

Our Quest for Access and Quality

ANNUAL REPORT 2003



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The mission of the Association of American Medical Colleges is to improve the health of the public by enhancing the effectiveness of academic medicine. The AAMC pursues its mission by assisting academic medicine's institutions, organizations, and individuals in carrying out their responsibilities for:

- educating the physician and medical scientist workforce;
- discovering new medical knowledge;
- developing innovative technologies for prevention, diagnosis, and treatment of disease;
- providing healthcare services in academic settings.

President's Message

Dear Friends of the AAMC,

Remaining loyal to one of its core aspirations, the AAMC took part in a number of projects to improve the quality of its processes and services this past year.

In December 2002, the Association joined a cooperative effort with the American Hospital Association and the Federation of American Hospitals to get hospitals to report quality healthcare measures directly to the public. This groundbreaking national initiative calls on healthcare institutions to voluntarily post on a public Web site certain quality-of-care data elements. Many Council of Teaching Hospitals members have already pledged to participate, and we anticipate that virtually all will do so as the program develops.

Another effort that reflected our commitment to healthcare advancement was our entry into a strategic partnership in 2003 with the Institute for Healthcare Improvement. The collaborative projects that were undertaken in the initial phase of this partnership focused on patient care improvement, medical errors reduction, and the enhancement of the quality of medical education.

To further emphasize our commitment to the advancement of medical education, and to align our schools' and hospitals' educational content and goals with evolving societal needs, the AAMC launched the Institute for Improvement in Medical Education in early 2003. The Institute's initial agenda is looking at ways to promote professionalism within medical education and to reform the clinical education of medical students and residents.

Last, but not least, in its quest for access and quality in both health care and medical education, the AAMC continued its vigorous efforts to close the diversity gap in the health professions. The Supreme Court's latest ruling cleared the way for medical educators to continue using affirmative action tools to achieve an adequately diverse student body. But we are well aware that, despite this legal victory, anti-affirmative action groups around the country continue to pose threats to higher education's efforts to achieve racial and ethnic diversity. With such threats in mind, the AAMC re-established the Health Professionals for Diversity Coalition, and the group has already convened to consider both short- and long-term initiatives to protect affirmative action policies.

By looking at this limited sampling of the Association's efforts in the areas of patient care, medical education, and diversity, we hope you will be further convinced of the pivotal role our community plays in improving the nation's health. Your support and collaboration in these initiatives are invaluable, and, once again, I offer you my wholehearted thanks for helping us accomplish our goals.



Jordan J. Cohen, M.D.
President, AAMC



Chair's Message

This summer we had another opportunity to reflect on the critical roles academic medical centers, along with all hospitals, play as part of our communities' health, safety, and social infrastructure. On August 14, the nation experienced the worst blackout ever. All or part of eight states from Michigan to New York were affected – an area populated by 50 million people. Once again, our staffs and students pitched in tirelessly to do whatever job needed to be done.

An event like this, which should make the importance and value of our institutions obvious, occurred in a year in which we have fought endless legislative, regulatory, and legal battles to preserve and protect our ability to sustain our institutions and their complex missions. Our reliance on government for the funding of our missions has been challenged by, among other things, further cuts in Medicare Indirect Medical Education funding and the lack of support for research facilities and infrastructure. We have also spent significant time and resources supporting the University of Michigan's affirmative action case and our own legal fight to maintain the National Resident Matching Program.

Our success in these and many other issues important to us is highly dependent on the decisions of the people we elect and the people they appoint. We should think about that as we enter into the current election season. How actively engaged are we in the process? Do we spend the time to become informed about the issues and candidates? Do we campaign for the candidates that hold our beliefs? Do we even vote?

It is always shocking to me that our country's voter turnout rate is so low. All of us in academic medicine are a part of that statistic. I would like to challenge us to do much better. The AAMC does an amazing job in providing us with information and insights on the national political scene. It is up to us to use this wonderful resource to prepare ourselves to cast an informed vote. It is also up to us as leaders of our institutions and our communities to encourage those around us to participate as we see fit.

We know that after the election we will once again look to the AAMC to fight for our institutions. They should be able to go into those battles knowing we did our part.

Get informed.

Get active.

And then – get out and vote!



