

. . .an alliance
is built on mutual
respect,
trust *and*
benefit.

what we believe



We believe that the health care provided to the citizens of Nashville and Tennessee, and, in particular, the underserved and disadvantaged, should be equitable and of the highest quality possible.

We believe that by working together, Meharry Medical College and Vanderbilt University Medical Center can create a national model for the innovative, effective and efficient delivery of ethnically competent, evidence-based health services that recognize and validate important differences in the people of our communities.

We further believe that through our joint efforts, our two institutions can improve and enhance the scientific research on diseases and health issues that disproportionately affect minorities in this nation and that together we can be far more competitive for the financial support that is available for such research.



John E. Maupin Jr., D.D.S.

The Alliance is a great idea whose time has come. We are fully committed to ensuring its success.

Moreover, we are convinced that Meharry and Vanderbilt, through collaboration and cooperation of our academic and clinical programs, can provide a much-improved undergraduate and graduate medical education to the medical students of diverse backgrounds who enroll in their respective curricula.

We are also persuaded that in an increasingly competitive marketplace for patient care, research and health professions education, it is self-evident that both institutions will benefit from shared physical, financial and human resources.

Finally, we pledge that we are the guarantors of the founding principle of the Alliance, i.e., that these two great institutions are dedicated to maintaining their independence and unique identities in an Alliance that is built on mutual respect, mutual trust and mutual benefit.



Harry R. Jacobson, M.D.

The Alliance is a great idea whose time has come. We are fully committed to ensuring its success.

There's a **bridge** under construction. . .

in Nashville that can't be seen with the naked eye, but whose existence is real nonetheless.

It begins on Albion Street in north Nashville at an historically black academic health center known for its emphasis on primary care and serving the needs of minorities and the underserved. It arcs out over some of the city's largest racial and socioeconomic borders before touching down on the tree-lined campus of an historically white academic health center renowned for its research and specialty care.

This bridge is the alliance between Meharry Medical College and Vanderbilt University Medical Center. Formed in early 1999, the alliance does far more than officially span the three miles between the two health centers — it closes gaps in each of the institution's programs and, far more importantly, widens health care opportunities for the city's most needy populations while at the same time



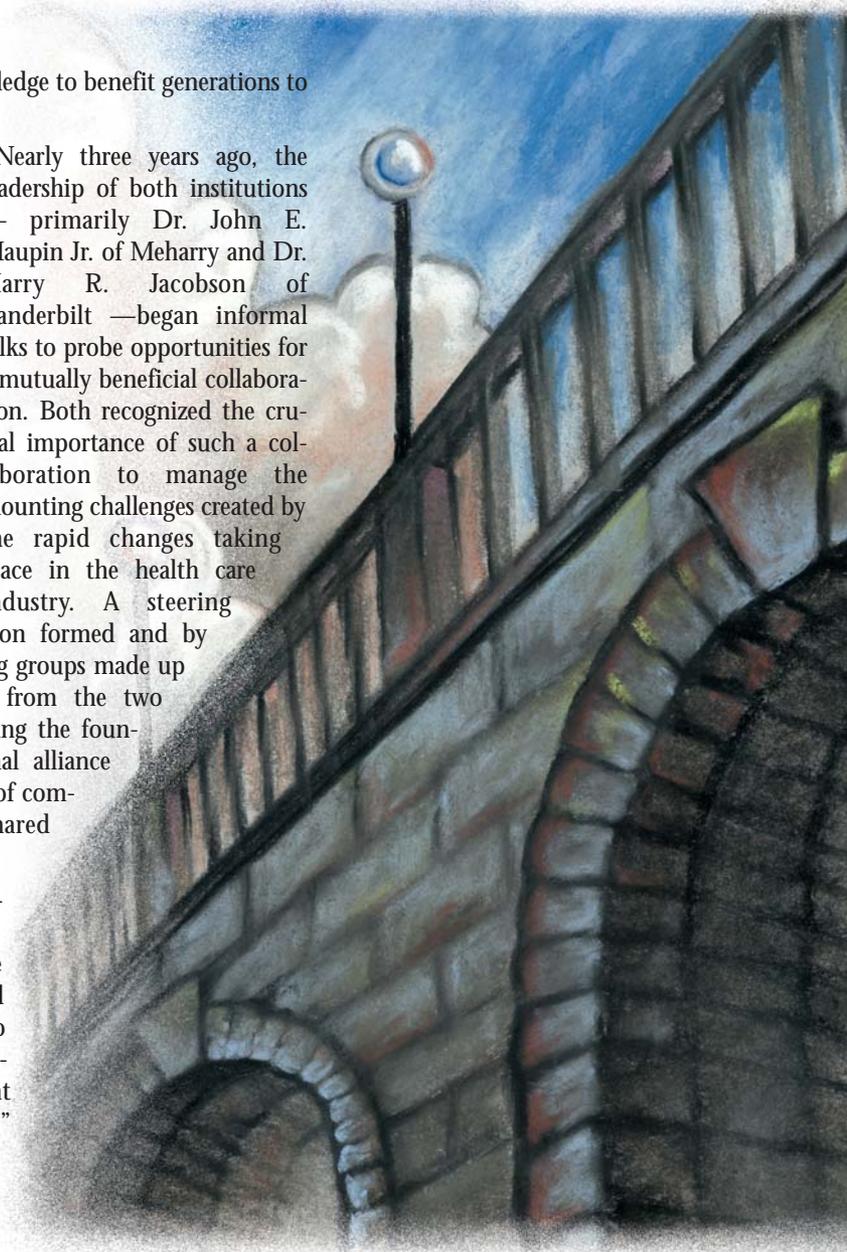
creating new knowledge to benefit generations to come.

