

PERSPECTIVE



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This issue of *Leadership Perspectives* reveals a striking congruence of opinions among three former academic health center leaders (and AAHC Board Chairs) who have gone on to positions of great impact and responsibility outside of

academe. These individuals have not—to my knowledge—spoken to each other about their contributions to this issue; yet, they strongly and forcefully recommend a similar course of action for academic health centers. I urge you to not only read carefully what they say, but, more importantly, to act upon their recommendations.

Victor Dzau transitioned from Duke University to the presidency of the National Academy of Medicine (formerly the Institute of Medicine). He notes that academic health centers must be drivers of change and that leaders need to look beyond the day-to-day challenges and be engaged in policy work to shape the nation's future in the context of healthcare transformation.

Harold Paz left Penn State to become Executive Vice President and Chief Executive Officer at Aetna. He states that one of the most important things a leader can do is to step outside of the institution as much as possible. Institutions also need to learn to be proactively responsive to the transformations taking place in the healthcare arena.

Claire Pomeroy moved from UC Davis to become the President of the Albert and Mary Lasker Foundation. She writes that academic health centers need to reach out more often and explore relationships with other sectors. What, she asks, can academic health centers learn from business or from similar institutions in other countries?

Look beyond day-to-day challenges, step outside of the institution, reach out and explore relationships with other sectors—all presenting the same basic thematic advice. Those selected to lead academic health centers are most often chosen from within the academy; their success has been largely “academic” in the sense of achieving the tickets required for advancement and recognition in their fields of endeavor. But leadership today, in the context of 21st century medicine, has other essential ingredients: the *courage* to explore outside of the ivory tower; the *stamina* to build new alliances and partnerships; and the *ability* to successfully change institutional culture in the process. The perspective shared by Drs. Dzau, Paz, and Pomeroy should be required reading.

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LEADERSHIP PERSPECTIVES

Outside Perspectives from
Former AAHC Board Chairs



Victor J. Dzau, MD
PRESIDENT
National Academy of Medicine



Harold L. Paz, MD, MS
EXECUTIVE VICE PRESIDENT
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Claire Pomeroy MD, MBA
PRESIDENT
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Victor J. Dzau, MD // *President*
National Academy of Medicine

Academic health centers are fundamentally significant because of their core missions of education, research, and patient care. Beyond that, they are important because they have the capacity to drive change in healthcare and its delivery.

Academic medicine today has an abundance of opportunities. From the more traditional models of NIH-funded bench research and translational research to, now, T4 research, population health, and global health, the very definitions of academic medicine have been greatly expanded. Secondly, from big data computation to genomic sequencing, synthetic biology, gene editing, and the quantitative sciences, the methodologies that are available to academic medicine are unprecedented. There has never been another time in the history of academic medicine when we have had so many investigative tools.

A central challenge for academic health centers today is to decide how they can best apply those tools and pursue opportunities with a purpose that will bring academic perspectives to bear in improving the health of the nation. Those aspirations should be defined not just in the traditional senses of research, patient care, and education, but also in terms of policy and leadership, which are also imperatives for the future of medicine and health. I think it is critically important, for example, that we develop the next generation of clinicians, physicians, and other health practitioners to be engaged in policy work—such involvement is and will continue to be critical for shaping the nation’s future in the context of healthcare transformation.

Academic health centers should be drivers of change. Toward that end, I would urge leaders of academic health centers to look beyond the day-to-day challenges that their institutions face. While it is certainly important that our institutions run as optimally as possible, let us also focus on where we want to go as a nation—and on how our institutions can help reach those goals.

Academic health centers are uniquely positioned to develop the practice of medicine and address the health and healthcare challenges that

providers, patients, and communities face. To help medicine reach its full potential in support of health, it is our obligation to be leaders. If we sit on the sidelines, participate passively, or complain, we are not doing our jobs. We should lead our institutions to live up to their promise of producing new ideas and new ways of doing things. Because if we don’t do that, who else will?



“ Academic health centers should be drivers of change. ”

Harold L. Paz, MD, MS // *Executive Vice President and Chief Medical Officer, Aetna, Inc.*

Since transitioning from the helm of an academic health center to a position in the private sector, my perspective on the role, function, and mission of academic health centers has fundamentally remained unchanged. Rather, in many ways it has been reinforced by a renewed appreciation for the unique role that academic health centers play in developing future generations of physicians, scientists, and health practitioners, and for the enormous responsibility that these institutions have for innovations.

Scanning the landscape of academic health center leadership, I think one of the most important things that a leader can do is to step outside of the institution as much as possible. Much can be learned about opportunities to transform healthcare by understanding the perspectives of patients, the community at large, individual stakeholders in the community, business leaders, and government.

