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Pursuing Excellence, Creating Value: The Leadership Imperative

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Good afternoon. It is both a pleasure and a privilege to be here.

To begin, I would like to take advantage of this opportunity to thank and congratulate everyone involved in the planning and preparation for this year's annual meeting. I include of course members of the governance who were involved in the preparations and I especially want to thank all of the AAMC staff who are truly the brains behind this meeting. I hope you agree with me that once again they have done an outstanding job of creating a stimulating meeting with substantial breadth and depth.

I also want to offer my thanks and congratulations to the members of the AAMC, the AAMC governance, the senior management and all of the staff during this year of leadership transition as Darrell assumed the presidency of the AAMC, succeeding Jordan.

Leadership transitions can be challenging and are important tests of an organizations health and resilience. Transitions test the relevance of an organization's existing strategic purpose and position. In the case of associations like the AAMC, they can be tests of the cohesiveness among the members.

Transitions of any type also test the depth and breadth of the talent of the senior leadership and staff of the organization. Finally, when an outstanding new leader such as Darrell is selected, transitions provide an important opportunity for organizational renewal – built on a solid and stable history – that is vital to continued relevance into the future. Our leadership transition has passed these tests on all fronts and we are well positioned to both maintain and enhance our role as the voice of academic medicine.

This year's annual meeting theme, "pursuing excellence, creating value" is clearly relevant and timely in today's health care environment. The theme captures the essence of the issues of the day facing all aspects of academic medicine. As I thought further about the theme, I was struck by just how relevant the particular choice of the words "pursuing excellence" in the first part of that phrase are. On the one hand the phrase is action oriented – it conveys the message that excellence only results from the rigorous pursuit of an identified goal. But it also succinctly conveys a subtle but powerful message – one which organizations truly engaged in the pursuit of excellence come to realize – and that is the reality that excellence is not a destination but a journey… and a continuous one. Today's health care environment challenges us all while we pursue that journey.

And, the journey creates certain leadership imperatives which we must all face. I would like to share some thoughts on the most important leadership imperative I believe is facing our community collectively, each of the organizations we are a part of, and all of us who, in one way or another, are leaders in our respective organizations. To borrow a phrase from the old Edward R Murrow segment "This I Believe" and the modern spin-off currently running on NPR: I believe the leadership imperative for us collectively and individually is to embrace the increasing call for accountability in all elements of our mission so that we can perpetuate the trust vested in us by society.

Conditions that could lead to an erosion in public trust are developing in several ways, some direct some indirect. Two current events that come to mind in relation to the clinical mission of our organizations are the current congressional and state level debates over whether hospitals deserve their tax exempt status and whether they are providing sufficient amounts of meaningful community benefit. In brief, the question is, "Are we operating sufficiently enough for the public good such that we earn our tax-exempt status?"

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Also, the concern over health care cost and quality along with the debates regarding the relative additional benefit versus the relative additional cost of new treatments reflect, in part, growing concern among business, politicians, labor, and the public over the value gained for the way dollars are currently being spent in health care. Finally, the serious questions and discussions regarding both real and perceived conflicts of interest in education and research also create challenges to which we must respond in an effective way. The depth of our response to these and other related matters, along with how effective we are in communicating our message, will determine how we are viewed in the court of public opinion.

The phrase "to whom much is given, much is expected" is very relevant for our community. Because of the trust we have earned over the years, medicine in general and academic medicine in particular have benefited from a substantial public and private investment. While the adequacy of the amount of funding is always of concern and rightfully so, on a relative basis domestically and compared to the investment by other countries, we compare favorably.

Academic medicine occupies a special place in our health care system today because we have earned the public's trust by providing responsible leadership and medical advances of arguably historic proportion across the spectrum of disease.

But, it is essential that we remember this trust developed over the past several decades within the social, political, and economic forces of the times. During that period, of course, academic medicine also shaped the times by virtue of the groundbreaking contributions that we have made. Today, the social, political and economic forces are fundamentally changed from the dominant paradigms that have existed during much of our careers. Because of differences in today's environment we must passionately commit ourselves to leading the journey of transforming the health care delivery system, medical education and medical research to fit the new paradigm.

Perpetuating trust in academic medicine will be a function of determining the proper balance between preserving important fundamental values and principles (after first being honest with ourselves about what those really are and should be) and then adopting new strategies and tactics in the pursuit of our education, research and clinical service missions. We must be willing to be accountable for leading change that is relevant to the altered environment in which we find ourselves.

I believe there is substantially more change, particularly around accountability and public scrutiny, yet to come for medicine generally and academic medicine in particular. That may sound like a daunting thought, especially for those who think they have been engaged in a substantial amount of change already over the past 10 to 15 years. But there should be no doubt it will occur. Any realistic assessment of the current economic, political and social environment can only conclude that the greatest changes to the health care system are yet to come. If we consider the convergence of the substantial change occurring in the political, economic, and social climate with the missions of our organizations, the degree to which the spotlight will be focused on us in the future is clear. To offer one example, in a world that for the foreseeable future will grapple with how to address the rising cost of health care and the implications associated with advances in medicine and new technology, we will increasingly be asked to justify the relevance of our research programs to our overall mission and to society in terms we have not been asked to do so before. Among other things, we will be expected to alter the profile of our research mission in further support of health services research and other work to help answer critical

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questions related to the effectiveness as well as the efficiency of both existing and new diagnostic tools and treatments. The key question being in short – do these developments create value in terms that are relevant to the new environment?

