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## Enhancing the Understanding of Medical School Reporting Structures: The 2023 Organizational Model Survey Results

In 2019, the AAMC designed and administered the School of Medicine Organizational Model Survey with the aim of gathering additional data regarding reporting structures used between medical schools and their respective hospitals, practice plans, and university partners. In 2023, the survey was administered again, presenting participants with 13 distinct organizational types within four core models representing the reporting relationships of a medical school. Participants were asked to choose the model that best reflected their own institutions' alignments. These were inherently centered around the dean's sphere of influence, specifying both their reporting relationships and those who directly report to them.

This data snapshot investigates the current state of organizational structures, as well as how they have evolved between 2019 and 2023. Within this context, it also explores variations of institutional characteristics (e.g., public vs. private medical schools). By providing enhanced benchmarking and cohort capabilities that enable a comprehensive examination of medical school structures, these data can enhance strategic mission alignment and advancement.

### Methodology

The survey was administered to 156 U.S. medical schools in September 2023 and remained open for six weeks. Upon survey close, the data underwent a rigorous cleaning process to ensure accuracy and consistency. Incomplete surveys were removed from this analysis.

The survey presented four core models, each representing multiple, distinct organization types (see Appendix 1 and 2 for complete model definitions and Organizational Characteristics Database definitions<sup>1</sup>):

- **Core Model 1, the Medical School-Based Model**, included organization types wherein the hospital/medical center CEO reports directly to the school of medicine (SOM) dean. Additionally, a faculty practice plan (FPP) may or may not have a direct line of reporting to the SOM dean or hospital/medical center CEO.
- **Core Model 2, the Medical Center-Based Model**, included organization types wherein the SOM dean reports directly to the hospital/medical center CEO. Again, an FPP may or may not have a direct line of reporting to the SOM dean or hospital/medical center CEO.
- **Core Model 3, the University-Based Model**, included organization types wherein the SOM dean and hospital/medical center CEO both independently report directly to a parent university leader. Here, an FPP reports directly to the parent university leader, the SOM dean, or the hospital/medical center CEO.
- In **Core Model 4, the Stand-Alone Model**, the hospital/medical center CEO is fully independent from the SOM and parent university in terms of financial control and direct reporting. An FPP may report directly through the SOM dean or hospital/medical center CEO.

## Results and Key Takeaways

- Among the 156 medical schools surveyed, 62% (n=96) of them completed all parts of the survey.
- Importantly, this study included 22 medical schools that did not participate in the 2019 survey. Within this subset, 64% (n=14) of these schools selected the Stand-Alone Model (Model 4), wherein hospitals, medical centers, and practice plans function independently from the medical school. Of those who selected Model 4, 43% (n=6) of them selected Model 4(C), introduced in FY 2023, wherein all hospitals, medical centers, and practice plans are fully independent from the medical school and their parent university, in terms of financial control and direct reporting. In this model, however, an FPP reports directly to the hospital/medical center CEO.
- Overall, 22 medical schools changed their organizational models between 2019 and 2023 (Figures 1-4), and 55% (n=12) of them changed to Model 4(C).

## Overall Distribution

Figure 1. Core model distribution, FY 2019 (N=99; n, %).

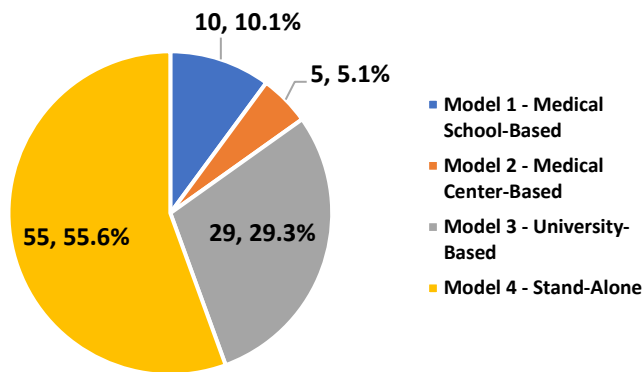


Figure 2. Core model distribution, FY 2023 (N=96; n, %).

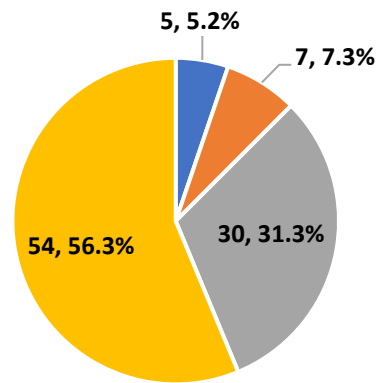


Figure 3. School-selected organizational models, FY 2019.

