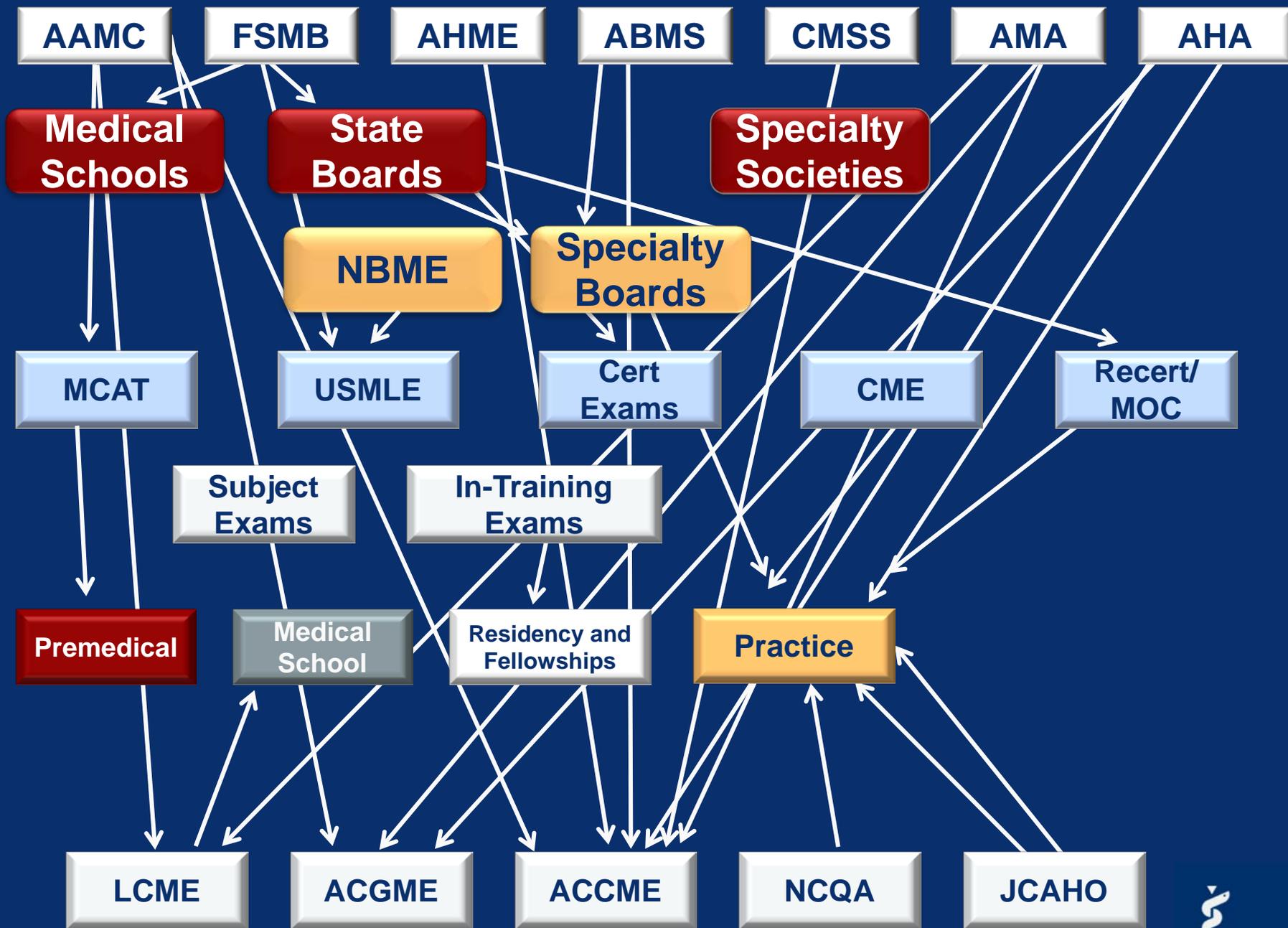
Can We Rethink Our Approach to the Medical Education Continuum?

Premedical

Medical
School

Residency
and
Fellowships

Practice



Creating a True Continuum of Medical Education

Learning

Premedical

Medical
School

Residency
and
Fellowships

Practice

Assessment

A continuum guided by core competencies!

Will biomedical research connect more directly with improving the health of the population?

Rethinking Our Approach to the Full Continuum of Research



In the end, is this all just a matter of politics?

COMMENTARIES

The Ethical Foundation of American Medicine In Search of Social Justice

Darrell G. Kirch, MD

David J. Vernon, BA

FOLLOWING A HISTORIC ELECTORAL TRANSITION accompanied by an economic downturn unprecedented in the lives of most US residents, attention has once again turned to improving the cost and effectiveness of health care in the United States. While many have described the dysfunctional aspects of the US health care system,¹ the focus has prioritized issues of payment systems² and delivery models³ over a fundamental underlying ethical conflict. Within an ethical context, it is important to discuss how the commercialization of medicine has fostered a distortion of emphasis among the basic tenets of medical ethics, and how this unbalanced emphasis has created serious barriers to improving the health care system.

privileges that others do not have because it is assumed that unless physicians hold these rights and responsibilities, the health of society will be compromised. This social contract is at the heart of the medical profession. Physicians must use their best informed judgment when caring for individuals who need assistance and in return, physicians must be given appropriate freedom to do so.^{5,7}

In the current system, however, and in the face of the powerful commercial forces at work in health care, the expression of physician autonomy at times appears to have become more aligned with independence of practice, especially fiscal independence and the right to enhance physician revenue (eg, through physician-owned hospitals and imaging centers). In a market-driven environment, fiscal independence seems to have become as important as autonomous decision making in practice, and concomitantly, attention to social justice may be decreased.⁸



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Learn

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