Building New Research Programs in GIM in a Challenging Environment

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“It was the best of times, it was the worst of times.” This well-known quote from Dickens’ A Tale of Two Cities is a timely metaphor for the environment confronting GIM division chiefs in building new research programs. While efforts to curb the federal budget deficit have made NIH funding (the traditional bedrock of academic research programs) increasingly competitive and threaten academic medical centers’ abilities to invest clinical revenue in the research enterprise, several new opportunities for divisions of GIM have also emerged.

First is the Patient Centered Outcomes Research Institute (PCORI), whose interests are synchronous with those of GIM faculty. Similarly, new initiatives from the Center for Medicare and Medicaid Innovation (CMMI) offer opportunities to implement and test innovative healthcare delivery strategies. Second is the availability of big healthcare datasets that link EMR and other healthcare data and that enable investigators to examine a myriad of questions regarding access to, cost of, and quality of care. Third is the need for academic medical centers to develop competencies in population management and risk stratification if they are to thrive in a reimbursement environment dominated by ACOs and shared savings and risk arrangements. Last is the promotion of “learning health systems” by the Institute of Medicine and AAMC and the increasing realization that the ability to incorporate new learning into practice is essential for the survival of any healthcare organization. All of these opportunities dovetail exceptionally well with the unique skills and cultural values of general internists and represent the potential foundations and revenue sources to create thriving new research programs in the midst of an overall challenging funding climate.