Universities in general, and academic health centers specifically, play an enormously important role in terms of conservancy of their missions in education, research, and improving health. That is, of course, a vital role, and one that must remain a central function. But at the same time, academic health centers today must also be focused on how healthcare is changing.

We have now undergone 100 years post-Flexner. The old world order was defined by a doctor/patient relationship that was largely physician-centric. That has evolved with the rise of the public health movement, which started in the 1800s and has transformed many previous assumptions about healthcare—not the least of which are shifts in economics and the rise in population health. Other transforming factors include the advent of consumerism and what is being called consumer-driven healthcare, as well as changes in the use of technology. Healthcare is hardly immune to such changes, which will certainly continue to have an enormous impact on academic health centers.

As we train the next generation of health professionals, educators, and researchers, it is essential that academic health centers begin to adapt to these changes and learn to be proactively responsive to them—while not abandoning the core responsibilities that are conserved within universities. Fulfilling those two roles simultaneously is fundamentally challenging, but I think it is essential so that the mission of academic health centers remains relevant and continues to have an important impact on the health and well-being of communities and individuals.



“ ...one of the most important things that a leader can do is to step outside of the institution... ”

Claire Pomeroy MD, MBA // *President*
Albert and Mary Lasker Foundation

Having worked inside and now outside of academic health centers, my perspectives have become more resolute. I believe it is essential that academic health centers reach out more often and more effectively to develop multi-sector collaborations. They need to think more broadly and explore ways to partner with industry, government, and philanthropy. Bringing those four entities together in more effective ways takes innovative thinking and will often require the learning of new skills for connecting with different sectors.

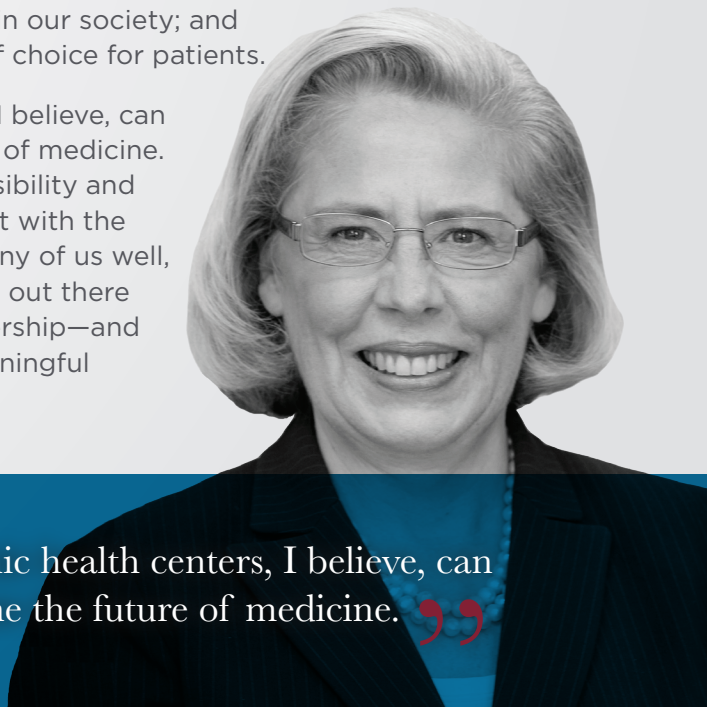
I also believe that academic health centers should become even more articulate advocates for the essential work that they do. It is vitally important that academic health centers celebrate all the benefits that they bring to society and to the world. The key challenges are to find ways to make the exciting things that are happening in academic health centers more visible and to underscore how academic institutions touch the people in their communities.

How might these two goals be accomplished? First, I think the people who work in academic health centers need to remember that their primary constituents are not academic leaders, faculty, or staff, but rather the people that they serve: students, patients, communities, and society as a whole.

Second, academic health center leaders should look more to learn from other groups. What can academic health centers learn from business about how to optimize their operational practices? What can academic health centers in the United States learn from similar institutions in other countries—applying a global perspective? There are powerful opportunities for continuous improvement.

Leadership and commitment will determine the future for academic health centers: finding new ways to teach and learn in order to educate the next generation; partnering with other entities—industry and government, for example—to take our basic research findings and translate them into products that really improve lives; increasing community engagement to make sure that academic advances are actually impacting health in our society; and becoming the providers of choice for patients.

Academic health centers, I believe, can uniquely define the future of medicine. That’s an inspiring responsibility and opportunity. Being content with the status quo will not serve any of us well, because the opportunities out there are huge. Vision and leadership—and translating those into meaningful actions—are imperative.



“ Academic health centers, I believe, can uniquely define the future of medicine. ”