Theresa A. Bischoff
Chair, AAMC





The Year in Review

2002

September

- AAMC, along with the AHA and the GNYHA, launches first television advocacy advertisement urging Congress to stop a 15.6 percent cut in Medicare IME payments to teaching hospitals

October

- IME funding cut takes effect, resulting in an annual loss of \$800 million for teaching hospitals
- AAMC sponsors the “Evolving Role of the Basic Science Chair,” the first national meeting of basic science department chairs

November

- Members gather in San Francisco for the AAMC’s 113th Annual Meeting

December

- CMS revises Carrier Manual Instructions on Medicare Teaching Physicians Regulations in response to AAMC and members’ concerns

2003

January

- AAMC files amicus brief in *Duke v. Madye* case, a dispute over the research exemption in U.S. patent law
- Ad Hoc Group for Medical Research Funding, chaired by AAMC, urges Congress to add 10 percent to the FY 2004 budget for the NIH

February

- AAMC leads efforts to restore funding to Title VII health professions programs after Bush administration FY 2004 budget proposes drastic cuts
- Hearing on *Paul Jung, M.D., et al. v. Association of American Medical Colleges, et al.* held in U.S. District Court, District of Columbia

- AAMC establishes the “Institute for the Improvement of Medical Education”

- As part of a cooperative agreement with the Office of Research Integrity (ORI), AAMC announces first awards to academic societies to promote the responsible conduct of research

March

- U.S. House of Representatives passes medical liability reform bill, the HEALTH Act

April

- Health Insurance Portability and Accountability Act (HIPAA) takes effect
- MCAT program introduces new test content

May

- Sen. Edward Kennedy (D-MA) receives first “Champion of Medical Education Award” from AAMC’s Project Medical Education
- AAMC holds advocacy day with Health Professions and Nursing Education Coalition (HPNEC) on proposed federal budget cuts
- AAMC launches new clinical research training fellowship program with Fogarty International Center and the Ellison Foundation
- Hospital signup begins for the Quality Initiative, a groundbreaking collaboration of federal and private agencies to report quality measures voluntarily to the public

June

- The U.S. Supreme Court upholds affirmative action in *Grutter v. University of Michigan*
- AAMC Executive Council adopts a new URM definition to connote those “underrepresented in medicine”
- 95 medical school deans sign AAMC letter urging Congress to address physician payment relief in Medicare reform bill

July

- New resident duty hour limits take effect
- AAMC releases comprehensive report, *Training Future Physicians about Weapons of Mass Destruction*, funded through a cooperative agreement with the Centers for Disease Control and Prevention
- Collaboration begins with the Institute for Healthcare Improvement on two projects to redesign patient care and clinical education
- Electronic Residency Application Service (ERAS) begins to expand services to fellowship programs
- AAMC testifies before the House Veterans’ Affairs Subcommittee on Health on oversight of the VA Research Program

