

Academic Medical Centers

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Academic Medical Centers

Organization and fund flow

System Organization:

- University-based
- University Affiliate
- Community-based

Functional Units:

- Departments
- Centers
- Service Lines
- Institutes

UTHealth McGovern Medical School and TIRR Memorial Hermann

University of Texas Health Science Center



McGovern Medical School

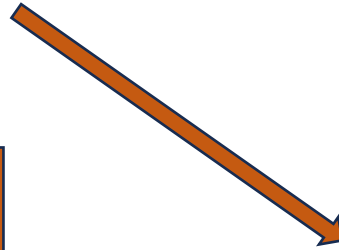
- Clinical: UT Physicians



UTP
Clinics



Harris
Health



Memorial Hermann System



TIRR Memorial Hermann

- Physician Groups



Memorial
Hermann



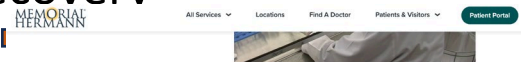
Memorial
Hermann
Medical
Group



Memorial
Hermann
Physician
Network

- Research
 - Office of Research (medical school level)
 - PM&R Research: NeuroRecovery Research Center at TIRR

- Research
 - Clinical Innovation & Research Institute (system level)
 - TIRR Memorial Hermann Research Center)

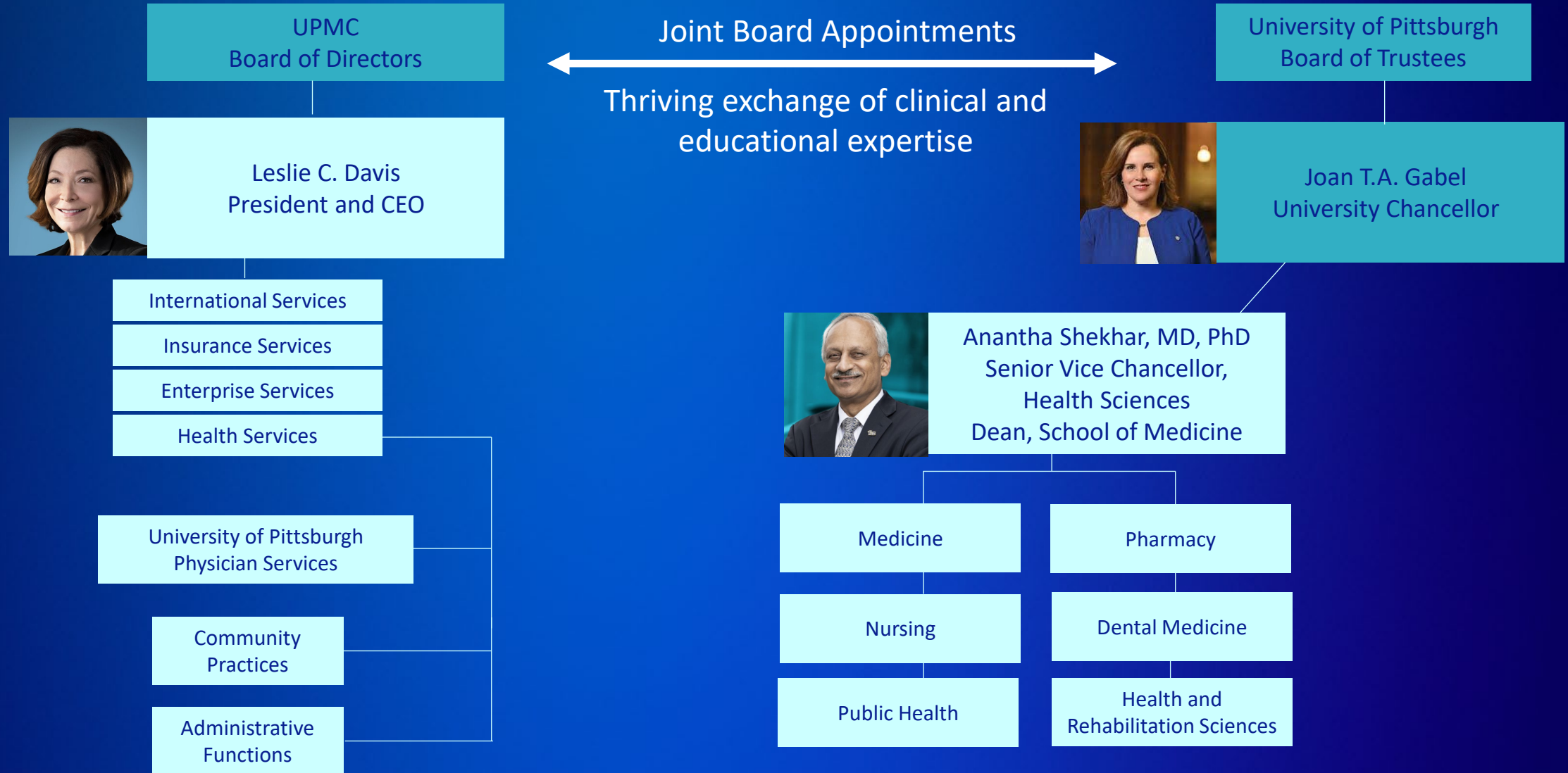


Clinical Trials and Studies

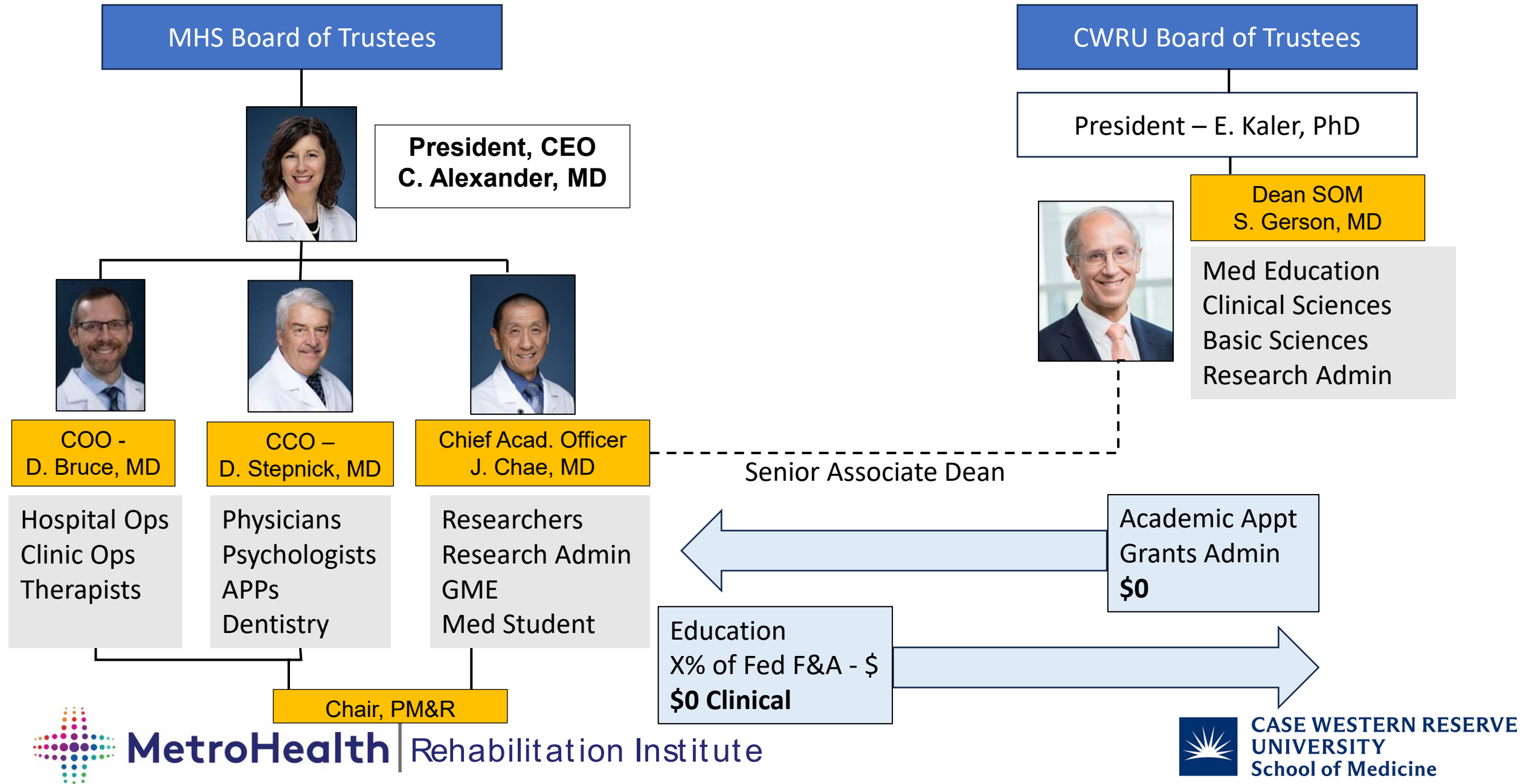
Memorial Hermann research studies involve all service lines including areas of neurology and neurosurgery, cardiology and cardiovascular surgery, pediatrics and neonatology and neuro-rehabilitation.

[Learn More](#)

UPMC-University of Pittsburgh Relationship



MetroHealth System – Case Western Reserve U. SOM



COMMUNITY COLLABORATION MODELS

- Models are variable
- Community based
- Partnerships between organizations

From the Participants

I am working on understanding revenue sources here (the sources of revenue for the department, what goes to the hospital instead, etc.) as well as where expenses come from (who pays physician salaries, for therapists, for psychology or recreational therapists who are not part of the Medicare required services for acute rehab, etc.). Here there's about 3-4 offices involved in calculating our compensation from RVUs, so I imagine there are just as many calculations regarding revenue. But I don't have a background in this much at all. I'm not sure how much of this would vary between institutions, but that's my most recent big-picture question.

From the Participants

There have been recent changes in federal government policies such as indirect funds for NIH grants and discussion of a shift in tax status of endowments. These developments have clear implications for academic medical center funding and appear to be impacting strategic planning.

1. Do you expect these factors to drive more academic medical centers toward the "Corporate" alignment discussed in the reading? Are there other short- and long-term changes you expect?
2. How can academic medical centers and faculty members best continue with their academic missions if there is an increase in financial strain?