For those of us tempted to say, "I don't know if I have the strength for more change," we should all keep in mind the observation made, I believe, by General Eric Shinseki, former chief of staff for the armed forces who said, "If you don't like change you're really going to dislike becoming irrelevant."

We are all rightfully proud of the history of academic medicine and the singular role it has played in advancing medical knowledge, setting the standard for medical educationm and providing the dominant portion of the most complex care in the country. That has come about, among other reasons because over the years, we have engaged in healthy self-assessment and continually challenged ourselves to do more and do better. In that tradition we must be mindful of the need for further significant improvement, whether it is in the medical education, research or clinical care aspect of our mission.

With regard to medical education, we will be dependent on our medical education colleagues to address the issues with which they are all too familiar regarding the cost, efficiency, curriculum content and structure, and the quality of medical education. The September 28 *New England Journal of Medicine* article on medical education (co-authored by Dr. William Sullivan, our featured speaker at the Jordan Cohen lecture in Healthcare Leadership tomorrow) provided a very compelling analysis of the current situation and the need for change, concluding among other things that no one would be cheering more loudly for change in American medical education than Abraham Flexner himself.

Similarly, our research colleagues will be challenged to respond to the need for change in that element of our mission. One example of the challenges they face was made by Dr. Ioannidis in a *JAMA* article he authored earlier this year. That article reported the results of a follow up study on the reproducibility of results from the most highly cited high impact studies (articles published in *NEJM, JAMA,* and *Lancet* etc.).

According to the results of his review, 45 of 49 original studies claimed an effective clinical intervention. Yet, in subsequent efforts to reproduce those results, 30% of randomized double-blind trials failed to replicate while 83% of non-randomized trial failed to replicate. Warranted or not, policy makers, the public and others look at this information which raises questions in their minds about the processes leading to research topic selection, study design, and ultimately decisions regarding the use of public funds for medical research. Additionally, issues like the recent debates surrounding estrogen replacement for postmenopausal women and the debate regarding the effectiveness of drug eluting vs. bare metal stents raise questions among the public and challenge medical leaders and policy makers looking for clear guidance when it comes to providing accurate and beneficial treatment guidelines.

Clearly, the realities of the nature of medical research are such that debates and controversies are not only unavoidable but healthy. At the same time, we should understand that when confronted with this disquieting confusion of the experts, the public does not likely perceive the full value and quality of medical research. At a minimum it calls for more complete and contextual communication regarding research findings. But we also shouldn't shy away from the possibility that these observations raise questions about the quality and value of our peer review system. This issue and others are questions our colleagues in the research community are pursuing.

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But it is in the clinical care arena that the greatest challenges and opportunities reside. The clinical enterprise is where our most substantial direct contact occurs with the public and it is the place where the results of the changes we will make in education and research will be most visible as we care for those we serve. Through the work of our respective organizations we must position academic medicine in the forefront of efforts to solve the problems in our health care system related to the lack of uniformly high quality care, problems of basic patient safety, lack of timely adoption of recognized standards of care and unnecessary institutional, geographic and individual variation. As well, we share a deep concern over the lack of access to health care coverage for all Americans.

The social, economic, and political climate in the country has magnified the relevance of each of these issues and raised the urgency with which the academic medicine community must respond. In today's world if we are ever to make progress on the issue of improved coverage it will only come after (or coincident with) substantial progress being made to solve the existing problems in the delivery system. The ideological battle over how health care should be financed (government-financed single payor vs. market driven) will continue to rage for some time. Whichever approach ultimately wins out (or the more likely scenario of a system that reflects substantially modified versions of both), the issues of improving quality, safety, effectiveness, and efficiency in health care will remain front and center for years to come.

We are fortunate that multiple AAMC initiatives are under way to provide leadership for the field and provide resources to our member organizations to address these challenges. In the clinical arena, two examples are programs like the chronic care collaborative and the recently initiated effort to take the data provided by health services researchers like Drs. Wennberg and Fischer and work to identify how data sources such as theirs and others might best be used to reduce variation in resource utilization in the clinical setting. The work under way to address conflicts of interest in medical education and research are examples as well. Meetings like this in which we learn from experts inside and outside of healthcare, including opportunities such as the one we will have in a few minutes, to hear from distinguished experts like Mr. Collins is another.

Our special obligation to drive the change needed in the healthcare system stems from the fact that we have the talented individuals and the resources to do so and society looks to us for this kind of leadership. Under inspiring leadership at multiple levels in the past, the AAMC and academic medicine has always asked "What is missing in U.S. health care, research, and education?" and responded in a dynamic way. With the leadership in our field today and with the inspiring leadership which Darrell brings to the AAMC we will find tomorrow's answers to that question and thereby continue to earn the public's trust and good will. Our journey to pursue excellence will bring new value to the education of tomorrow's health care professional, to the research efforts to identify, treat, and ultimately eradicate disease, and to the provision of high-quality, effective, and efficient health care for all Americans in an equitable and just way.

Thank you.

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