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The Role of Academic Medicine in Maximizing Health System Performance: Cost Containment & Improved Efficiency

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01 December 2009



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“Dedicated to the optimization of health through scholarship and leadership in our education programs, in fundamental and applied research and in the prevention and treatment of illness in conjunction with Alberta Health Services and other partners”

Academic medicine's responsibility: cost containment and optimizing efficiencies



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- Assessing treatments and clinical management
 - Clinical epidemiology, outcomes; evidence-based medicine; refining clinical guidelines
 - Distinguish between what is simply new and what is essential/beneficial
- Assessing cost
 - Health economics – new drugs & innovations one of the biggest drivers of cost
 - e.g., Fabry's Disease - Enzyme replacement therapy \$250,000/patient/year – NNT to increase survival by 1 year?
- Assessing clinical service & processes
 - Expanded research programs in quality and process improvement
- Assessing disease: basic research leading to significant advances
 - Quality, and cost savings overall (not immediate)
 - Many examples: vaccines (small pox, polio)

Academic medicine's responsibility: cost containment and optimizing efficiencies



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- ***Research must be Real, Relevant and Applied***
- ***Requires***
 - ***Academic leadership in evidence based culture in the health system***
 - ***Team effort, partnerships, data on outcomes & process measures, supporting information technology, implementation plans***
 - ***Decisions based on quantitative assessment and ongoing evaluation***

Academic medicine's responsibility: cost containment and optimizing efficiencies



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- Optimize medical training
 - Work closely with health to meet changing work force needs
 - Teach greater 'cost containment, efficiencies' consciousness
- Reduce infrastructure/resource redundancy
 - Training, clinical trials, ethics
- Make choices in relation to 'Province Wide' specialized services
 - Reduce duplication of tertiary/quaternary services
- Requires real partnerships and careful joint planning:
Academic Health Sciences Centre model?

Academic medicine's other role: Return on Investment



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- Health sciences campus: economic engine
 - Backbone for health research funding & research platforms
 - Academic medicine: judged also on dollars attracted and generated
 - Research dollars (AET, AHFMR, CIHR, NIH, GC, Pharma, etc) – e.g., Pharma performs clinical trials based on research leadership (individuals) at the site
 - Patients from BC, NWT, SK come to the 2 largest Centres in AB for services
- Healthcare innovations
 - Points of leverage: relating molecules to clinical phenotypes & outcomes
 - New diagnostics, drugs, endpoints - requires platforms, clinical data, pathology
- *Note: It is not necessary to be a commercial success, to be an economic success*
- Spin-offs – take time – result in high quality jobs, wealth, investment in Alberta for decades - e.g., Isotechnika