...to produce long-term positive benefits for the metropolitan Nashville community, particularly for those who are medically underserved.

Nearly three years ago, the leadership of both institutions — primarily Dr. John E. Maupin Jr. of Meharry and Dr. Harry R. Jacobson of Vanderbilt — began informal talks to probe opportunities for a mutually beneficial collaboration. Both recognized the crucial importance of such a collaboration to manage the mounting challenges created by the rapid changes taking place in the health care industry. A steering

committee was soon formed and by April 1998 working groups made up of representatives from the two schools were pouring the foundation for a formal alliance based on a variety of combined and/or shared resources.

"In today's competitive health care environment we clearly must find the best way to engage our efforts - teaching, patient care and research," Maupin says.



Major initiatives were identified and, in October 1998, the leadership of Meharry and Vanderbilt signed a memorandum of understanding. For the next several months, talks continued, focusing on the operation of Metropolitan Nashville General Hospital (MNGH), which relocated to the Meharry campus earlier that year. In January 1999, the two institutions announced the establishment of the Alliance to enhance the educational, scientific, and clinical programs at and between both schools. In May 1999, Vanderbilt, through a profes-

sional services contract with the city of Nashville, assumed the key executive management roles of CEO, COO and CFO of the hospital. Meharry continues to maintain leadership over the clinical and educational programs of the hospital. On June 3, 1999, the formal alliance agreement was signed.

As created, the objectives of the Meharry-Vanderbilt Alliance are to: develop innovative approaches to medical education; address the challenges of the new health care delivery environment; capitalize on existing strengths and competencies of each institution; enhance medical staff diversity; and produce long-term positive benefits for the metropolitan Nashville community, particularly for those who are medically underserved.

The Alliance is a commitment on the part of both Meharry and Vanderbilt to form a cooperative relationship based on a mutual respect for each institution's respective differences and

strengths. It specifically ensures that both entities will remain independent with their unique missions intact and will help both institutions achieve a higher degree of excellence in their total programs through the complementary management and utilization of programs and resources.

Sharing experiences between Vanderbilt and Meharry has already proven to foster a mutual respect and opened new doors to learning for medical students from both institutions.

"It's brought about a greater understanding of different patient populations and a much wider exposure of students to environments in which the delivery of care takes place," Maupin says.

The primary initiatives of the Alliance include:

- Academic support
- Clinical science training
- Biomedical research and training
- Informatics
- Creation of the Nashville Consortium of Safety Net Providers
- Creation of an Institute for Community Health

The bridge that is the alliance between Meharry and Vanderbilt has been officially under construction for well over a year and to date has to be termed an unqualified success.



As with any large project, certain aspects are further along than others: residents of both schools are learning and training at each other's facility; collaborative training efforts are

under way; the Nashville Consortium of Safety Net Providers has been formed; information is being gathered to link the two campuses electronically; and research grants awarded to projects at Meharry — key to any academic health center's stability — have increased two-fold in less than two years.

And, Maupin says, the ramifications extend beyond the respective campuses and into the community. "An unintended success has been the sense that this city is better served by a cooperation between its two academic medical institutions," he says.

In the following pages we'll take an in-depth look at each of the initiatives and detail the progress that has been made. Individually, the levels of progress vary. Collectively, the progress is impressive and demonstrates what can be accomplished when two premier health institutions with a century's worth of distance and differences decide to put aside those differences and bridge that distance.

Together, both Meharry and Vanderbilt are stronger now with the Alliance than they were prior to its creation. And far more crucial, the path to better, more equitable health care for Nashville's neediest citizens is in the process of being cleared.

by Doug Campbell

Bringing medical students together

In early September, a first-of-its-kind student meeting took place. Its purpose: breaking down barriers and forming new friendships.

The meeting played an important role in the growing relationship between students from Vanderbilt University School of Medicine and Meharry Medical College, one that includes the ability of fourth-year medical students at both institutions to participate in elective classes at each school and to plan community outreach projects, open to students from both schools.

“Our students have been very excited about working with Vanderbilt students,” said Dr. Pam Williams, Vice Dean for Student and Academic Affairs at Meharry. “In academia, we tend to be focused in our own little world. The key to this Alliance is the ability of our students to work together. It’s a plan that’s working very well.”

Williams said the faculty has initiated the first steps in bringing the students together, but it’s up to the students to take the relationship further.

“As we offer these opportunities students will become more comfortable with each other,” she said.

Dr. Deborah C. German, Senior Associate Dean for Medical Education at (VUSM), said that offering fourth-year, full-credit electives, free of charge, at both institutions is a plan that will allow students from both institutions to benefit from new ideas and perspectives.

Participating in



“We have a lot to gain in our interaction with Meharry students and faculty. Both institutions can

fourth-year elective classes at other institutions is a long-standing practice of fourth-year students. They can get their coursework done and visit other institutions where they may want to serve internships and residencies. But the students must pay for the coursework.

At Vanderbilt, the elective classes are open to Meharry students at no additional charge. Once Vanderbilt students have chosen their elective classes and their schedules are in place, Meharry students have first choice at enrolling in the courses. During the 1999-2000 academic year, 24 Meharry students took advantage of the free elective courses.

"The opportunity to participate in electives at Vanderbilt University School of Medicine has given our students, who can't afford to go to other institutions in the country for their elective work, the opportunity to participate in an environment outside Meharry at no added cost," Williams said.

"It opens up the working relationship between the students, allowing them to get to know each other more intimately," German said. "They get to know our faculty and our system and we get to know



This new plan will allow students from both institutions to benefit from new ideas and perspectives.

