



Highlights From ACADEMIC MEDICINE

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Trends in the Globalization of Health Care

Seventy percent of the world's population lives in the emerging economies of Asia, the Middle East, and Latin America. The advancement of health care in these countries is globalizing health care, states Robert K. Crone, MD. As the health care systems in these nations continue to develop through improving quality and patient safety, they will enhance their ability to attract and retain health care professionals, originate new technologies, and develop new centers of excellence that will attract patients.

Globalization will have impacts on patients, providers, payers, and governments. Opportunities such as privately financed, accredited specialty hospitals are beginning to arise in developing countries for US-trained providers to return to their home countries to practice. Many countries are developing innovative insurance systems, some in cooperation with US payers. Governments in emerging economies are increasingly focusing on paying for care and building intrasectoral reform.

The author describes three Harvard Medical International (HMI) collaborations that highlight health care trends in emerging economies. The vision for Dubai Healthcare City in the United Arab Emirates is to develop an integrated academic medical community that serves the greater Middle East region with comprehensive medical services, postgraduate training, and research programs. Acibadem Health Care group, based in Istanbul, is a network of six accredited general hospitals, six ambulatory care centers, centralized laboratory facilities, and satellite clinics. Wockhardt Hospitals,

the second largest hospital chain in India, is renowned for having created new health information systems aligned with its operational goals.

The changing global landscape, notes the author, presents a number of uncertainties: How will patients be able to choose the correct facility and provider? How will quality in outcomes be measured? How will patients who travel to obtain quality care be able to have adequate short- and long-term follow-up? Who will be liable for medical errors? How will continuity of care be provided across geographic boundaries? Will US health care institutions be able to compete outside the United States? How will the continuing disparities in health care be addressed?

Crone RK. Flat medicine? Exploring trends in the globalization of health care. Acad Med 2008;83(2):117-121.

Medical School Partnership in Singapore

This year, a new partnership has arisen, called the Duke–National University of Singapore (NUS) Graduate Medical School (GMS). This school differs from other medical education programs in Singapore in that it is modeled after the US post-baccalaureate medical education program, rather than the MBBS system (post-high school education) that is prevalent in Singapore and the rest of Asia. R. Sanders Williams, MD, founding dean of the school, and colleagues describe the process behind its creation.

The formal contractual agreement was signed in 2005, for an entering class in 2007. Duke committed to provide leadership, faculty, staff, curriculum, and operating systems to meet an aggressive timetable. The budget and facilities of Duke–NUS GMS have been designed to support an academic faculty of about 50 full-time educators and 100 to 150 part-time clinical faculty. Enrollment of 50 students per year (20%

of whom will pursue both MD and PhD degrees) is expected; the first entering class comprised 26 students from seven countries. Students who successfully complete the four-year program will be granted a joint medical degree from Duke and NUS.

Research at Duke–NUS GMS is being organized according to a two-dimensional matrix of biological/clinical themes and research modes; a program in health services will also be established. The scope of the mission of the Duke–NUS GMS focuses on medical education and research, but the school will function in a close relationship with SingHealth, which manages three hospitals with a full array of services and is comparable in scale with the Duke University Health System. Most of the clinical teaching faculty will come from SingHealth, and clinical clerkships will occur primarily in SingHealth facilities.

Why and how did such a distant venture justify this major investment of Duke's capital and energy? The primary driver was Duke's ambition to become an active participant in the globalization of biomedical sciences, medical industries, and health care. Strategic goals include exposing students to a greater diversity of cultures, beliefs, and practices in the health care arena in order to give them a richness of experience and understanding of globalization trends, opportunities, and risks.

Williams RS, Casey PJ, Kamei RK, Buckley EG, Soo KC, Merson MH, Krishnan RK, Dzau VJ. A global partnership in medical education between Duke University and the National University of Singapore. Acad Med 2008;83(2):122-127.

Johns Hopkins Transcends Borders for World Health

Global health education and research can play an important role in addressing the increasing burden of illness among the poorest countries of the world. The environment at Johns Hopkins University is supportive of students interested in these issues, says Thomas C. Quinn, MD. The Johns Hopkins Center for Global Health was launched in 2006 as a central coordinating body to help further the programmatic areas of global health within the university.

The Johns Hopkins Center for Global

Health was created by the deans of the Johns Hopkins Bloomberg School of Public Health, School of Medicine, and School of Nursing, all of which were directly involved in global health issues. The mission of the center is to facilitate and focus the extensive expertise and resources of the Johns Hopkins institutions together with their global collaborators to effectively address and ameliorate the world's most pressing health issues. The center facilitates interdisciplinary and interdivisional partnerships across all Johns Hopkins institutions for addressing global health challenges; it also coordinates global collaboration with universities, research organizations, nongovernmental organizations, and communities affected by the center's efforts. The center's faculty are full- and part-time faculty members who are involved in global health activities from research, education, and/or practice perspectives.