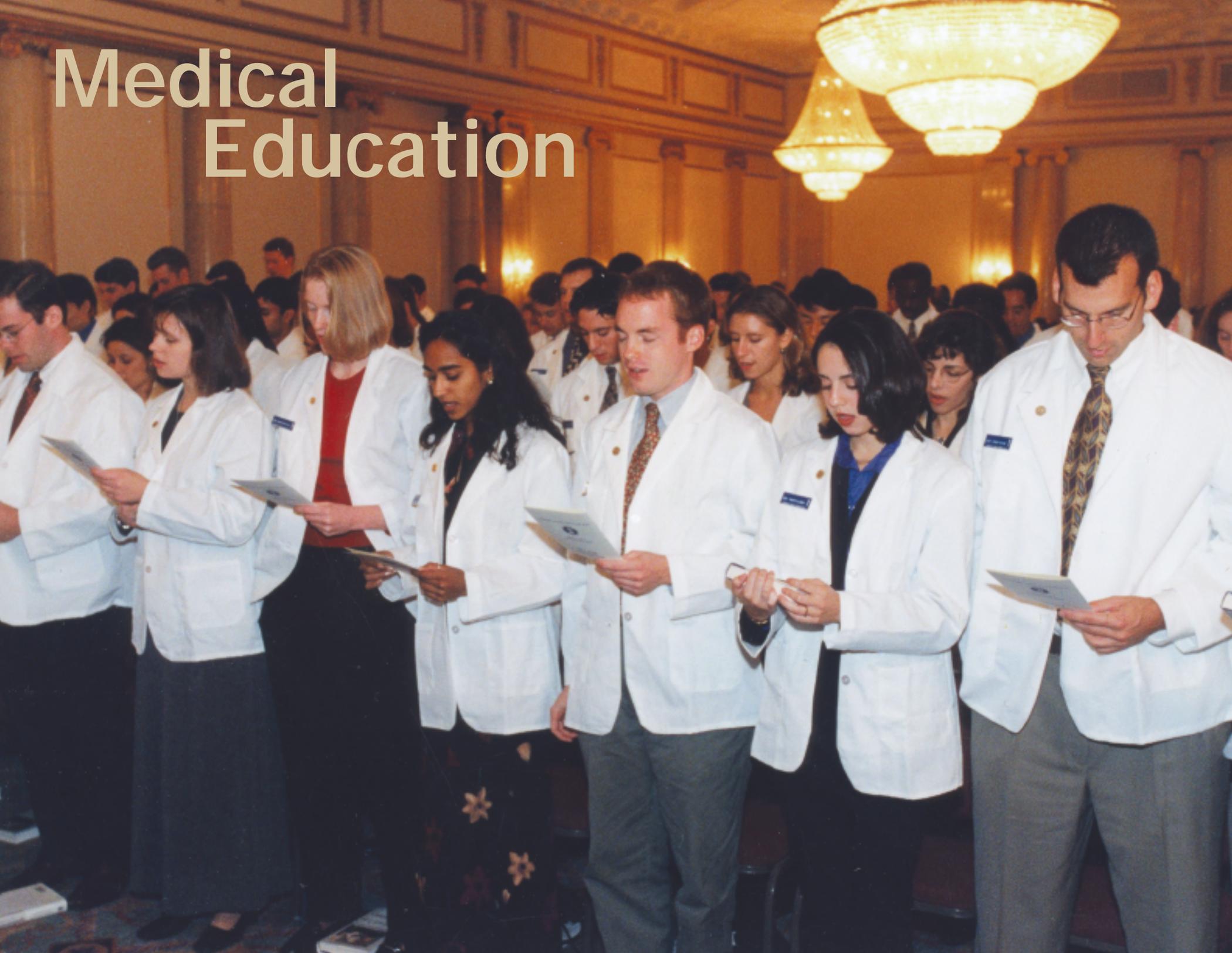
August

- Teaching hospital leaders engage in nationwide campaign to gain congressional support to restore IME payments to 6.5 percent

September

- AAMC Executive Council decides to continue flagging MCAT scores obtained under non-standard conditions
- CurrMIT (AAMC’s Curriculum Management and Information Tool) develops new accreditation resources to facilitate schools’ LCME self-study and preparation of survey materials

Medical Education



The U.S. Supreme Court's decision in June in the *Grutter v. University of Michigan* case was a victory for all of higher education. For the nation's medical schools, the Court's validation of affirmative action allows institutions to continue to take race into account in shaping their admitted classes, except where prohibited by state law.

In the aftermath of this decision, anti-affirmative action forces shifted their main battleground to state ballot initiatives. In response, AAMC reactivated the Health Professionals for Diversity Coalition, a group of over 50 organizations originally brought together in 1996 to oppose previous ballot initiatives in California and Washington state. In the coming months, the Coalition will formulate short- and long-term strategies to make the case for diversity in medical education.

New URM Definition

The Court's ruling coincided, almost to the day, with the AAMC Executive Council's adoption of the Association's revised definition of underrepresented minorities (URM). As a result, the Association's use of the term URM now connotes "racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." The new definition, which reflects demographic changes within society and demonstrates AAMC's continued commitment to eliminating barriers for medical school applicants, is fully in keeping with the *Grutter* decision.

Improving Medical Education

AAMC has been very productive in enhancing ongoing programs and creating important new initiatives in medical education.

Chief among these is the new AAMC Institute for Improvement in Medical Education. In advance of developing the Institute's agenda, a Council of Deans committee, chaired by Joseph Martin, M.D., dean, Harvard Medical School, will undertake a comprehensive review of the state of medical education in the United States and recommend strategic directions for reform.

At the same time, the Association increased its involvement in international medical education by working directly with medical schools in a number of countries, as well as collaborating with sister organizations, such as the China Medical Board and the Educational Commission for Foreign Medical Graduates (ECFMG). AAMC is working with the ECFMG on a review of the curricula of international medical schools from which U.S. citizens graduate.