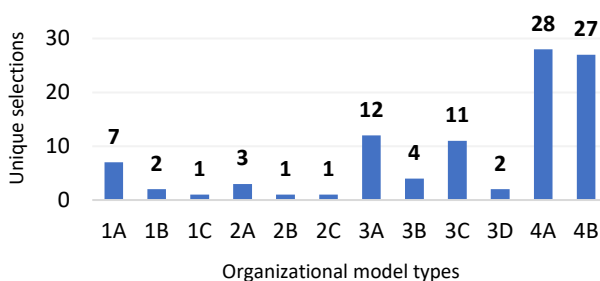
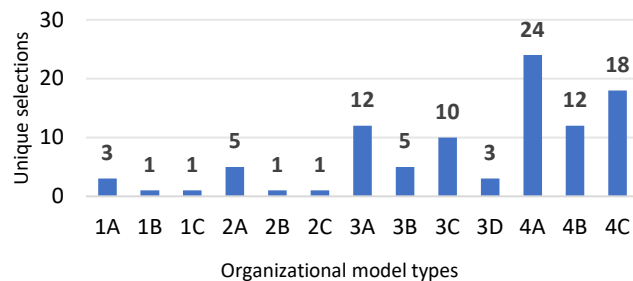


Figure 4. School-selected organizational models, FY 2023.\*



\* For FY 2023, Model 4(C) was added to the Stand-Alone core structure.

## Distribution Among Specific Organization Types

**Community-Based Schools<sup>1</sup>:** Aligning with their mission, 78% (n=14/18) of community-based medical schools selected one of the Stand-Alone models; 43% (n=6) of these schools chose Model 4(A).

**Ownership Type:** Overall, 68% (n=65) of the survey participants represented public medical schools (Figures 5 and 6).

**Public School Organizational Model Distribution:** Among the 36 public schools that selected Stand-Alone models, 42% (n=15) selected Model 4(A), 25% (n=9) selected model 4(B), and 33% (n=12) selected model 4(C). Among the 24 public schools that selected University-Based models, 46% (n=11) selected Model 3(A), 17% (n=4) selected Model 3(B), 33% (n=8) selected Model 3(C), and 4% (n=1) selected Model 3(D).

**Private School Organizational Model Distribution:** Similarly, among the 18 private schools that selected Stand-Alone models, 50% (n=9) selected Model 4(A), 17% (n=3) selected Model 4(B), and 33% (n=6) selected Model 4(C). In contrast, among the six schools that selected University-Based models, 17% (n=1) selected Model 3(A), 17% (n=1) selected Model 3(B), 33% (n=2) selected Model 3(C), and 33% (n=2) selected Model 3(D).

Figure 5. Public school core model distribution, FY 2023 (n=65; n, %)

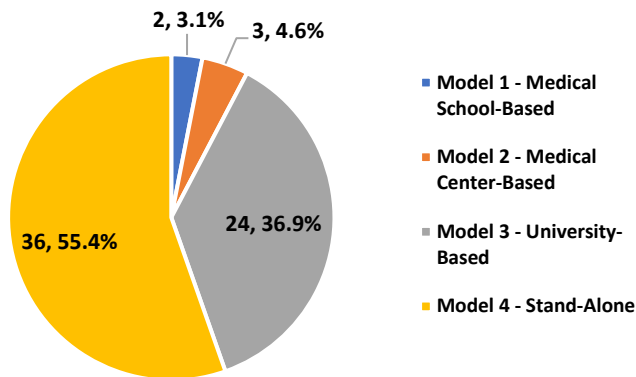
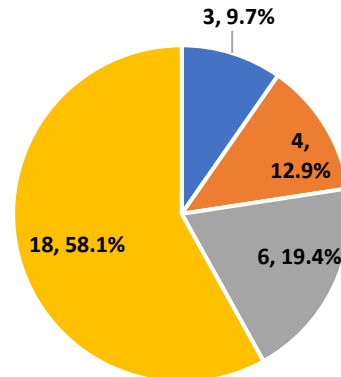


Figure 6. Private school core model distribution, FY 2023 (N=31; n, %).



**Research Intensity<sup>1</sup>:** Among the top 50 research-intensive medical schools that completed the survey, University-Based models were selected by 47% (n=16/34; Figure 6). For research-intensive schools ranked above 50 and those unranked, Stand-Alone models emerged as the predominant choices, selected by 65% (n=40/62; Figure 7).

Figure 6. Organizational models chosen by the top 50 research-intensive schools, FY 2023.

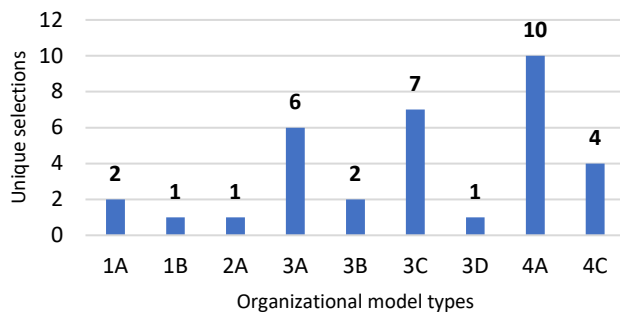
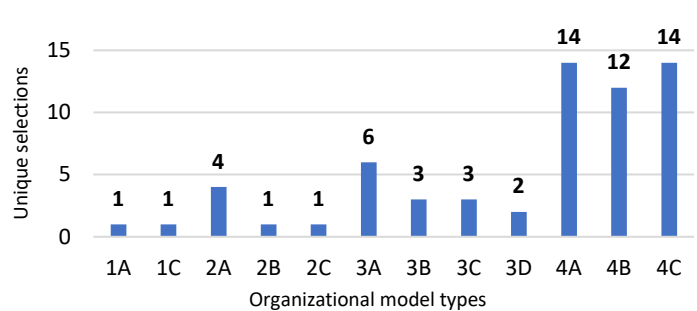


Figure 7. Organizational models chosen by research-intensive schools ranked above 50 and unranked, FY 2023.