German said. "They have a focus and strengths that are different from ours and we have strengths that are different from theirs. Both institutions can only benefit from this relationship."

The student leadership groups from both institutions have also begun making



plans to participate in community outreach projects together. The projects will have a health focus of some type and will be offered in the Nashville community.

by Nancy Humphrey



*Left: Meharry Medical College
Right: Vanderbilt University School of Medicine*

theirs. They are forming strong bonds and sharing resources. It's kind of like inviting several members of a family over to your family's house for dinner," she said.

"We have a lot to gain in our interac-

Video conferencing

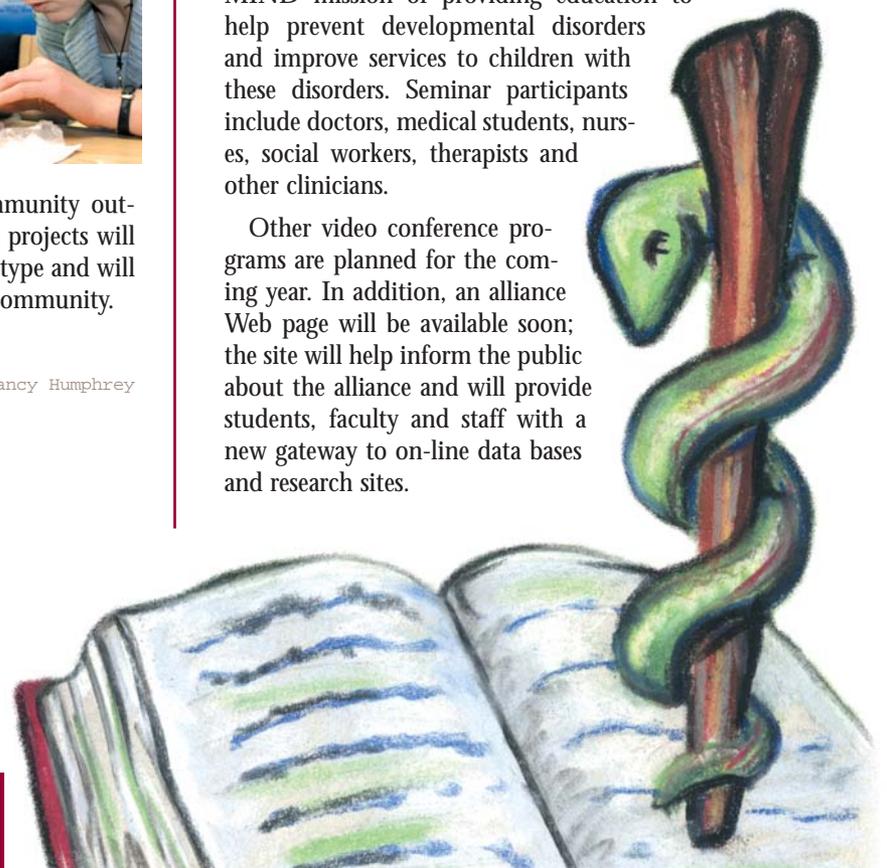
Portable interactive video conferencing, using high-speed digital phone lines and digital cameras, lets staff and faculty at Vanderbilt and Meharry routinely participate in lectures and conferences on a remote basis.



Every Tuesday at 8 a.m., Vanderbilt pediatric grand rounds includes participation from staff and faculty at Meharry and North Mississippi Medical Center in Tupelo. The typical format is a lecture and Q and A including live interaction with participants at the remote sites. This year all Meharry third-year students will participate in the pediatric video conferences.

Every Friday afternoon, clinicians and students at Vanderbilt, Meharry and Oakwood College in Huntsville, Ala., participate via video conference in seminars sponsored by MIND, i.e., Mid-Tennessee Interdisciplinary Instruction in Neuro Developmental Disorders. The seminars serve the MIND mission of providing education to help prevent developmental disorders and improve services to children with these disorders. Seminar participants include doctors, medical students, nurses, social workers, therapists and other clinicians.

Other video conference programs are planned for the coming year. In addition, an alliance Web page will be available soon; the site will help inform the public about the alliance and will provide students, faculty and staff with a new gateway to on-line data bases and research sites.



only benefit from this relationship."

A broadened clinical opportunity for students

Since the Meharry-Vanderbilt Alliance was formed in January 1999, providing residents to assist in teaching Meharry undergraduate students has been a high priority.

The areas the Alliance provide residents and/or services for are: General Surgery; Ophthalmology; Pediatrics; Urology; and Dermatology. Anticipated in the near future are Radiology, Emergency Medicine, and Trauma Surgery. Obstetrics and Gynecology and other specialties in medicine will be added later.

The residents are there to assist in teaching the Meharry students and providing assistance to the faculty of Meharry in patient care.

In addition to the residents, there are contracts for Vanderbilt specialists to cover sub-

specialty needs of the hospital and the teaching programs of Meharry.

The Alliance has also served as leverage in recruiting new clinical department chairs to Meharry. One of the first recruits was Dr. Stephen Stain. Stain joined the Meharry faculty in January as Chairman of Surgery, Chief of Surgery at MNGH, and as Director of the

Vanderbilt Surgical Residency program at MNGH.

Stain completed his residency at University of Southern California and later joined the faculty there. His major goals for Meharry are improving student performances; building clinical volume; and recruiting high quality faculty.

"I am successful if residents and students have a good educational experience," Stain said.

Meharry-Vanderbilt Alliance Executive

"The fact that students are learning from other students creates a better educational environment."