The Geriatrics Education Project, supported by the John A. Hartford Foundation, has become the largest curriculum reform project ever conducted, with 40 out of 126 medical schools currently enrolled. The project will conclude with a national meeting on geriatrics education, scheduled for June 2004.

Now in its third year, the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC) continues to grow, with over \$10 million in funds provided to more than 40 member institutions for research work focusing on public health and prevention. In 2003, the AAMC worked directly on a number of

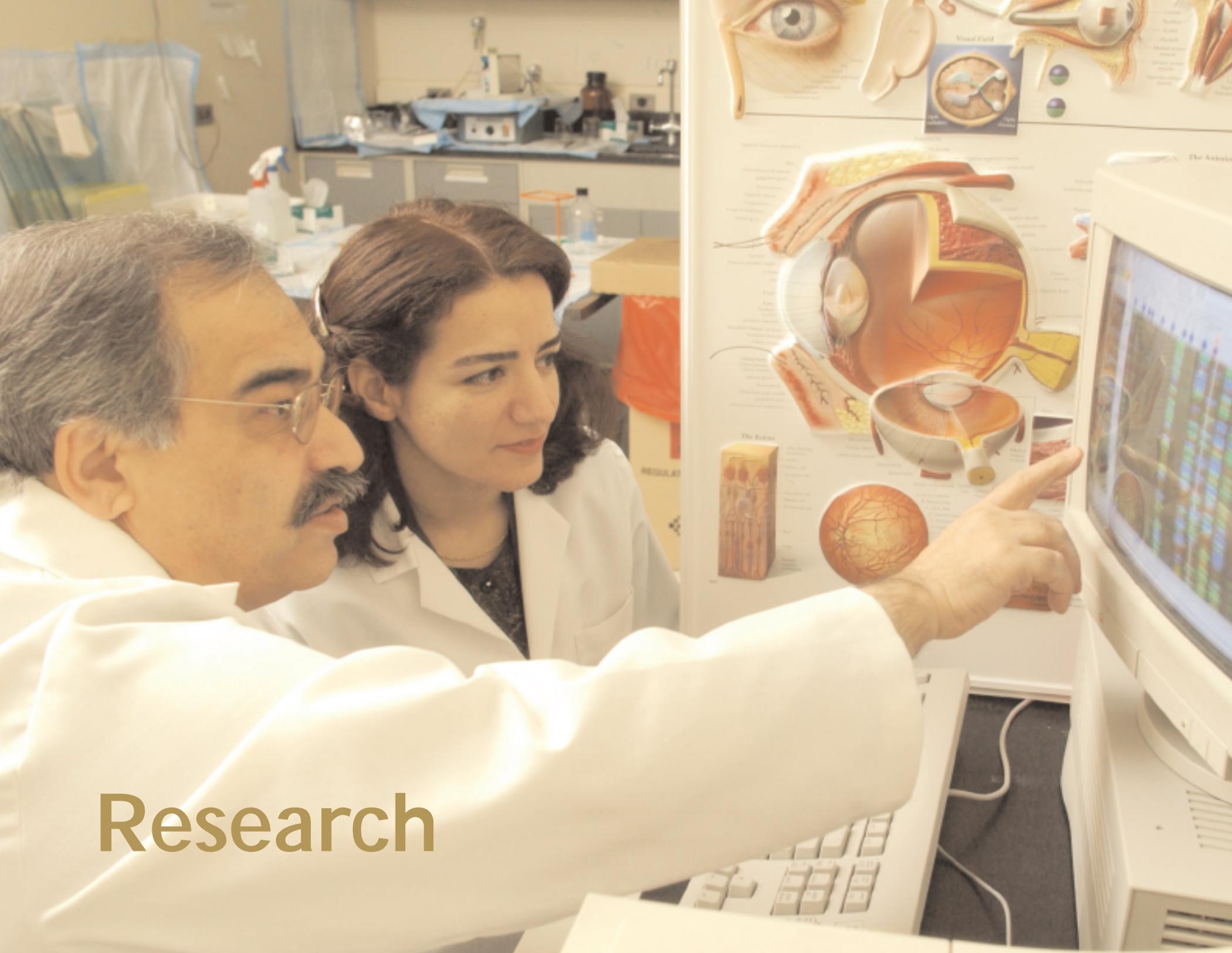
topics at the interface of medicine and public health. This work included the report *Training Future Physicians About Weapons of Mass Destruction: Report of the Expert Panel on Bioterrorism Education for Medical Students*.

