

Consortia and Integrated Programs by Ernest M. Hammel

INTRODUCTION

As medical technology and the demands of society change, the cost and complexity of educating physicians are increasing. One useful approach is for teaching hospitals and medical schools to establish multi-hospital medical education consortia that can combine the necessary resources to improve their economies and maintain strong teaching programs.

This chapter is designed to assist medical education leaders in the advancement of their educational programs and activities. Its purpose is to explore the benefits, organization, and operation of consortia and to discuss the basic requirements of program integration.

Changes in Medical Education Since the Second Edition

When this chapter originally appeared in the second edition of *The Guide* in 1998, it was noted that changes in the organization, financing, and technology of medical services, combined with the interaction of political, economic, and academic pressures, posed a significant challenge to medical schools and teaching hospitals. Furthermore, Congress and the Administration were continuing to push for reforms involving an overall reduction in the number of physicians being trained, a greater emphasis on primary care teaching, and changes in graduate medical education (GME) payment mechanisms.

Now, more than five years later, we continue to be faced with many of the same challenges as well as some new ones. We are still faced with the need to defend the value of GME and compete for resources institutionally, at the state level, and nationally. Even though there is a growing realization that health care costs and utilization are driven by consumer demand, there are still some misguided functionaries in the industry and government who believe that these costs can be controlled by training more “cheap” primary care physicians. They overlook community expectations and the need for specialists in each community.

Among the new challenges are the implementation of the [Accreditation Council for Graduate Medical Education's \(ACGME's\)](#) General Competencies and the improvement of medical education quality, the need to respond to medical error and quality of care issues, and the need to respond to the [American Medical Association's \(AMA's\)](#) new call to increase physician supply.

Individual teaching hospitals and some medical schools are beginning to have difficulty adapting to these changes. Some of the problems they have encountered are related to economy of scale: lack of full-time faculty, lack of subspecialty teaching, inadequate clinical activity, and deficiencies in specialty balance. To meet these challenges and retain the benefits of medical education, teaching institutions must begin to conserve resources while, at the same time, continuing to maintain academic excellence. One useful approach is the establishment of multi-hospital consortia that can combine the necessary resources to maintain strong teaching programs.

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