Director Dr. Clifton Meador praised Dr. Stain's recruitment ability. "He is very effective in recruiting," Meador said.

Since coming to Nashville, Stain has been instrumental in recruiting two additional faculty members - Dr. Juli Dean in Ophthalmology and Dr. Selwyn Rogers in general surgery and traumatology.

Dr. Rubens Pamies was recently named Chairman of Medicine at Meharry, and chief of internal medicine at MNGH. Dr. Pamies is a general internist and was previously Associate Dean for Student Affairs at Case Western Reserve University School of Medicine. Vanderbilt faculty member Dr. Rusty Smith has also been named Chief of Urology at MNGH.

The Meharry Department of Family and Community Medicine, under the direction of Dr. William Rodney, will serve as a joint program for both Vanderbilt University School of Medicine and Meharry Medical College.

"Dr. Rodney was previously the chairman at the University of Tennessee," Meador said. "He is an accomplished doctor and teacher."

Stain attributes the successful recruitment to Vanderbilt's department chairs.

"It is fantastic to be here and have such supportive chairs," Stain said.

The Meharry-Vanderbilt Alliance



offers more than enhanced clinical training and residents for MNGH.

"The Alliance exposes Meharry and Vanderbilt students to a diverse population of patients to improve the education of medical students and residents," Meador

explained. "Vanderbilt students will be exposed to clinical work not offered at Vanderbilt, such as family medicine. Meharry students will be offered specialty electives previously not available."

Dr. John Chapman, dean of the Vanderbilt School of Medicine, described the Alliance as a broadened opportunity for students.

"The fact that students are learning from other students creates a better educational environment," Chapman said.

Roxane Spitzer, Ph.D., who came on board as CEO of Metropolitan Nashville General Hospital in May 1999, also praised the alliance. "We have been able to recruit excellent doctors who have joint Meharry-Vanderbilt ties," she said.

"We have also supplemented our physician faculty with Vanderbilt faculty - such as Dr. Smith."

The ability of MNGH to be involved in research and provide care for the underserved are assets of the new alliance, Spitzer said. "The Alliance is ultimately about serving the public," she said.

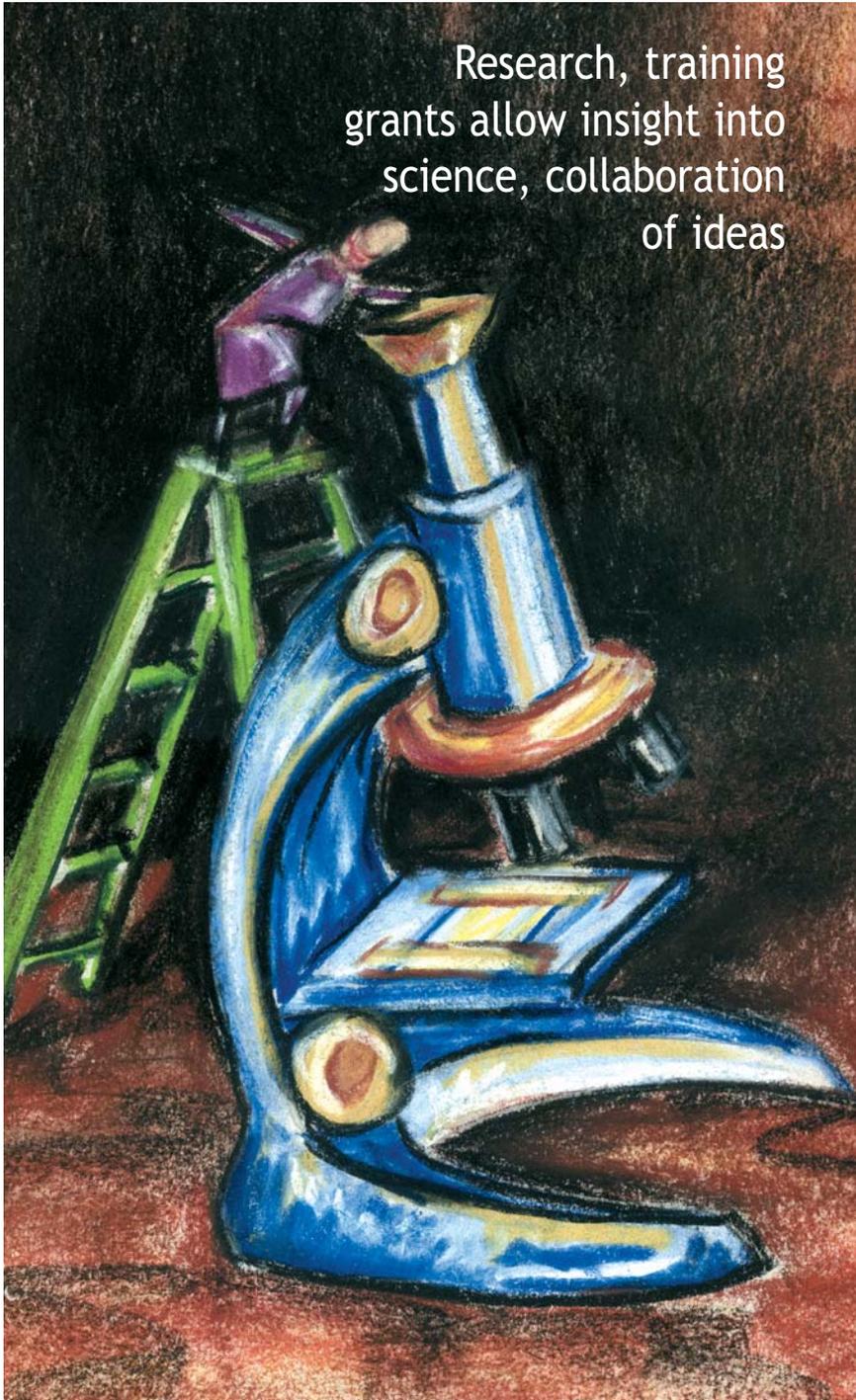
"The partnership between a historically black college and a large research educational center can only be a win-win situation," Spitzer added. "How can you lose?"

