

# Ob.Gyn. Chair of AAMC Deans Outlines Agenda

BY CHRISTINE KILGORE

Fresh from their successful efforts to convince Congress and the president to dramatically increase federal biomedical research funding, the nation's medical school deans are now working to prioritize which issues to tackle over the next several years.

The menu of issues is huge: There are crises in access to and cost of health care, an inadequate emphasis on preventive and primary care services, wide variations in health care utilization and quality of care, and a pace of translational research that many believe is much too slow.

"We're asking ourselves, what should we take on in the next 3-5 years, and how can we as medical school leaders maximize our value and contribution?" Dr. E. Albert Reece, who chairs the Association of American Medical Colleges' Council of Deans, said in an interview. The council identifies issues affecting academic medicine and develops strategies to deal with them.

When Dr. Reece assumed the council chairmanship last October, biomedical research funding was the top issue. Since 2004, the budget of the National Institutes of Health had been reduced by 13% after factoring in inflation—a trend that leaders at the AAMC argued was slowing progress on critical research programs and creating a backlog of unfunded and underfunded biomedical research projects.

"Our approach with Congress and with the Obama transition team, and then the administration, was to point out how academic medical centers create a huge amount of economic activity," said Dr. Reece, vice president for medical affairs at the University of Maryland and dean of the university's school of medicine in Baltimore.

The combined economic impact of the nation's 130 academic medical centers exceeded \$450 billion during 2005, according to the AAMC, with academic medical centers responsible for the creation of more than 3 million jobs. "That's 1 out of 48 wage earners in the U.S.," said Dr. Reece, also the John Z. and Akiko K. Bowers Distinguished Professor at the university.

In their meetings with legislators and other national leaders, Dr. Reece and his colleagues from other medical schools emphasized the "ripple effect" of declining funding—how it thwarts the careers of young scientists and physicians interested in bench-to-bedside research, slows the amount and pace of such translational research, and ultimately adversely affects patient care.

The \$787 billion Recovery Act, formally called the American Recovery and Reinvestment Act of 2009, directed \$10 billion in new funds to the NIH—equivalent to a third of the institute's \$29.5 billion annual budget and an amount higher than the deans and other supporters of increased funding had expected. Sen.

Arlen Specter (R-Pa.) championed the new funding.

Now, said Dr. Reece, in addition to sustaining ongoing research, the deans will continue to explore and implement other ways of attracting more physician-scientists to academic medicine—a need identified by the Institute of Medicine's Clinical Research Roundtable (CRR) that, from 2000 to 2005, studied the challenges facing clinical research.

Easing loan repayments was among the many ideas examined by the CRR,



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said Dr. Reece, who served on the roundtable.

In an interview before an early April retreat of the Council of Deans, Dr. Reece said that other questions for the medical school deans—questions that could drive the choice of issues for new or renewed focus—involve "maximizing the impact of research" and better preparing graduates for the future.

Upgrading primary care's status and emphasis is "definitely on the agenda," he added.

Health care reform will likely favor primary care along with wellness and prevention.

A study by the AAMC has warned that demand for physicians will outpace supply faster for primary care than for any other specialty group.

Other studies—including one published recently in *Health Affairs*—also have projected a growing shortage of primary care physicians.

"The deans at most medical schools are making concerted efforts to improve the role that primary care physicians play in the delivery of care and medical education," said Dr. John E. Prescott, chief academic officer at the AAMC.

Deans have played a "very active role" in securing more biomedical research funding, he said in an interview, and are now "leading efforts" on access to treatment and the quality of care.

For primary care physicians and advocates, Dr. Prescott added, "I think 2009 will be a significant one." ■

## POLICY & PRACTICE

### Study: Abortion Consent Ineffective

Laws mandating parental involvement in minors' access to abortion have shown "mixed results," according to a literature review published by the Guttmacher Institute.

Although many studies have shown a small decrease in the abortion rate among young women in states with parental consent or notification laws, most such research has not accounted for the important factor of minors traveling out of restrictive states for abortions.

Researchers from the Guttmacher Institute, Ibis Reproductive Health, and the City University of New York reviewed 29 studies that examined various types of parental-involvement laws. Many of the studies had "serious limitations," the team reported.

As of 2008, 34 states had laws in effect that require either parental consent or notification before a minor can receive an abortion.

### ACOG Calls for Rural Services

The American College of Obstetricians and Gynecologists is calling on ob.gyns. in all areas of the country to do their part to reduce health care disparities for women living in rural areas.

In a committee opinion released in February, ACOG issued a list of suggestions for how ob.gyns. can help by undertakings ranging from telemedicine initiatives to working with rural health agencies to identify rural women's needs and barriers to their care.

ACOG also encouraged its members to partner with family physicians to ensure that appropriate training and consultation are available to providers in rural areas. Women who live outside urban areas are more likely to have cesarean deliveries, less likely to be offered a vaginal birth after cesarean, and more at risk of giving birth to low-birth-weight babies. They are also less likely to have received any family planning service within the past year, according to ACOG.

"Ob.gyns. have the ability to help improve health care for rural women," Dr. Alan G. Waxman, chair of ACOG's Committee on Health Care for Underserved Women, said in a statement.

"ACOG encourages ob.gyns. to get involved in the process because every woman deserves to be cared for, no matter where she lives."

### REAL Act Introduced

Congress is considering legislation that would authorize federal funding for comprehensive and medically accurate sexual education.

The Responsible Education About Life (REAL) Act, introduced by Sen. Frank Lautenberg (D-N.J.) and Rep. Barbara Lee (D-Calif.), would establish the first grant program for com-

prehensive sex education. Programs funded would be age appropriate, medically accurate, and inclusive of both contraception and abstinence information.

Currently, federal funding is available only for sex-ed programs that exclusively promote abstinence before marriage—programs that opponents contend are unrealistically short on information about contraception and sexually transmitted diseases.

### Group Targets Abortion Votes

The Susan B. Anthony List, an organization devoted to advancing "pro-life" women in politics, is launching a new campaign aimed at unseating members of Congress who support abortion rights.

The new effort, called the Votes Have Consequences initiative, will specifically attempt to unseat members of Congress whom the anti-abortion group says vote according to pro-abortion views that are out of sync with those of their constituents.

Marjorie Dannenfelser, president of the Susan B. Anthony List, said the project will probably identify a few key problem members, then pour as much money as possible into each of those districts. In the last election cycle, the group said it raised more than \$7 million for anti-abortion education and mobilization efforts.

However, at press time, Ms. Dannenfelser had not yet announced a fundraising target or identified which members of Congress are to be the focus of the campaign.

### Most Newborns Are Now Screened

All 50 states and the District of Columbia now require that every newborn be screened for most life-threatening disorders, although Pennsylvania and West Virginia still are in the process of implementing their expanded programs, according to a report from the March of Dimes.

State laws and rules vary, but all states require screening for 21 or more of the 29 serious genetic or functional disorders on the panel recommended by the American College of Medical Genetics, the March of Dimes said in its report.

The screening laws and rules are a marked improvement over 3 years ago, when the charity's report card found that only 38% of infants were born in states that required screening for 21 or more of the 29 "core" conditions. Now, 24 states and Washington, D.C., require screening for all 29 disorders, with more states expected to join them this year, the report said.

"This is a sweeping advance for public health," Dr. R. Rodney Howell, chairman of the federal Health and Human Services Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, said in a statement.

—Mary Ellen Schneider