

Academic Medical Centers and The University of Illinois



UIMC



MGH

Prof. Donald A. Chambers
Board of Trustees
May 29, 2013

The Health and Hospital Affairs Subcommittee of the University Senates Conference 2012-2013

Donald A. Chambers (UIC), chair
Geula Gibori (UIC)
Kim Graber (UIUC)
Leslie Struble (UIUC)
Jorge Villegas (UIS)

The Issue

The UIC Medical School is ranked 62nd by US News and World Report.

The UIC Hospital is ranked 23rd in the State of Illinois by US News and World Report.

Are these rankings appropriate and how can they be improved?

Agenda

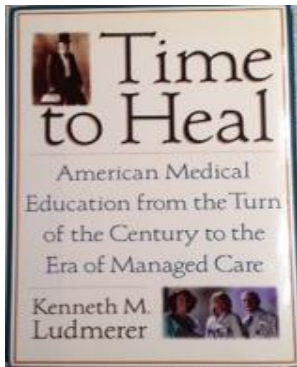
- I. Academic Medical Centers and their Nature
- II. Historic Challenges Faced by the University of Illinois Medical Center
- III. The Present and the Future
- IV. Conclusions

Academic Medical Centers

The Academic Medical Center and teaching hospital function to educate medical students, other health profession students and provide post-graduate training usually within the context of a university.

The academic clinical facility (hospital) has two primary functions:

- to supply the clinical needs for education
- to supply the clinical needs for academic clinical research

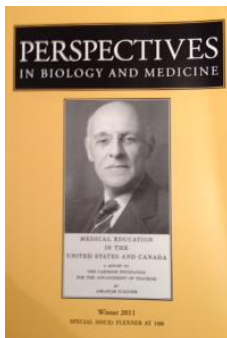


*Time to Heal: American
Medical Education from the
Turn of the Century to the
Era of Managed Care*

K. M. Ludmerer
Oxford University Press,
1999

Academic Medical Centers and The Flexner Report, 1910

1. Established the University as the natural home for medical education and laid the groundwork for the modern academic medical center.
2. Dichotomized medical education into basic science and clinical education.
3. Developed the concepts of ward rounds, attending physicians, internships and residencies.
4. Established the concept of full-time salaried clinicians.
5. Gold standard was the Johns Hopkins Medical School and Hospital, 1893



Flexner at 100

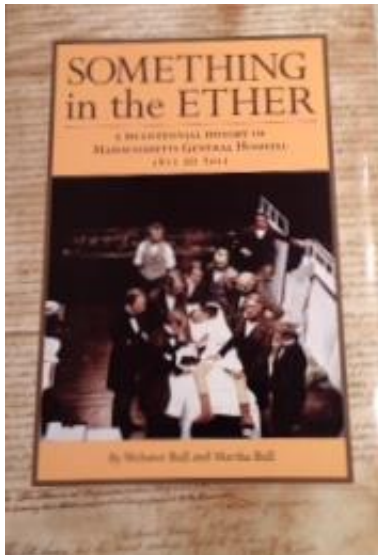
D.A. Chambers, ed.

*Perspectives in Biology and
Medicine,*

Winter, 2011, v.54, n.1

Generic Characteristics of Successful Academic Medical Centers

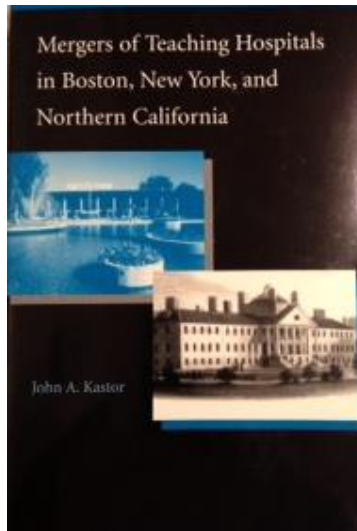
1. The pursuit of excellence in all its dimensions
2. Sustained leadership
3. Flexibility and adaptability
4. Pride of community and engagement of faculty



*Something in the Ether. A Bicentennial History
of Massachusetts General Hospital, 1811-2011*

W. Bull and M. Bull

Memoirs Unlimited, Beverly MA, 2011



*Mergers of Teaching Hospitals in Boston,
New York and Northern California*

J.A. Kastor

Univ. of Michigan Press, 2003

Historic Challenges Faced by the University of Illinois Medical Center

1. Krebiozen-1950s- formation of School of Basic Medical Sciences and The Abraham Lincoln School of Medicine- rejoined in 1982
2. Loss of Rush Medical School Faculty, 1962-1965
3. Affiliation with Michael Reese Hospital, 1988
4. IRB difficulties with NIH, 1999
5. Hospital issues, 2013