by Jon Coomer



Collaboration has established a solid research platform

Research, training
grants allow insight into
science, collaboration
of ideas



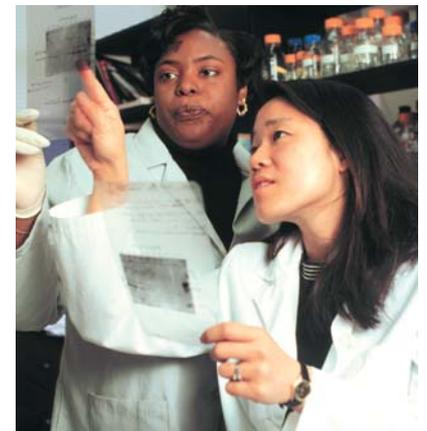
There's a list of names and dates sitting on the counter in front of the desk of Carol Haslett, an administrative assistant for Roger Chalkley, senior associate dean of biomedical research, education and training at Vanderbilt University Medical Center.

It's rather unremarkable - just a stack of narrowly ruled pages on a black clipboard. Carol makes sure all the blanks are filled.

But the scribbled handwritten information is a virtual travel log of the more than year-long journey of the confluence of research and training grants brought about by the Meharry-Vanderbilt Alliance, and it speaks volumes of success in terms of more joint collaborations, more federal research funding and a better understanding of the health concerns in a minority population.

Since the Alliance began, nearly every student and faculty member from Meharry to visit Vanderbilt has signed those pages for the simple task of having parking validated. And that, Chalkley says, illustrates how doing something as seemingly trivial as providing free parking and access to Vanderbilt's world-class Eskind Biomedical Library has allowed a synergism of science and education to pour forth.

Current Alliance grants total \$7.2 million annually. Since 1998, the schools have shared more than \$14 million in grants - roughly the same amount the schools' collaborations garnered in the previous six years. While collaborations between the two institutions have



increased the past two decades, several of the Alliance grants would not have been submitted or funded without the Alliance in place, says Dr. George Hill, vice president for sponsored research at Meharry.

More than 70 students have benefited directly from just two of the eight current training grants.

Alliance research grants have opened the doors for Vanderbilt medical students to examine health issues in minority populations. Some of the investigations funded



And while dollars are coming in and more experienced and well-rounded medical and graduate students are going out, “confidence in collaboration and a positive outlook have been the major gains,” Lima says.

Research

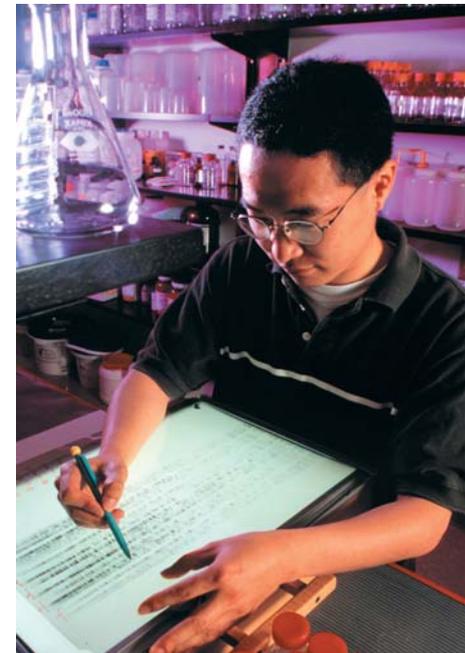
Researchers collaborate, it’s in their nature, Hill says. Collaborations between Meharry and Vanderbilt “are not an absolutely new thing,” he says. “But in the



And while dollars are coming in, more experienced and well-rounded medical and graduate students are going out.

Foundation grant that puts biomedical science graduate students from Meharry and Vanderbilt in inner city schools to serve as mentors, contributing to the betterment of science “in the pipeline” of academia and affording valuable teaching experience to the graduate students.

Five more training grants are currently in review, says Maria F. Lima, dean of the School of Graduate Studies and Research at Meharry Medical College.



are basic cancer research and training, neuroscience, kidney disease and hypertension in African Americans, sickle cell anemia and ethnic differences in autonomic cardiovascular control. The bulk of the funding has come from the National Institutes of Health, but other resources have been tapped, including the Veterans Administration, the U.S. Army, the Health Resources Services and Resources Administration and private foundations.

Training grants have been awarded in the fields of anatomy and physiology, genetics, radiology, cellular and molecular biology, hypertension and a National Science

past the initiatives have existed at the departmental level. This alliance is really significant from the point of view that it’s been approved by Dr. John E. Maupin Jr. (president of Meharry Medical College) and Dr. Harry Jacobson (vice-chancellor for health affairs at Vanderbilt) and the two institutions’ governing boards.”

Many of the research grants focus on grasping a better understanding of disease processes among minority populations, among people who historically have been excluded from basic science research, says Lee Limbird, associate vice chancellor for research for health affairs at Vanderbilt.



Left: Meharry S.S. Kresge Learning Resource Center; Right: Vanderbilt Medical Research Building I.

research. . .

Increasingly, Chalkley says, federal monies are being appropriated to institutions that have in place a system for addressing the needs of minorities - both the general population and bioscience and medical students.

