Copyright 2003 Ochsner Clinic Foundation

ACADEMIC AFFAIRS

William W. Pinsky, M.D.

Executive Vice President and Chief Academic Officer, Ochsner Clinic Foundation

In health care economic discussions, it is claimed frequently that academic medical centers are less efficient and more costly than community hospitals. In some cases this may be accurate.

When this is true, generally it is due to academic medical centers taking care of the sickest and most complicated patients. Many times, these patients also are either uninsured or "underinsured." Although there are modifiers to many insurance payments to cover these outlier patients, most of the time these costs do not receive adequate direct reimbursement.

In addition, the federal government recognizes that there is an increased cost at academic medical centers in order to train our future physicians. The Direct Graduate Medical Education (DGME) payments are federal dollars that support a proscribed number of training positions at qualified Medicare provider institutions. Additionally, there is a small amount of money included to offset a portion of the staff physician's time to instruct the house officers. Other federal support includes the Indirect Medical Education (IME) payments. These are funds designed to ameliorate the extra expense academic medical centers undergo to train these future providers. Although all of these payments are based on the number of house staff relative to the percentage of beds occupied by Medicare patients, they are meant to help to offset all the extra medical education costs.

This issue of *The Ochsner Journal* dealing primarily with the 2002 West Nile virus outbreak in the United States demonstrates another factor in the importance of academic medical centers: research. The West Nile virus will be "beaten" because of the academic medical centers' working partnership with government funded research and researchers. It is this collaboration that has identified the virus, developed diagnostic techniques, and tested and implemented appropriate therapeutic modalities. Additionally, Ochsner is heavily involved in the surveillance aspect of dealing with this disease. It is the investment in our laboratories (both clinical and basic) that allows us to participate in these activities. Although many of our researchers obtain extramural funding for their work, the investment in infrastructure and start-up funding are borne by Ochsner Clinic Foundation.

Included in this expense is our assurance to our patient volunteers participating in clinical trials and research that they will be protected. In a past *Ochsner Journal* issue, I highlighted and reaffirmed our commitment to the safety of our patient volunteers (OJ 3.2, April 2001). Subsequently, we reorganized our Institutional Review Board and its activities under the leadership of Dr. Joseph Breault. He has instituted policies and procedures to assure this protection. He has enlisted volunteers to "staff" the review committees to be sure expert and compassionate oversight is involved with all of our research. Dr. Tonnette Wood leads the clinical research core facility that among other things organizes and provides the education for our clinical investigators and their staff, to ensure they deliver safe regulatory compliant research. The next issue of *The Ochsner Journal* will highlight clinical research activities at Ochsner.

It is these "extra" activities that highlight Ochsner Clinic Foundation and academic medical centers as important community assets. In addition to caring for the community's health care needs, we are invested in training and providing future caregivers and investigators, and in creating technology that allows us to prevent, as well as to treat disease.

West Nile virus is certainly a concern for those who live in "mosquito areas." However, there is also concern that academic medical centers can continue to attract the financial and intellectual capital that allows us to remain an important community asset⚜