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From the Editor

### The Pew Charitable Trusts Managed Care/Academic Health Center Partnership

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In these pages, previously (May 1994, "Medical Education and Managed Care: Uneasy Alliance"), I've discussed the challenges facing academic health centers in the managed care marketplace. I have also focused (September 1993, "Whither Graduate Medical Education?") on the challenges of funding graduate medical education for interns, residents, and fellows. Fortunately, however, it is not entirely a bleak picture.

In fact, Jefferson has been at the forefront of a quiet revolution in medical education. Last September, a team led by Jon Veloski in the Center for Research in Medical Education and Health Care, published the lead article in the Journal of the American Medical Association which outlined our preliminary findings from a federally funded project (from the Health Resources Services Administration) looking at the impact of managed care on medical education(1). This ongoing study has resulted in widespread publicity in both the scholarly and lay press as we described the curricular changes taking place in medical schools. Our Aetna-US Healthcare Fellowship Program in managed care continues to be unique in the country. Graduates of our program have assumed important leadership positions in national managed health care firms. Our combined five-year MD/MBA program continues to grow and applicants to Jefferson are selecting our school, in part, because of the availability of this joint degree program. Inside Jefferson Medical College, the fourth annual "Jan Plan" course entitled "Introduction to the Health Care System," continues to garner excellent student reviews. Our sophomore seminar and senior elective on related topics are routinely oversubscribed.

While these Jefferson-based activities are laudable, the revolution continues outside of Jefferson as well. Last summer, the Pew Charitable Trusts, headquartered here in Philadelphia, awarded a grant of \$8.3 million to Harvard Pilgrim Health Care, Inc., in Boston, Massachusetts, to oversee an initiative that will support partnerships between academic health centers and managed care organizations. According to the early summary documents emanating from the project(2), the goal of these partnerships is to develop innovative models for training the nation's future medical practitioners in providing quality, cost-effective managed care. This initiative is related to a four-part Pew Health and Human Services Program strategy aimed at improving the health of the public by fostering primary care training and promoting population health research. Carolyn Asbury, PhD, is the director of this key initiative at Pew headquarters. The managed care initiative provides critical funding to accelerate the development of emerging academic and managed care partnerships. The program is intended to develop a better understanding of how to incorporate teaching and research into managed care settings, what the trainees need to learn and how it can best be taught, and how the partnerships, themselves, can be structured for success. It is hoped that these lessons, experiences and research findings will be used to promote the growth of many partnerships across the nation.

The Pew Charitable Trusts' Managed Care/Academic Health Center Partnership Initiative is well served by the program office located at Harvard Pilgrim Health Plan, Boston, Massachusetts. Gordon Moore, MD, MPH, is the executive director and principal investigator on the grant. Dr. Moore is director of teaching programs at Harvard Pilgrim Health Plan and professor of ambulatory care and prevention at Harvard Medical School. He has had a 20-year history of leading the charge to create the so-called teaching HMO(3). Gregory Pawlson, MD, MPH, the Chairman of the Department of Health Sciences at George Washington University, is one of two associate directors responsible for the research component of the project, and I am the other associate director responsible for liaison activities with all outside organizations such as the Association of American Medical Colleges, and the American Association of Health Plans.

Currently, grant funding is used to support six leading-edge models of teaching undertaken by six partnerships. These partnerships include: Cornell University and Empire Blue Cross Blue Shield in New York City; Georgetown University and Kaiser Permanente in Washington, D.C.; Harvard Pilgrim Health Care and the Harvard Medical School; Henry Ford Health System in Detroit and Case Western Reserve University in Cleveland, the Legacy Health System and Blue Cross Blue Shield of Oregon; and, finally, the Tufts Managed Care Institute, which is a collaborative effort between the Tufts Health Plan and the Tufts University Medical School. Each of these partners will receive upwards of \$400,000 per year for three years of support. The two associate-level programs include: the Lovelace Clinic and the University of New Mexico Medical School in Albuquerque; and the University of Pennsylvania Health System and Independence Blue Cross. Although their funding levels are considerably less, it is hoped that they will make contributions to the program as well. While Jefferson is not a fully-funded partner under the auspices of this important project, the byproducts of the associate directorship are many. I have had the privilege of helping to organize two national meetings of our group focusing on such issues as the funding for graduate medical education, overcoming regulatory barriers to create innovative training programs, and related topics. Many colleagues from across the country have convened for these past two meetings, and the exchange of ideas has been brisk and exciting.

It is hoped that these regular meetings of the funded participants and other potential partners will encourage others to make a similar commitment. The experiences of the six funded partnerships will be used as case models to generate discussion and ideas. The leaders from the funded partnerships will provide coaching and consultation. Certainly, the Health Resources Services Administration project referred to earlier, our Aetna-US Healthcare fellowship and all of our internal educational efforts, will benefit from a close association with this project. In addition, groups as diverse as Tulane University, the Cleveland Clinic, and the American Medical Association, have all sponsored scientific programs related to the issue of managed care and medical education. Through the Department of Health Policy, Jefferson has been an active participant in all of these national activities.

Ultimately, the success of this program and related ones will be judged by the increase in the number of partnerships nationwide engaged in teaching medical students, residents, and practitioners to better understand the principles and practices of managed care. Academic health centers need managed care organizations for their outpatient training sites and the expertise they have in managing the health care of large populations. Ultimately, it is my hope that we will continue to improve the high quality of care delivered throughout the Jefferson Health System as we learn from the experiences of all of the partners under this important Pew initiative. As usual, I am very interested in your feedback.

- David B. Nash, MD, Editor

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