

Medical School Leaders Looking for a Challenge

BY CHRISTINE KILGORE

Fresh from their successful efforts to convince Congress and the president to dramatically increase federal biomedical research funding, the nation's medical school deans are now working to prioritize which issues to tackle over the next several years.

The menu of issues is huge: crises in access to and cost of health care, an inadequate emphasis on preventive and primary care services, wide variations in health care utilization and quality of care, and a pace of translational research that many believe is much too slow.

"We're asking ourselves: What should we take on in the next 3-5 years, and how can we as medical school leaders maximize our value and contribution?" Dr. E. Albert Reece, who chairs the Association of American Medical Colleges' Council

of Deans, said in an interview. The council identifies issues affecting academic medicine and develops strategies to deal with them.

When Dr. Reece assumed the council chairmanship last October, biomedical research funding was the top issue. Since 2004, the budget of the National Institutes of Health had been reduced by 13% after factoring in inflation—a trend that leaders at the AAMC argued was slowing progress on critical research programs and creating a backlog of unfunded and underfunded biomedical research projects.

"Our approach with Congress and with the Obama transition team, and then the administration, was to point out how academic medical centers create a huge amount of economic activity," said Dr. Reece, vice president for medical affairs at the University of Maryland and

dean of the university's school of medicine in Baltimore.

The combined economic impact of the nation's 130 academic medical centers exceeded \$450 billion during 2005, according to the AAMC, with academic medical centers responsible for the creation of over 3 million jobs. "That's 1 out of 48 wage earners in the U.S.," said Dr. Reece.

In their meetings with legislators and national leaders, Dr. Reece and his colleagues from other medical schools emphasized the "ripple effect" of declining funding—how it thwarts the careers of young scientists and physicians interested in bench-to-bedside research and slows the amount and pace of such research.

The \$787 billion Recovery Act, formally called the American Recovery and Reinvestment Act of 2009, directed \$10 billion in new funds to the NIH—equivalent to a third of the institute's \$29.5 bil-

lion annual budget and more than the deans and other supporters of increased funding had expected. Sen. Arlen Specter (R-Pa.) championed the new funding.

Now, said Dr. Reece, in addition to sustaining ongoing research, the deans will continue to explore and implement other ways of attracting more physician-scientists to academic medicine—a need identified by the Institute of Medicine's Clinical Research Roundtable (CRR) that, from 2000 to 2005, studied the challenges facing clinical research.

Easing loan repayments was among the ideas examined by the CRR, said Dr. Reece, who served on the roundtable.

In an interview before a retreat of the Council of Deans, Dr. Reece said that other questions for the medical school deans involve "maximizing the impact of research" and better preparing graduates for the future. ■

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