Challenge 1: Krebiozen

1. Touted as a miracle drug for cancer treatment, found to be creatinine, a metabolic product of muscle metabolism.
2. Andrew Ivy, Vice Chancellor of the Medical Center, was the major US scientist involved. Ivy lied under oath about the effectiveness of the drug and was dismissed.
3. Led to the disassociation of the basic scientists from the clinicians and the formation of the School of Basic Medical Sciences and the Abraham Lincoln School of Medicine. These two entities were reunited in 1982 with the formation of UIC.

Challenge 2: Secession of Rush Medical Faculty from U of I Medical Faculty

After a long distinguished history beginning in 1843, Rush Medical School closed in 1942, but their teaching hospitals, Presbyterian and St. Lukes Hospital continued.

Rush Medical Faculty joined the faculty of the University of Illinois.

In 1962, by contract, the affiliation was re-evaluated and subsequently dissolved.

The Rush Medical School charter was reactivated leading to the re-establishment of the Rush College of Medicine.

Challenge 3: Michael Reese Hospital Merger

1982 –The new UI Hospital opened as an ~600 bed primary teaching hospital for the UIC Medical School.

Within a year, it was apparent that the number of beds of the UI Hospital were excessive and beds were closed.

Financial difficulties continued.

1989- The Dean of the COM negotiated an affiliation agreement with Michael Reese Hospital to be the primary teaching hospital for UIC.

The UI Hospital was to be given to Cook County.

The affiliation subsequently failed as a function of faculty political action.

Dean Phillip Forman resigned as did within one year 15 clinical department heads who were then replaced by Reese department heads.

U. Of I. Wants Out Of Hospital Business

December 25, 1988 | By John Camper.

On a warm fall Friday in 1980, the University of Illinois opened its new \$60 million state-of-the-art teaching hospital in the West Side Medical Center to rave reviews.

“A magnificent and utilitarian structure,” wrote a local newspaper columnist.

“The U. of I. Hospital will be the best-equipped, most modern there is.

Eight years later, university officials can’t wait to get rid of it. The hospital has run up a \$12 million deficit, generated bad publicity and failed to attract enough patients to keep medical students occupied. Last week U. of I. officials announced a plan to lease it to Cook County and shift most of their teaching to the venerable Michael Reese Hospital five miles away.

The U. of I. Hospital was planned and built during the go-go era of hospital construction and expansion, when hospitals would run up the bills and government or private insurers would automatically pay them.

But in retrospect, there may have been an omen in the speech by Patricia Roberts Harris, U.S. secretary of health and human services, at the dedication ceremonies for the building.

Challenge 4: IRB Problems with NIH

NIH found irregularities with IRB practices at UIC and closed down research.

Chancellor David Broski resigned and was replaced by Dr. Sylvia Manning.

Challenge 5: Hospital Issues, 2013

The Good News

NIH funding remains relatively good and has the potential for continued improvement.

UIC ranks in the 40s among US medical institutions and could rise to the 30s.

Top NIH grant funding by institutions, 2010

1	JOHNS HOPKINS UNIVERSITY	\$686,498,501
2	UNIVERSITY OF PENNSYLVANIA	\$577,004,981
3	UNIVERSITY OF WASHINGTON	\$570,724,570
4	UNIVERSITY OF MICHIGAN AT ANN ARBOR	\$565,089,054
5	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	\$537,661,269
6	UNIVERSITY OF PITTSBURGH AT PITTSBURGH	\$492,956,429
7	WASHINGTON UNIVERSITY	\$449,470,281
8	YALE UNIVERSITY	\$442,396,184
9	UNIVERSITY OF CALIFORNIA SAN DIEGO	\$441,046,681
10	DUKE UNIVERSITY	\$438,916,636
11	UNIVERSITY OF CALIFORNIA LOS ANGELES	\$436,605,202
12	STANFORD UNIVERSITY	\$413,486,858
13	MASSACHUSETTS GENERAL HOSPITAL	\$382,510,054
14	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	\$382,338,687
15	VANDERBILT UNIVERSITY	\$374,217,555
16	BRIGHAM AND WOMEN'S HOSPITAL	\$355,576,129
17	COLUMBIA UNIVERSITY HEALTH SCIENCES	\$333,946,704
18	EMORY UNIVERSITY	\$315,017,042
19	UNIVERSITY OF WISCONSIN MADISON	\$305,731,118
20	UNIVERSITY OF MINNESOTA TWIN CITIES	\$303,805,052

