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. The nearly 400 nonfederal major teaching hospitals and health systems represented by the AAMC are complex institutions with more surge capacity (i.e., the ability to manage a sudden influx of patients) and specialized treatment capabilities than most acute care hospitals. As a result, the tripartite mission of research, education, and patient care uniquely qualifies academic medical centers in preparing for and responding to unexpected threats such as Ebola and Zika, as well as daily challenges such as influenza.

Background

Though major teaching hospitals make up only 5 percent of all hospitals, they provide the vast majority of the nation’s critical standby and highly specialized services. For example, 71 percent 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. The infrastructure afforded by these well-established referral patterns and highly specialized expertise at academic medical centers strengthens the ability of the nation’s health care system to respond expeditiously to novel threats.

At the same time, the ability to respond to these catastrophic events depends on a robust and continuing investment in standby costs for resources needed to ensure that, at a moment’s notice, a hospital can respond to an unanticipated event. This investment keeps surgeons, operating rooms, blood supplies, and many other key personnel and facilities available for immediate use in the case of an event that affects the health of a community or, in the case of Ebola, the health of the nation.

Consider, for example, the expenses associated with providing the highest level of trauma care through Level 1 trauma centers. To earn and maintain this designation, they must ensure immediate on-site access to a full team of surgical and other specialists, lab and radiological staff, and other providers. They must be equipped to treat a full spectrum of injuries at any time and prepared to accept transfers from other settings that can only provide initial care. These specialized capabilities are critical in an emergency—according to the Centers for Disease Control and Prevention (CDC), severely injured patients who receive care at a Level I trauma center have a 25 percent better chance of survival than those who receive care elsewhere—but these capabilities carry a sizeable price tag even when they are not in use.

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 that could be found at teaching hospitals. For over a decade, two AAMC-member institutions have maintained 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 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 United States, they made it a priority to share the knowledge they gained with state and federal health officials, other facilities in the United States, and health professionals globally. Ultimately, AAMC-member teaching hospitals comprised 90 percent of the Ebola treatment centers designated by the CDC in collaboration with state health officials and also played a central role in advancing important research toward potential vaccines, diagnostics, and treatments for Ebola.
The capacity of academic medical centers to respond successfully to Ebola was facilitated by the nation’s long-standing commitment to supporting medical schools and teaching hospitals. While emergency supplemental funding is frequently necessary in such situations to offset some unique expenses and meet facilities’ immediate needs, sustaining that level of preparedness over the long term requires institutional financial commitments that persist long after supplemental funding is exhausted. The Hospital Preparedness Program (HPP), administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR) within the Department of Health and Human Services (HHS), is an important source of dedicated funding for such efforts, but its budget today is less than half the funding level in fiscal year (FY) 2003 when the program peaked at $515 million.

Additionally, ongoing investments in the missions of academic medicine will be essential to ensure medical schools and teaching hospitals can preserve the infrastructure that allows them to scale up immediately in emergency situations. Maintaining specialized treatment facilities—including trauma centers, decontamination units, advanced life support care, burn units, and other services and facilities—is part of the core patient care mission of major teaching hospitals, as is educating the physicians and other health professionals who staff them. The added benefits provided by teaching hospitals to the community mean that faculty physicians, teaching hospital staff, and physicians in training are available as frontline responders during a public health crisis, providing an invaluable resource to those who need immediate care during an emergency and serving as vital partners to the broader public health community.

AAMC Policy Recommendations

- Stable, ongoing funding to support the missions of medical schools and teaching hospitals is essential to ensure they can maintain the physicians, staff, and services required to respond to emergencies, whether the emergencies are limited to the institution’s community or threaten the health of the nation.
- The AAMC supports robust, continued funding for HPP within ASPR. Designated funding from ASPR to support hospitals directly will be a key component to ensuring ongoing preparedness.
- A system for public health funding that only takes the nation from crisis to crisis fuels major vulnerabilities in the country’s preparedness. The AAMC supports a strong investment in the nation’s core public health and health care infrastructure and swift access to designated emergency supplemental funds, as necessary. Repurposing existing investments to address new threats will only weaken efforts.

Related Issues

- Medicare Mission Payments
- National Institutes of Health

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Web Resources

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

Triumph Over Tragedy: Academic Medicine’s Vital Role in Providing and Advancing Trauma Care
www.aamc.org/download/335876/data/academicmedicinesvitalroleinprovidingandadvancingtraumacare.pdf