





Robert N. Golden, MD

One UW Health

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n July 1, 2015, University of Wisconsin Hospital and Clinics Authority (UWHCA) and UW Medical Foundation (UWMF) became a single organization, governed by the legislation that created UWHCA in 1996 and branded as "UW Health." As proud members of the academic health center (AHC) that includes the UW School of Medicine and Public Health (UWSMPH), UWMF and UWHCA had compelling reasons to enter into the complex legal arrangement that brought the organizations together.

"The plight of academic health centers in the United States is the plight of the health of our citizens," wrote Dr. Catherine DeAngelis, then editor of *JAMA*, in a May 2000 piece in that journal.

AHCs—especially those that embrace, as the UWSMPH does, a public health mission should support the "public good," the wellbeing of all of our citizens no matter what

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their societal circumstance. AHCs are also, of course, the principal source of health care professional education and training, as well as generators of new knowledge to improve

Hospitals and Clinics Authority and UW Medical Foundation. The merger of the hospital and physician components of what we have for years called "UW Health" was very much predi-

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the health of individuals and populations. We embrace these missions, but in doing so, we accept the financial burden of their support. This support must come largely from the clinical enterprise because, at current levels of funding, education, training, and research programs simply cannot pay for themselves.

The extra financial responsibility borne by AHCs is ironic given their deserved reputation as existing at the inefficient end of the health care spectrum. Yet, there is no special dispensation for AHC inefficiency, so we must create as much efficiency as we can in the delivery of health care services. We must strive to be both academic and marketplace leaders.

And so we come to the integration of UW

cated on creating a more efficient infrastructure that would allow us to support the work of the AHC of the future. In creating the merger, we honor the UW Health brand, which for years has represented a "virtually" integrated organization.

UWHCA and UWMF have been highly successful in their own right and have established great collaboration that has evolved since each organization's inception about two decades ago. Ultimately, however, we have been separate organizations with different leadership, governance structures, financial responsibilities, and cultures. We came to realize that fine tuning our organizational alignment was insufficient for long-term success as we navigate the

demanding and rapidly changing health care landscape. We think our new streamlined structure will allow us to adapt rapidly, act strategically, respond to value and population health imperatives, and help squeeze waste from our care delivery system.

Looking beyond gains in efficiency, the creation of UW Health affords us the opportunity to create a modern concept for health care delivery and population health. Our merger is not a takeover of the hospital by the doctors or a physician group capitulating to a hospital-centric world. Viewing the health care world through the lens of either a hospital or physician group creates a limited perspective that would not help us achieve the "Triple Aim" of better care for individuals and better health for the population at the lowest possible cost. In coming together, we have built a strong foundation for a new perspective that fully focuses on those we serve.

We are well into our first year of the new UW Health. It has been an exciting and productive time, composed of equal parts reflection on our path forward and action to take us in that direction. In particular, we are focused on creating better pathways for strategic decision making and communication in our large organization, a new model for the "flow" of funds throughout the organization to support clinical and academic excellence, a robust implementation of our commitment to population health, and continuous exploration of expanding relationships in the region.

As UWMF and UWHCA have come together to form the new clinical enterprise, UWSMPH remains an inextricable part of UW-Madison. Our faculty physicians remain dual employees of UW-Madison and UW Health. A crucial goal of our merger was to maintain the proper balance between our academic and clinical missions. We have memorialized UW Health's

ongoing support of the UWSMPH through longterm financial agreements, as well as a governance structure that will have the UWSMPH dean serve in alternate terms as the chair and vice-chair of the UW Health Board.

Dr Jim Yong Kim, when he was president of Dartmouth University, said, "In my view, the rocket science in health and health care is how we deliver it." In creating a new UW Health, we have a chance to define our future as a health care delivery system that goes beyond the traditional trappings of medicine, to create new ways of thinking about and caring for each other. We launch this new endeavor with excitement, enthusiasm, and optimism about our ability to serve the state of Wisconsin and beyond.



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