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Teaching remains a core mission

Cliff Peale

Dr. Nasrien Ibrahim planned to continue her training to be a doctor in another city after finishing medical school two years ago at the University of Cincinnati.

But she was offered an internal medicine residency slot at University Hospital, so she decided to stay.

"I thought I was going to leave, but I liked the program," she said. "It's a big hospital and I knew there was a big patient demographic here."

- [Photos: University Hospital through the years](#)
- [University Hospital articles of incorporation, 1996](#)
- [Health Alliance settlement, 2003](#)
- [University Hospital report to Hamilton County, 2009](#)

University has nearly 550 residents like Ibrahim in the Corryville hospital - far more than any other hospital in the region - finishing their training in everything from internal medicine to the emergency room.

They work 16-hour days and care for dozens of patients, often starting before 7 a.m. and ending after 10 p.m., and mixing in teaching sessions throughout the day.

The hospital gets federal dollars to cover some of the residents' salaries but pays the administrative costs of the residency program. That helps provide a teaching hospital for UC's College of Medicine and also helps keep doctors in Greater Cincinnati and Northern Kentucky when they could go anywhere in the country.

Along with safety-net care for those without insurance and trauma care symbolized by its Air Care service, medical education is one of the core missions of University Hospital.

But it's struggling to finance that mission as its parent system, the Health Alliance of Greater Cincinnati, withers with the withdrawal of several member hospitals.

University Hospital leaders say they need millions of dollars in subsidies from other hospitals around the region to finance those services, which they say benefit doctors and patients from around the region.

Without those kinds of subsidies or the protections of a bigger system, they say, University will

lose the ability to maintain its physical plant and attract the best doctors.

Dr. Dan Flora, another second-year internal medicine resident, said the teaching hospital is critical to his career plans because the hospital medical staff is involved in his education.

"If you want to be in an academic setting, this is the route you take," he said.

University Hospital's fate is intertwined with UC's College of Medicine. The hospital provides a critical source of revenue for the UC Physicians clinical practice, paying doctors to supervise its various clinics, run residency programs and care for patients who can't afford to pay.

Overall, the hospital contributes close to \$50 million a year to UC and UC Physicians.

"The more profitable University Hospital is, the better it is for the College of Medicine," said Bob Ambach, chief financial officer at UC's Academic Health Center. "The more it can invest in top-notch programs, the better infrastructure it can build."

That provides a critical source of doctors for the entire region. More than half of the doctors throughout Greater Cincinnati and Northern Kentucky have received some medical training at UC.

Richard Welling, interim vice president of Academic Affairs at TriHealth, a University Hospital competitor that owns Bethesda North and Good Samaritan hospitals, said teaching hospitals provide doctors and should be funded as a community benefit.

"It not only enhances the availability of doctors, but it enhances patient care," Welling said.

UC officials have pointed to other systems around the country. In St. Louis, for example, the BJC Healthcare network includes 13 hospitals, 26,500 employees, 6,400 doctors and \$3.1 billion in revenue, nearly double the Health Alliance at its peak.

That scope enables the hospitals to share costs and benefits, said Rick Stanton, associate vice chancellor of administration and finance at the Washington University School of Medicine.

"There's sort of a synergy of interests between the hospitals and the school to support the mission," he said.

Unless they're the dominant hospital in a region, hospitals with an academic and research mission are being hit especially hard because all of their key funding sources are under pressure, said Joanne Conroy, chief health care officer of the Association of American Medical Colleges.

"If you're part of a system, you can spread your costs out," Conroy said.