The Alliance's combination of access to minority students and patients and Vanderbilt's deeper well of research resources have established a solid platform from which to apply for these funds, Hill says.

For instance, Meharry wanted to expand their opportunities in cancer research, Hill says. The Alliance submitted an application with the Vanderbilt-Ingram Cancer Center for a two-year grant that would include pilot projects, the recruiting of oncology faculty and training new oncologists. "Before the supplement was funded, Meharry did not have an aggressive cancer research program,"



Hill says. "But as a result of that supplement it positions us quite well for other proposals. In July we submitted a supplement — \$1.5 million for each of five years — to provide support for broad cancer research in epidemiological studies at the two institutions."

An October 1999 presentation made by Hill and Limbird to the NIH also helped establish the Alliance as fertile cooperative ground for investing in minority research. "It meant the NIH directors knew what the Alliance was all about and how we would work together, especially in areas where there are health disparities," Hill says.

Another hotbed for research is cardiovascular disease. African Americans in north Nashville die of heart disease and related complications at a much higher rate than



We can advance knowledge, but it will be restricted and cannot advance health if we do not look at all populations.

most other African American communities in the country, Hill says.

Training

In 30 years, half of the general population will be African Americans, Hispanics and Asians. Currently, those ethnicities are represented in medicine by about 6 percent of the physician population, Chalkley says. But a solution could be just three miles away:



one in five African American physicians is a Meharry Medical College graduate.

The potential to affect the future of health care among these groups couldn't be more clear. Hill adds that the efforts of the U.S. government to eliminate health disparities by 2010 should be accelerated by this partnership.

"Vanderbilt and Meharry have the opportunity to contribute to the health stability of the country," Chalkley says.

Meharry's long-time work in researching keloids in the African American population is world class, Chalkley says. And the school's work in the genetics of hypertension and tropical diseases are also showcases of excellence that, thanks to the Alliance, Vanderbilt students now can access.

The log book near Carol Haslett's desk has a box for visitors to list the purpose of



their visit. Many entries read "library," others read "research" or "class."

But the big picture, Lima and Chalkley say, is that these students and faculty are sharing more than journals and class notes. They're exchanging perspectives, adding to worldviews of future physicians and scientists.

"Our students have the ability to add another perspective," Lima says. "In class, it would be natural for our students to ask the question, 'What about the minority population?' That is so important. We can advance knowledge, but it will be restricted and cannot advance health if we do not look at all populations."

by Clinton Colmenares

"Vanderbilt and Meharry have the opportunity to contribute to the health stability of the country."

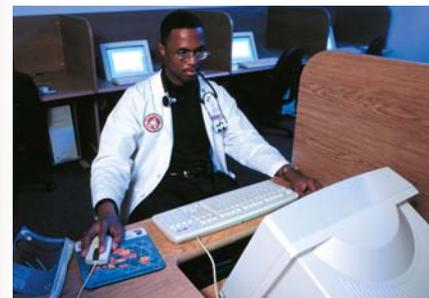
Joint informatics expands electronic access to medical information and libraries

One goal of the Alliance is to enhance access to information resources and information technology.

The Alliance Committee on Academic Support Infrastructure: Informatics and Libraries, is pursuing a broad range of goals dealing with storage, retrieval and dissemination of biomedical knowledge and clinical information.

Vanderbilt's Eskind Biomedical Library and the Meharry Medical Library are open to all Alliance students, faculty and staff. The open access arrangement includes training in the use of various electronic library resources. As needs arise, librarians at the two institutions informally share expertise, and this June saw the start of semiannual meetings between library leadership teams.

This year Vanderbilt and Meharry struck a joint contract for online access to full text electronic journals. The Alliance created extra buying power: the joint contract was less costly than separate contracts. In effect since July 1, the contract increases Meharry electronic journal access from 72 titles to 400 titles, and expands Meharry's electronic access to back issues from one year to five years.



Institute for Community Health sharing talents to improve patient care

In order to reach a destination, you have to travel a path. In medicine we often discuss clinical pathways, routes of treatment to arrive at positive outcomes.

But patients travel their own pathways before they arrive at a clinical setting. Not all of them are smoothly paved. Indeed, it is often the brambles and bumps along the way that lead to their need for medical care.

When the trail is too treacherous, it would be worthwhile for medical professionals to know how to cut a swath through it for the patients. The benefits would spread out to patients, medical students and research grant applicants. But the efforts require an understanding of and a respect for the traditions, the engrained behaviors, that obscure the view, says Dr. John E. Maupin Jr., president of Meharry Medical College.

Learning how to get that job done is the objective of the Institute for Community Health, a conglomeration of intellectual efforts by Meharry Medical College and Vanderbilt University Medical Center.

Dr. Robert Dittus, Director, Division General Internal Medicine said, "The insti-



