

Organisational characteristics of a successful Academic Health Alliance: An assessment tool, *Alliance Diagnostics*, to judge status and trajectory towards an optimised alliance

There is an increasing recognition that high quality healthcare and impactful research can be facilitated by constructive alliances between healthcare systems and academia. Forging such alliances is a complex and often challenging process. We seek to aid their development through the application of a tool that enables new, emergent or established alliances to judge where they are on the pathway to an optimised alliance and identify priority areas for attention.

The starting point has to be the definition of the characteristics of an optimised alliance. We believe the highest order goal of academic health science systems to be the improvement of the health and wealth of the population served by the alliance (with spill-over advantage for other populations nationally and indeed internationally for those able to access the research and educational outputs of the alliance). Drawing on expert opinion, a (limited) literature, and experience of multiple systems we submit that certain features are characteristic of highly successful partnerships. In optimal form, these include:

- The partnership between academia and the health service committing to the superordinate goal of improving population health and wealth.
- A profound commitment by both parties to the three missions – clinical care, education, and research – and the avoidance of ‘trade-offs’ between them;
- Research and educational agendas that are closely informed by the health needs of the population served.
- A profound commitment to the entire translational pathway to accelerate the adoption of evidence based practice and to achieve measured impact on the population served.
- A collaborative, outward facing and future focused culture with the characteristics of a ‘learning health system’, in pursuit of the superordinate goal.

In our model, possession of all of these features and their promotion by all parties in the partnership characterise an optimal alliance. To assess the status of an alliance we have developed a self-assessment instrument to score the partnership on various aspects of these features grouped according to whether they primarily subserve the education, research and enterprise or service component of the mission or they represent general features including digital maturity which address two or more elements. In so doing we do not place too heavy reliance on either governance or financial structure, important though they are, as we appreciate that local regulatory, contractual and constitutional issues will play a significant part in dictating what is possible in a particular context. We acknowledge that an academic health science system is the archetypal ‘complex system’ and thus there will be no ‘magic levers or bullets’ that ensure transition towards an optimised alliance. But by recording summated responses in a matrix form, areas of relative deficiency can be identified and the focus of remedial attention determined. Responses to specific questions can highlight steps that can usefully be taken.



Furthermore, separate completion by staff whose principal role is clinical as opposed to academic can reveal important insights as to the joint nature of the partnership and the degree of alignment between the two sectors.