Services

The Association's service programs in support of the medical school and residency application processes also had a strong year. After a widespread review by medical school faculty members and undergraduate science faculty, the Medical College Admission Test (MCAT) content was revised. The test program also introduced other changes aimed at streamlining services to examinees and schools.

The American Medical College Application Service (AMCAS) restored stability to the system for the 2003 application cycle and the 2004 cycle currently in progress. A new version of the AMCAS system software, which promises to increase stability and reliability, is scheduled for full implementation in the 2006 cycle (beginning in May 2005). In a vote of confidence for the service, two new participants, Florida State University College of Medicine and University of Texas Southwestern Medical School (M.D./Ph.D. applicants), joined AMCAS this year.

The Electronic Residency Application Service (ERAS) introduced ERAS Fellowships, with programs in colon and rectal surgery, vascular surgery, pulmonary medicine, critical care medicine, pulmonary/critical care, rheumatology, and cardiology among the first to sign up.



Research

The AAMC continues to be an active and effective advocate for the vital biomedical, behavioral, and health sciences research conducted by medical schools and teaching hospitals to improve quality of life and mitigate human suffering. During the past year, the AAMC worked to provide a legislative, regulatory, and policy environment maximally conducive to biomedical and health sciences research. A broad menu of individual and collaborative efforts focused on strengthening the resources and environment for basic and clinical research at medical schools and teaching hospitals, maintaining high standards of excellence and credibility in the academic research enterprise, strengthening the protection of human research subjects, and protecting the scientific community's ready accessibility to new knowledge and technology.

New Fellowship Program

Beginning in July 2004, AAMC, in collaboration with the Association of Schools of Public Health (ASPH), will offer advanced medical and other health sciences students one-year fellowships for mentored clinical research training in developing countries under a contract from the Fogarty International Center assisted by generous support from the Ellison Foundation. This new program will provide students the opportunity to train at top-ranked, NIH-funded research centers in South America, Africa, and Asia, with the hope that the experiences will encourage students to pursue careers in clinical research relevant to international health.

Human Subjects Research

Since the release of the reports of the AAMC's Task Force on Financial Conflicts of Interest in Human Subjects Research in 2001 and 2002, AAMC has launched a survey of member institutions to assess changes in institutional policies based on the task force recommendations. AAMC and the federal government are interested in determining how influential the reports have been in strengthening institutional policies and practices, and whether specific recommendations in the reports prove to be unduly burdensome or costly, suggesting the need for reconsideration. The initial results of the survey should be available in the fall, and they will be widely disseminated.

Patents and Licensing in Biomedical Research

After a federal circuit court decision overturned the long-standing presumption of an "experimental use" defense for academic research in U.S. patent law, AAMC led 30 institutions and organizations in filing an amicus brief in support of Duke University's petition for review by the Supreme Court. As a result of the Court's decision in June not to accept Duke's appeal, the holding of the appellate court stands as federal law. Together with the Association of American Universities (AAU) and the Council on Government Relations (COGR), AAMC has launched a study to monitor the extent to which the circuit court's decision incites challenges to university research practices and changes in universities' intellectual property policies and practices.

Research Conduct

This year the Office of Research Integrity (ORI) extended the cooperative agreement for another four years to continue assisting AAMC member professional societies in promoting responsible conduct in research (RCR) in their disciplines. Recognizing the importance of disciplinary nuances, the AAMC had urged ORI to consider such an approach for several years and is very pleased that the agency has responded. In the first year of the cooperative agreement, \$250,000 was provided competitively to 14 CAS-member societies to help fund activities that will promote appropriate research conduct. The program will be expanded in the upcoming years.

HIPAA

Since April, the AAMC has been monitoring and documenting the effects on biomedical and health sciences research of the new Medical Information Privacy rule enacted by mandate of the federal Health Insurance Portability and Accountability Act (HIPAA). To gather data from investigators, administrators, IRB staff, and privacy officials, as well as simplify submissions of case reports, AAMC developed a Web-based survey, with assistance from member institutions and a steering committee of representatives from the health sciences research community beyond AAMC's traditional membership. The results of this survey will inform the research community, policymakers, and the public about HIPAA's effects and help shape AAMC's future advocacy efforts in this area.