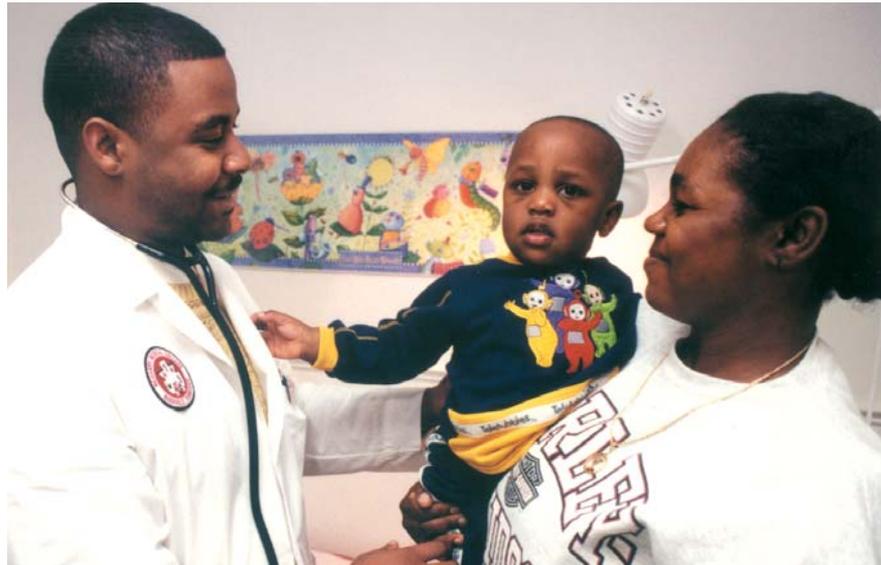
tute serves as a confluence of ideas from which the advancement of outcomes, disease management and health services research at both Meharry Medical College and Vanderbilt University Medical Center will flow.”

The goal, he says, is improved patient care, especially in medically underserved areas, such as North Nashville, where the largely African American community is vulnerable to high rates of chronic diseases such as diabetes and heart disease.

Chronic diseases are costly in terms of economic strains and human life. But the fallout reaches much further into the community when the cycle of disease continues to crop up in generation after generation.

That’s why, Maupin says, it behooves the medical community to take a look at understanding the pathways people trod before they arrive at a doctor’s door.

“The barriers are more than socioeconomic in nature,” he says. “We have to get past the issue of physical access to a clinic and examine the cultural and subcultural



By combining the rich tradition of research at Vanderbilt with the Meharry legacy of community based care, fostered with a large regional minority population, there exists the opportunity to explore an epidemiological gold mine, Maupin says. “We would be able to conduct one of the largest cohort studies on the contributing factors of cancer, diabetes, heart disease ... We could gather personal habits that contribute to these diseases and change the manner in which we deliver care.”

*The goal is to
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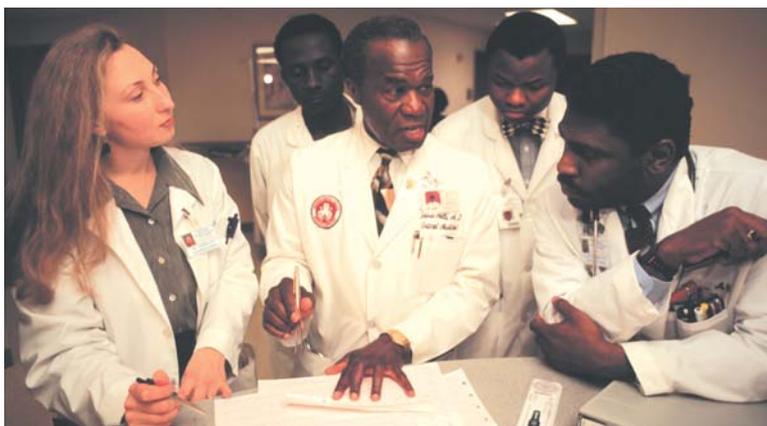
and ethnic traditions and beliefs that propagate poor health in order to appreciate them. That appreciation, in turn, will translate to good patient care.”

Getting there means taking another path, one laid by the Institute for Community Health.

The bounty of data and experience would result not only in a healthier community, but also in the training of young physicians and dentists in this new, culturally sensitive approach to health care, Maupin says. Its success would breed further success academically and in terms of research monies poured into the cause.

But, he says, “We have to deliver a scientifically sound research project. And with the sharing of talents we can partner in research to enhance the science of our endeavors.”

by Clinton Colmenares



Safety net of providers cover medical care for the uninsured

In part initiated by the Meharry-Vanderbilt Alliance, ten medical health care providers have banded together to provide better medical services to the uninsured in Nashville/Davidson County.