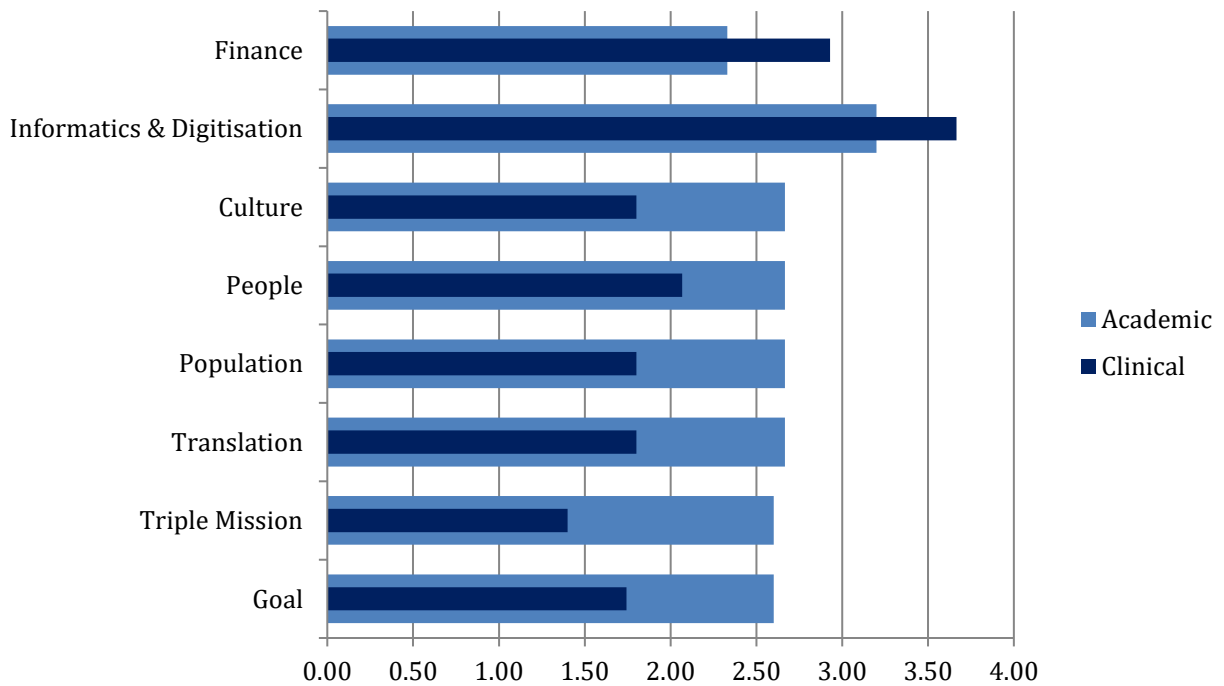
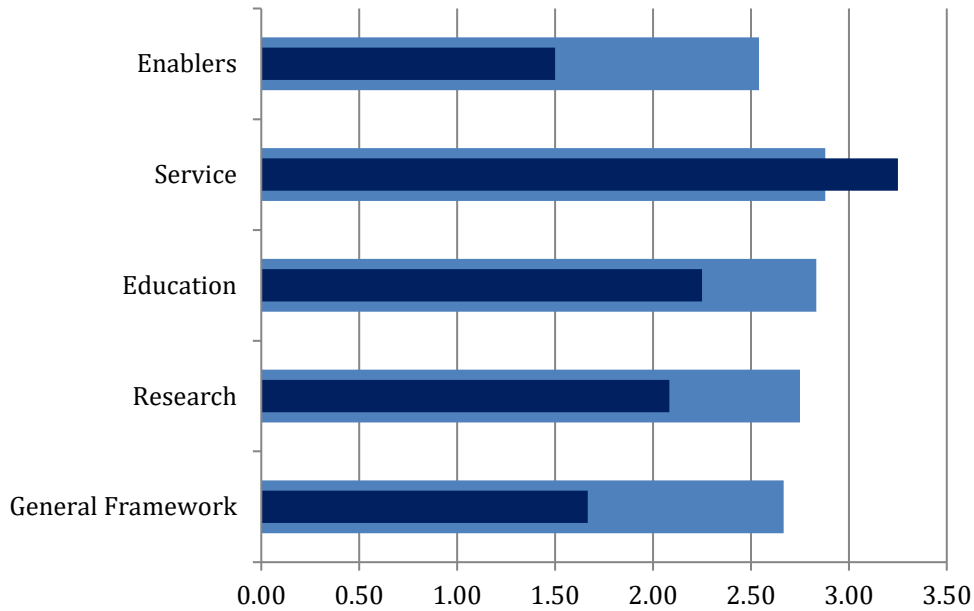
The tool lends itself to repeat application, at say yearly intervals, to judge the progress of the alliance towards an optimal form.

Example Anonymised Report

By expressing averaged scores against the various domains of activity as a “heat map” an indication of the focus of attention to advance the alliance is provided.

	General Framework	Research	Education	Service	Enablers	Sum
Goal	2.8	2.2	3.8	3.6	4.8	3.4
Triple Mission	3.7	1.8	2.5	4.3	4.2	3.3
Translation	3.4	4.2	3.3	3.6	4.1	3.7
Population	2.8	3.5	3.3	3.5	3.7	3.4
People	2.1	1.2	1.3	4.2	2.3	2.2
Culture	3.7	5.0	3.4	3.7	5.0	4.2
Informatics & Digitalisation	4.2	2.2	1.4	4.2	2.7	2.9
Finance	3.5	2.8	3.2	4.1	2.9	3.3
Sum	3.3	2.9	2.8	3.9	3.7	

Mean scores (+SD) for component questions provide more detail, to aid identification of priorities for action. Representing the responses from clinical and academic responders separately allows incongruity in particular areas to be highlighted.



Example questions

General Framework

Goal: A clearly articulated goal that embraces all three elements, (service, education, and research), in pursuit of improvement of the health and wealth of the population served, and is co-owned and expressed by both academic and clinical partners

Research

Translation: Mechanisms to facilitate links between discovery science and clinical application and a discovery agenda that is informed by the prevailing health challenges that afflict the population served

Education

Educational career track: Clear and equitable career tracks for those whose major focus and achievements relate to education (as opposed to service and/or research) with established criteria for advancement comparable to those majoring on the other facets of the mission

Service

Clinical governance: An approach that embraces measurement of clinical outcomes, safety and patient experience and a fundamental commitment to quality improvement as opposed to simply compliance

Enablers

A recognition and commitment to the concept that digitalisation and informatics are the key enablers of an academic health partnership in pursuit of its goals.