

INEXTRICABLY INTERTWINED MISSIONS

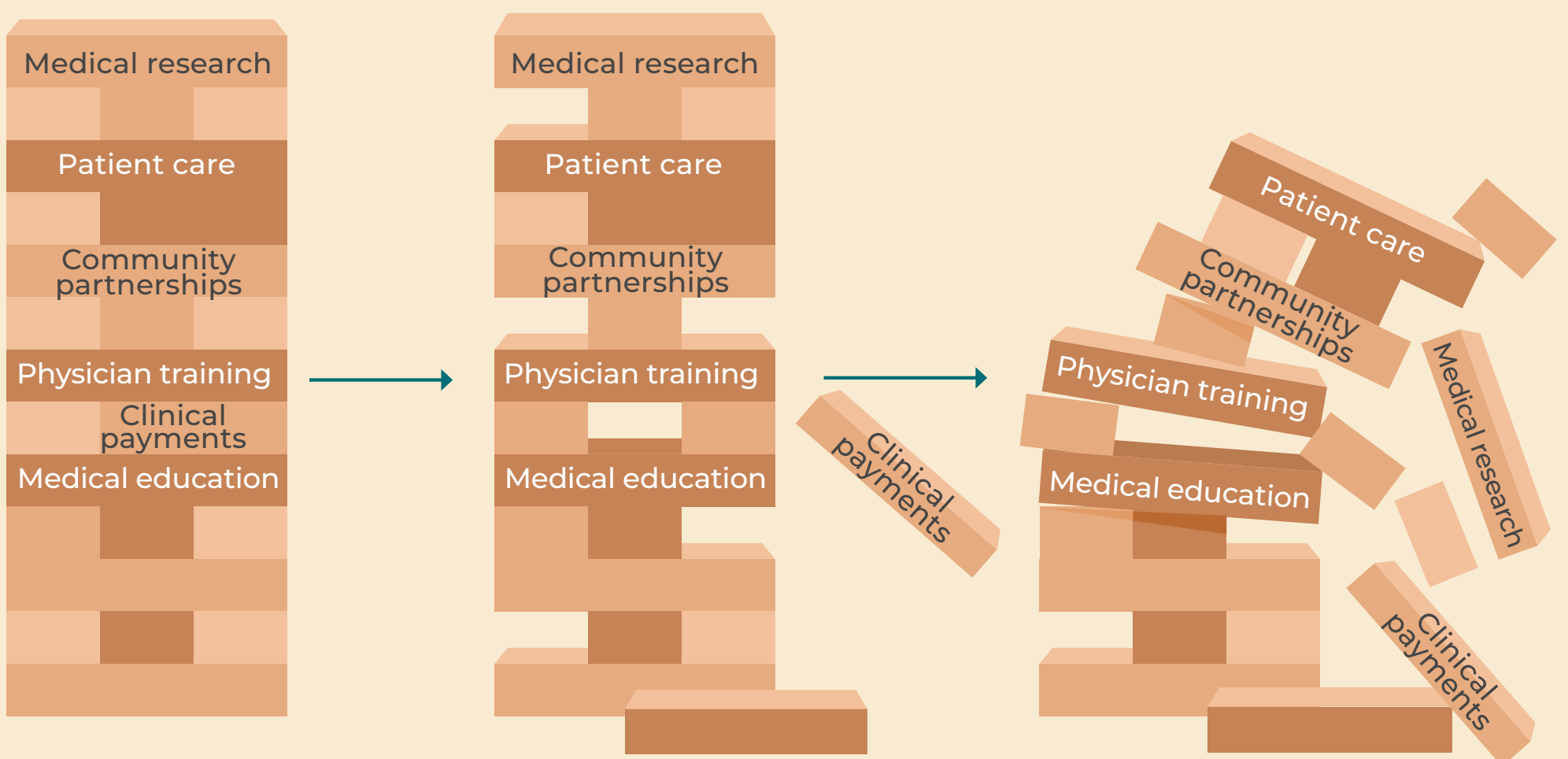
ACADEMIC MEDICINE'S IMPACT ON THE NATION'S HEALTH

Academic medicine — teaching health systems and hospitals, medical schools, faculty physicians, resident physicians, learners, and researchers — plays a unique and pivotal role in the U.S. health care system. These providers and institutions constitute the AAMC's membership, including approximately 400 teaching health systems and hospitals and more than 150 medical schools, and advance four missions:

- Physician and other health care workforce education and training.
- Groundbreaking medical research.
- Cutting-edge patient care, including care for the sickest and most complex patients.
- Critical community collaborations to improve the health of local communities.

These missions improve the health of patients and communities everywhere and are inextricably intertwined. The federal government plays a key role in supporting this work because it constitutes a societal good. Insufficient financing or reductions in support for one mission area in turn limit the effectiveness of the others.

CUTS TO ACADEMIC MEDICINE PUT AMERICA'S HEALTH AT RISK



Academic medicine’s four mission areas are so deeply interconnected that insufficient financing or reductions in support for one mission area in turn limit the effectiveness of the others. For example, when reimbursements to teaching health systems and hospitals and faculty practices are cut, the ripple effects are felt by all the mission areas. These cuts to the patient care mission affect patients, communities, researchers, providers, trainees, and ultimately the health of the nation.

ACADEMIC MEDICINE: IMPROVING HEALTH FOR PATIENTS AND COMMUNITIES

PATIENT CARE

While only 5% of all U.S. hospitals are AAMC-member teaching hospitals, they provide:

- 26% of Medicaid hospitalizations.
- 61% of Level I trauma centers.
- 100% of comprehensive cancer centers.

Additionally, 91% of AAMC member institutions provide emergency psychiatric services, and 63% perform kidney transplants.¹

MEDICAL EDUCATION AND PHYSICIAN TRAINING

After graduating medical school, all physicians in the United States must complete residency training before they can practice independently. Hospitals and health systems that choose to train residents incur real and significant costs beyond those typically associated with providing patient care because Medicare offsets only 22% of the cost of medical residency training.²

MEDICAL RESEARCH

Nearly every treatment in your medicine cabinet has its origins in NIH-funded research. And almost 60% of all NIH-funded extramural research takes place at medical schools and teaching health systems and hospitals. Academic medical centers invest 53 cents for every \$1 of externally sponsored support.³

COMMUNITY PARTNERSHIPS

The average AAMC-member teaching hospital spends \$148 million annually on community benefit. Medical schools and teaching hospitals contributed \$728 billion to the GDP in 2019.⁴ As anchor institutions, medical schools and teaching health systems and hospitals forge partnerships with their communities to meaningfully improve health equity.

Notes

1. AAMC analysis of fiscal year (FY) 2022 American Hospital Association data; American College of Surgeons Level 1 Trauma Center designations, 2023; the National Cancer Institute's Office of Cancer Centers, 2022; and AAMC membership data, December 2023.
2. AAMC analysis of FY 2021 Medicare Cost Report data. July 2023 Hospital Cost Reporting Information System (HCRIS) release. If FY 2021 data was not available, FY 2020 was used.
3. AAMC. *Academic Medicine Investment in Medical Research*. Washington, D.C.: AAMC; 2015. https://store.aamc.org/downloadable/download/sample/sample_id/406/
4. Nienow S, Brown E, Hogan M, Smith D, Woollacott J, Depro B. *Economic Impact of AAMC Medical Schools and Teaching Hospitals*. Washington, D.C.: AAMC; 2022. <https://www.aamc.org/media/61256/download?attachment>