## Conclusion

Results from the 2023 School of Medicine Organizational Model Survey provide an additional data-driven resource for understanding U.S. medical school organizational characteristics. These data can help support mission alignment and advancement by fostering clarity, supporting strategic decision-making, and improving operational efficiency.

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## Reference

1. AAMC. Organizational Characteristics Database (OCD). <https://www.aamc.org/data-reports/faculty-institutions/report/organizational-characteristics-database-ocd>. Accessed March 14, 2024.

## Appendix 1: Organizational Model Definitions

### Model 1: Medical School-Based

**1(A): Medical School-Based With Practice Plan:** The hospital/medical center CEO reports directly to the dean of the school of medicine (SOM). There is also at least one faculty practice plan (FPP) owned by the school of medicine, which reports directly to the SOM dean. There may or may not be additional FPPs affiliated with the SOM.

**1(B): Medical School-Based With Health System:** The FPP reports directly to the hospital/medical center CEO, establishing a health system. The hospital/medical center CEO reports directly to the SOM dean. In this situation, the SOM dean is directly responsible for the hospital/medical center and indirectly responsible for the FPP, which together comprise the health system.

**1(C): Medical School-Based Without Own Practice Plan:** The hospital/medical center CEO reports directly to the SOM dean. The SOM and the hospital/medical center do not have control over an FPP; they may be affiliated with external plans or have no FPP at all.

### Model 2: Medical Center-Based

**2(A): Health System-Based:** The SOM dean reports to the hospital/medical center CEO. An FPP reports directly to the hospital/medical center CEO, establishing a health system. In this situation, the SOM dean is not directly responsible for the health system.

**2(B): Medical Center-Based With Practice Plan:** At least one FPP owned by the SOM reports directly to the SOM dean. The SOM dean reports directly to the CEO of the hospital/medical center. There may or may not be additional FPPs affiliated with the school.

**2(C): Medical Center-Based Without Own Practice Plan:** The SOM dean reports directly to the CEO of the hospital/medical center. The SOM and the hospital/medical center do not have control over an FPP; they may be affiliated with external plans or have no FPP at all.

### Model 3: University-Based

**3(A): University-Based With Practice Plan in School of Medicine:** The SOM dean and the CEO of the hospital/medical center both independently report directly to a parent university. At least one FPP owned by the SOM reports directly to the SOM dean. There may or may not be additional FPPs affiliated with the school.

**3(B): University-Based With Practice Plan Reporting to Parent University:** The SOM dean, the CEO of the hospital/medical center, and the practice plan leader all independently report directly to a parent university. At least one FPP reports directly to the parent university. There may or may not be additional FPPs affiliated with the school.

**3(C): University-Based With Health System:** The SOM dean and the CEO of the hospital/medical center both independently report directly to a parent university. An FPP reports directly to the hospital/medical center CEO, establishing a health system. In this situation, the SOM dean is not directly responsible for the health system.

**3(D): University-Based Without Own Practice Plan:** The SOM dean and the CEO of the hospital/medical center both independently report directly to a parent university. The SOM and the hospital/medical center do not have control over an FPP. They may be affiliated with external plans or have no FPP at all.

## Model 4: Stand-Alone

**4(A): Stand-Alone With Practice Plan:** The hospital/medical center is fully independent from the SOM and its parent university in terms of financial control and direct reporting. At least one FPP owned by the SOM reports directly to the SOM dean. There may or may not be additional FPPs affiliated with the school.

**4(B): Stand-Alone Without Own Practice Plan:** All hospitals, medical centers, and practice plans are fully independent from the SOM and its parent university in terms of financial control and direct reporting. They may be affiliated with external practice plans or have no FPP at all.

**4(C): Stand-Alone With Practice Plan Reporting to Hospital/Medical Center:** All hospitals, medical centers, and practice plans are fully independent from the SOM and its parent university in terms of financial control and direct reporting. An FPP reports directly to the hospital/medical center CEO.

## Appendix 2: Organizational Characteristics Database Definitions<sup>1</sup>

**Community-Based Medical School:** There are three components of the AAMC's analytic definition of a "community-based" medical school: It (1) does not have an integrated teaching hospital, (2) received full accreditation in 1972 or later, and (3) is non-federal.

**Research Intensity:** Federal research expenditures used to determine research intensity are based on direct federal grants and contracts expenditures for organized research as reported on the FY 2022 [Liaison Committee on Medical Education (LCME®)] Part I-A Annual Financial Questionnaire, and include expenditures recorded and not recorded on the books of medical schools. These data are reported only for medical education programs with full LCME accreditation status.