Specific initiatives of the Johns Hopkins Center for Global Health include:

- ❖ Serving as a resource center for global health activities within the university.
- ❖ Facilitating and coordinating topical areas of global research.
- ❖ Promoting educational programs in global health.
- ❖ Providing global health field training grants and scholarships.
- ❖ Fostering global health research and practice.
- ❖ Coordinating global health symposia, forums, and policy initiatives.

As the burden of disease around the world is shifting, the Johns Hopkins Center for Global Health will continue to identify and address the top priorities in global health. Educating future leaders in global health through research and practice will always remain the center's primary mission, says the author.

Quinn TC. *The Johns Hopkins Center for Global Health: transcending borders for world health.* Acad Med 2008;83(2):134–142.

University of Virginia's Center for Global Health Spans the Institution

Can the challenge of improving health engage university faculty and students

across all disciplines to better understand the world and its people in order to make it a better place? The University of Virginia thinks it can, say Breyette Lorntz, MA, PhD, and associates—universities can engage multiple disciplines in global health and help reverse the “brain drain” that occurs when professionals leave their home communities to pursue opportunities in more developed nations.

The University of Virginia's Center for Global Health (CGH) began in 1978 as the division of geographic medicine in the university's medical school, with a major focus of addressing the diseases of poorer nations through scientific research collaborations. In 2001, CGH was expanded to become university-wide, with a new focus and mission to inspire and support a broader constituency of university faculty, fellows, students, and outside partners dedicated to addressing global health disparities.

CGH programs include scholarships, fellowships, and global health curricula. The CGH scholar program integrates research and service foci into multidisciplinary projects throughout the world. CGH fellowships are based on partnerships with institutions in Brazil, the Philippines, China, Ghana, Uganda, Bangladesh, Mexico, South Africa, and Haiti; the program strives to attract the brightest and most innovative international researchers who have positions in their home communities and are firmly committed to return there, thereby helping to reverse the brain drain. In addition, CGH faculty members have developed courses to spark individual interest in global health and provide an academic framework for CGH scholars' international experiences.

The numbers of collaborative programs and participants are increasing steadily, an indication of the success of the program. Future initiatives include advocating for a network of university-based centers for global health, sharing the CGH model for trans-university participation in key global health issues, and continuing to internationalize the university by placing global health at the heart of multidisciplinary and international collaborations.

Lorntz B, Boissevain JR, Dillingham R, Kelly J, Ballard A, Scheld WM, Guerrant RL. *A trans-*

university center for global health. Acad Med 2008;83(2):165–172.

Academic Alliance for AIDS Treatment and Prevention

In 2001, five US clinician–scientists met with nine colleagues at Makerere University's Faculty of Medicine in Kampala, Uganda, and established the Academic Alliance for AIDS Care and Prevention in Africa (AA) to strengthen and upgrade academic medical centers in sub-Saharan Africa by educating and preparing a new generation of skilled health care professionals. Merle Sande, MD, and Allan Ronald, MD, describe the project.

Initial funding for the AA was provided by Pfizer through the Pangaea Global AIDS Foundation. Training was the primary focus, but research and models of care within the context of unmet health care needs were also important priorities. Early projects included expanding HIV/AIDS clinic hours from weekly to daily, developing a one-month training course in advanced AIDS care and prevention, and establishing the AIDS Treatment Information Center for disseminating HIV/AIDS clinical and drug information to health care professionals. The Academic Alliance Foundation (AAF) was created in 2003 as the institutional home for the AA. Its mission is “to overcome the burden of infectious diseases by building health care capacity and strengthening academic medical institutions in Africa.” In 2004, the Infectious Diseases Institute (IDI) opened to house the flagship programs of the AA, including both training and care.

The IDI training program has educated more than 1500 African health care professionals from 26 African nations, and has evolved to encompass multidisciplinary training for a broad range of infectious diseases. IDI's research program aims to generate information that will help improve the quality of health care services for people with HIV/AIDS and other infectious diseases in sub-Saharan Africa; AAF-supported programs at IDI focus on the critical longer-term goal of building improved research capacity for academic medical institutions.

Sande M, Ronald A. *The Academic Alliance for AIDS Care and Prevention in Africa.* Acad Med 2008;83(2):180–184.