Academic Medicine’s Three Missions of Research, Education, and Patient Care Are Critical to Ensuring Preparedness

Academic medicine - comprising medical schools, teaching hospitals, their affiliated teaching physicians, residents, students, and large multispecialty physician practices staffed by medical school faculty - plays unique and essential roles in the U.S. health care system. Medical schools and teaching hospitals are pioneers in treating complex conditions; advancing medical discoveries for better diagnostics, preventive strategies, and treatments; educating the next generation of physicians; and providing irreplaceable community services. Their tripartite mission of research, education, and patient care uniquely qualifies them in preparing for and responding to both unexpected threats like Ebola and MERS, and daily challenges such as influenza.

Most NIH Research Is Conducted At Medical Schools and Teaching Hospitals

The National Institutes of Health (NIH) is the primary source of federal funding for medical research to support new diagnostics, treatments, and preventive measures, promoting better ways to improve health and save lives. Medical schools and teaching hospitals sustain an environment where basic, clinical, and health services research can flourish alongside clinical care and training. NIH invests over half of its extramural budget in research at medical schools and teaching hospitals, supporting the work of distinguished physicians and scientists nationwide through an intensely competitive peer review process that funds only the most promising, high quality research.

Major Teaching Hospitals Are Uniquely Equipped to Battle Emerging and Daily Threats

Major teaching hospitals make up only 5 percent of all hospitals, but they provide the vast majority of the nation’s critical stand-by and highly specialized services. For example, nearly all of the nation’s Level I Trauma Centers are at AAMC-member institutions. As a result, these institutions serve as regional referral centers for the most complex patients. Their specialized expertise enabled them to ramp up as specialized Ebola centers.
Response to Ebola and Preparation for the Next Threat

As demonstrated just one year ago, the infrastructure afforded by these well-established referral patterns and specialized expertise at academic medical centers strengthens the ability of the nation’s health care system to respond expeditiously to novel threats.

- For over a decade, both Emory University and University of Nebraska Medical Center (UNMC) have been maintaining specially built isolation units to treat patients with serious infectious diseases—at the time, two of only three ready units in the country. The institutions had invested substantially to conduct regular training exercises and maintain constant readiness, despite losing funding from other sources.
  - After treating the first Ebola patients in the U.S., both facilities made it a priority to share the knowledge they gained such that it could be accessed by other hospitals in the U.S. and health professionals globally.
  - Emory and UNMC also worked closely with state and federal health officials, and continue to advise their peers. The two institutions are now co-leading the National Ebola Training and Education Center (NETEC), along with the Office of the Assistant Secretary for Preparedness and Response (ASPR), the Centers for Disease Control (CDC) and Prevention, and Bellevue Hospital Center, another major teaching hospital that successfully treated an Ebola patient.

- As a result of their experience in caring for the most complex patients and in administering research protocols, major teaching hospitals were able to gear up immediately when it became clear that treating Ebola required unique and extensive preparedness beyond standard hospital readiness.
  - As of Feb. 18, AAMC-member teaching hospitals are 50 of the 55 Ebola Treatment Centers designated by the CDC in collaboration with state health officials. Other teaching hospitals have been designated by state officials as assessment facilities.
  - 8 of the 9 Regional Ebola Treatment Centers designated by HHS in June 2015 are major teaching hospitals. These facilities have enhanced capabilities and will be continuously ready to treat patients with confirmed Ebola or other highly infectious disease.

- Medical schools and teaching hospitals have also played a central role in advancing important research toward potential vaccines, diagnostics, and treatments for Ebola. For example, The University of Texas Medical Branch at Galveston (UTMB) and the Vanderbilt University Medical Center, with other partners, was awarded an NIH grant in March 2014 to advance treatments of Ebola and Marburg viruses.

Ongoing Preparedness Requires Sustained Investments in Academic Medicine

The capacity of academic medical centers to successfully respond to Ebola was facilitated by the nation’s longstanding commitment to supporting medical schools and teaching hospitals. The unique and extensive requirements associated with Ebola preparedness and care require a level of investment even above and beyond the typical losses that these institutions face. While emergency supplemental funding will help offset some of these expenses in meeting treatment centers’ immediate needs, sustaining that level of preparedness over the long term will require institutional financial commitment that will persist long after the supplemental funding has been exhausted. Ongoing investments in the foundation of academic medicine will be essential to ensure medical schools and teaching hospitals can continue to prepare for and respond to both emerging and known threats.

Medical Research
- Sustainable, predictable funding growth for the National Institutes of Health.

Specialized Clinical Care at Teaching Hospitals
- Medicare Graduate Medical Education (GME) payments partially offset:
  - Direct costs for physician training known as Direct GME (DGME); but also
  - Indirect Medical Education (IME) expenses as a result of the specialized services and more complex patients treated almost exclusively at teaching hospitals.

Designated Funding for Hospital Preparedness
- Continued support for the Hospital Preparedness Program (HPP) within ASPR. Designated funding from ASPR to support hospitals directly will be a key component to ensuring ongoing preparedness.