21	HARVARD UNIVERSITY (MEDICAL SCHOOL)	\$255,666,557
22	SCRIPPS RESEARCH INSTITUTE	\$245,053,585
23	BAYLOR COLLEGE OF MEDICINE	\$243,564,418
24	UNIVERSITY OF SOUTHERN CALIFORNIA	\$242,240,492
25	FRED HUTCHINSON CANCER RESEARCH CENTER	\$236,818,428
26	UNIVERSITY OF ALABAMA AT BIRMINGHAM	\$232,149,968
27	UNIVERSITY OF CALIFORNIA DAVIS	\$230,500,475
28	UNIVERSITY OF CHICAGO	\$230,482,328
29	NORTHWESTERN UNIVERSITY	\$230,478,443
30	OREGON HEALTH AND SCIENCE UNIVERSITY	\$222,101,996
31	UNIVERSITY OF ROCHESTER	\$210,062,998
32	UNIVERSITY OF TEXAS SW MED CTR/DALLAS	\$208,957,905
33	MAYO CLINIC	\$205,508,120
34	UNIVERSITY OF MARYLAND BALTIMORE	\$201,891,157
35	UNIVERSITY OF IOWA	\$198,637,831
36	ALBERT EINSTEIN COL OF MED YESHIVA UNIV	\$196,956,856
37	UNIVERSITY OF COLORADO DENVER	\$191,814,330
38	UNIVERSITY OF TEXAS MD ANDERSON CAN CTR	\$189,208,641
39	CASE WESTERN RESERVE UNIVERSITY	\$185,419,291
40	OHIO STATE UNIVERSITY	\$180,484,896

41	MOUNT SINAI SCHOOL OF MEDICINE OF NYU	\$180,312,503
42	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	\$180,234,587
43	UNIV OF MASSA MED SCH WORCESTER	\$179,860,581
44	UNIVERSITY OF UTAH	\$166,530,686
45	UNIVERSITY OF ILLINOIS AT CHICAGO	\$164,853,637
46	DANA-FARBER CANCER INSTITUTE	\$161,270,476
47	UNIVERSITY OF FLORIDA	\$159,190,769
48	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	\$157,253,708
49	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	\$155,398,935
50	UNIVERSITY OF CALIFORNIA IRVINE	\$153,637,299
51	BETH ISRAEL DEACONESS MEDICAL CENTER	\$153,575,776
52	SLOAN-KETTERING INSTITUTE FOR CANCER RES	\$145,968,642
53	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	\$143,431,642
54	HARVARD UNIVERSITY (SCH OF PUBLIC HLTH)	\$137,774,371
55	UNIVERSITY OF CALIFORNIA BERKELEY	\$137,349,166
56	WEILL MEDICAL COLLEGE OF CORNELL UNIV	\$132,055,999
57	BROAD INSTITUTE, INC.	\$131,975,441
58	BOSTON UNIVERSITY MEDICAL CAMPUS	\$129,127,371
59	CHILDREN'S HOSPITAL BOSTON	\$125,791,585
60	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	\$125,425,202

The Good News

The revitalization of the Illinois Medical District makes possible new opportunities for synergies and productive affiliations.



An Audacious Expansion Is Coming To The Illinois Medical District By Sandra Guy

[The Illinois Medical District plans a high-tech expansion as audacious as its decadelong mismanagement that ended in a \\$40 million revenue-bond default last year.](#)

[“We’ve undergone a fiscal and cultural transformation and we’re now bringing new money — and new life — back to the district.”](#)

[Plans call for development of 55 vacant acres, a link to the University of Illinois’ supercomputer and a retail, hotel, restaurant, office and convention meeting-space...](#)

Conclusions

The challenges faced by academic medical centers, including the University of Illinois Medical Center, relate to the integration of structure, function and personality as well as enunciation of vision, consistent leadership and the absence of bold, innovative thinking coupled with risk aversion.

All of these are solvable provided strong leadership is coupled to willing and talented faculty who will develop a pride and sense of ownership.

The basis for strong scientific research has been maintained, but the integration of basic research with clinical research and translational research needs to be emphasized and enhanced.

Opportunities for synergism within the Illinois Medical District are paramount to the success of the Medical Center and the Illinois Medical District.

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May 29, 2013