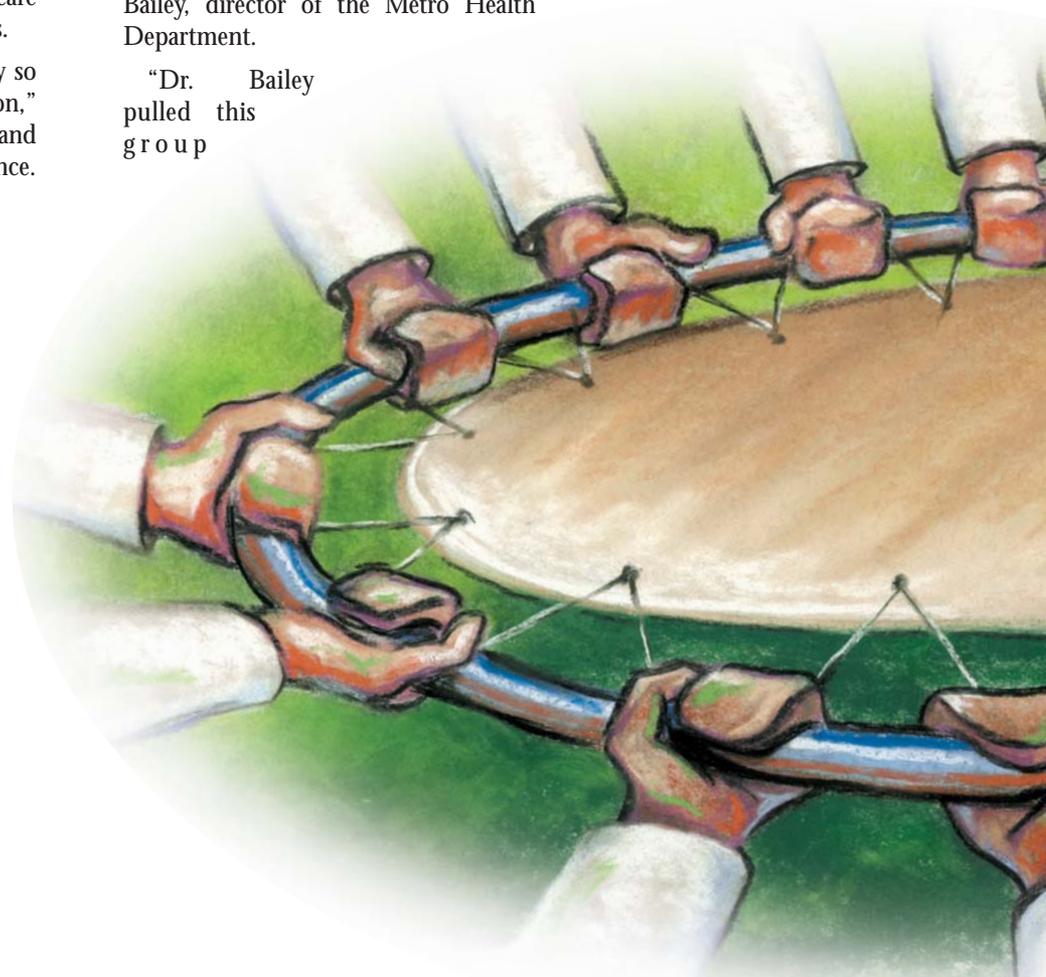
A common goal of the Nashville Consortium of Safety Net Providers will be to improve access by establishing a common electronic information system for registration, certification, referral, care coordination and tracking of uninsured patients.

“Our goal is the creation of a patient registry so that we can share critical pieces of information,” explained Guy Martin, director of planning and development for the Meharry-Vanderbilt Alliance.

“This data will insure better care and coordinated care because we can follow up on referrals.”

The idea was the brainchild of Dr. Stephanie Bailey, director of the Metro Health Department.

“Dr. Bailey pulled this group



After several months of data collection, we'll see if tren

together and put in for a Federal grant," Martin said.

While the Federal grant was not funded, Martin said interest had been piqued among all the Consortium members. Enough so, the Safety Net was formed. He believes the grant will be funded next year as part of a Community Access Grant Program for uninsured.

Before the Consortium was formed, there was no effective means of referring uninsured patients from one provider to another, and with each provider having unique services, this often lead to confusion among the patients. Plus, there was often inappropriate use of hospital emergency departments by the patients.

There are several strategic goals that the Consortium hopes to achieve. In addition to the shared patient information, they include:

- Creating a sustainable and compassionate system of care that identifies and respects the healthcare and related needs of each individual within the uninsured population.
- Measuring and overcoming barriers to healthcare access for the uninsured through the delivery of support services including care coordination, translation services, transportation, and community outreach.
- Improving health status of the uninsured through the implementation of disease management systems with specific focus on diabetes, cardiovascular disease, cancer, HIV infection/AIDS, and infant mortality.
- Obtain sustainable funding to underwrite the work of the Consortium.

A key component of the Consortium work, intensive case management, cannot be implemented until the grant is funded. This would provide following up on referrals and insure that patients seen in outlying clinics are following the health care plans provided on their initial visit.

The Metro Health Department and the Meharry-Vanderbilt Alliance have signed a memorandum of understanding for the Alliance to provide clinical quality improve-



ment. To assist with this, the Metro Health Department is creating a web-based registry,

“Our goal is the creation of a patient registry so that we can share critical pieces of information.”

which would house the database that would track patient information and referrals.

“The Alliance will work to assist Safety Net providers in agreeing on shared standards for patient care,” Martin said. “This means we’ll establish data clinic by clinic and see where there are opportunities for



improvement. After several months of data collection, we’ll see if trends develop and share ways to improve clinical performance.”

A former Vanderbilt assistant professor of nursing, Cathy Taylor, will serve as the total quality improvement project manager.

The ten consortium members include: the Metro Health Department, Metro Nashville General Hospital, Meharry

Medical College, Vanderbilt University Medical Center, Saint Thomas Health Services, Mathew Walker Comprehensive Health Center, United Neighborhood Health Services, Baptist Hospital, Centennial Medical Center and Tennessee Christian Medical Center.

Clinics from these organizations include: the Interfaith Dental Clinic, MHD Clinics, Metro Nashville General Hospital Primary Care Clinic and Mobile Clinic, Matthew Walker Center, Meharry Clinics, Siloam Family Health Center, Saint Thomas Charlotte Avenue Health Center, VUMC Vine Hill Clinic and the six United Neighborhood Health Services Clinics.

“With the system developed by the Consortium we will be able to register a patient into the tracking system, screen for eligibility, refer to other providers if necessary and arrange for transportation,” Martin explained. “It’s a win-win program for everyone.”

by Jerry Jones

MEHARRY – VANDERBILT ALLIANCE STAFF

Dr. Clifton Meador, Executive Director, Meharry-Vanderbilt Alliance.
The Office of the Meharry Vanderbilt Alliance serves as the facilitator and clearing house for all joint programs. Our staff is here to assist both faculties and staff to collaborate in the educational, research, and patient care efforts of the Alliance. Phone 615 936-6070 or email: clifton.meador@mcmail.vanderbilt.edu.

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THE ALLIANCE BOARD

The Alliance is governed by a steering committee of the following individuals:

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