Patient
Care

Teaching hospitals and their affiliated faculty are at the heart of the nation's healthcare delivery system, serving as key sites and sponsors for the clinical education of medical students, residents, and numerous other healthcare professionals. Because of their interrelated missions of patient care, education, and research, teaching hospitals provide care to many of the nation's sickest patients and make available to communities and regions rare and high-technology medical services, as well as important standby services, such as trauma and burn units. While the members of AAMC's Council of Teaching Hospitals and Health Systems (COTH) represent only six percent of the nation's hospitals, they provide about 20 percent of all inpatient care and the majority of care for a variety of specialty services, as well as serve as "safety net" providers for millions of uninsured and underinsured individuals.

Quality Initiative

Building consumer confidence in the teaching hospitals that provide critical healthcare services is one of the goals of a new groundbreaking collaboration launched in 2003 by the AAMC, the American Hospital Association (AHA), the Federation of American Hospitals (FAH), and federal and private agencies. "The Quality Initiative: A Public Resource on Hospital Performance" is a voluntary effort by hospitals to collect data on their performance and share that information with the public via the Centers for Medicare & Medicaid Services (CMS) Web site. Participating hospitals began posting their first reports of quality data on the Web site in October.

Clinical Care

In addition to COTH, other AAMC membership and constituency groups, including the Group on Faculty Practice, the Group on Resident Affairs, and the Compliance Officers Forum, all dedicated considerable energy over the past year to activities ranging from implementing changes in the clinical environment to addressing issues and policies related to patient care and its interface with education and research.

The AAMC's Advisory Panel on Health Care Delivery provided an interdisciplinary focus for policy and strategy discussions on a range of topics, including workforce policy, healthcare reform initiatives, and financial support for the special missions of academic medicine. Development of the Faculty Practice Solutions Center also continued. A collaborative effort with the University HealthSystems Consortium, this project is expanding and enhancing the benchmarking tools on clinical productivity available to faculty practice plans.

Medicare Funding

AAMC communicated with the Medicare Payment Advisory Commission (MedPAC) on an ongoing basis over the past year about the need for a stable funding source for academic medicine and raised concerns about a potential recommendation to reduce Medicare Indirect Medical Education (IME) payments. In January, MedPAC voted not to include such a recommendation in its March report to Congress. The Association also continued to provide educational seminars and other assistance to members as they sought to implement and comply with

Medicare payment policies. In December 2002, in response to AAMC and members' concerns, the Carrier Manual Instructions on Medicare Teaching Physicians Regulations were revised to simplify and clarify Medicare's requirements.

Resident Duty Hours

2003 saw the implementation of new limits on resident duty hours. Supported by the AAMC, the new 80-hour resident work week is designed to balance the needs of patient care with resident well-being and clinical education. AAMC sponsored several conferences on the new standards and established a list serve to provide members with support and assistance during implementation of the new rules.

New Publications/Web Resources

Several new publications were developed this year. Two reports addressed important issues relating to patient care, *Integrating Education and Patient Care*, and *Patient Safety and Graduate Medical Education*. A new brochure reviewed *Medicare Payments for Graduate Medical Education*. Other publications provided guidance on the Medicare resident limits and new federal privacy regulations spawned by the Health Insurance Portability and Accountability Act. In addition, information on hospital finance and operations, executive compensation, compliance activities, and graduate medical education was made available through publications and the Association's Web site.



Advocacy and Public Education

The chaotic federal budget situation continues to threaten the long-term ability of the Association's members to sustain their core missions of education, patient care, and research. As a result, the AAMC pursued an extensive advocacy agenda this year to maintain the financial viability of programs critical to medical schools and teaching hospitals. Government relations representatives at member institutions were important partners in all of these efforts.

Medicare and Medicaid Funding

One of the Association's most important goals this year was to secure congressional support for increasing federal provider payments crucial to the academic medicine community. Efforts included trying to restore Medicare Indirect Medical Education (IME) payments to the fiscal year (FY) 2002 level of 6.5 percent. With the current 15 percent cut in place, teaching hospitals will lose an estimated \$789 million in FY 2003 and \$4.2 billion over the next five years. To supplement congressional efforts to raise legislators' awareness of the potential impacts of these cuts, AAMC, along with the American Hospital Association and the Greater New York Hospital Association, developed a series of print and Web advertisements that ran in "inside the Beltway" publications. AAMC also worked to improve Medicare physician payment updates slated for a reduction of 4.2 percent in calendar year (CY) 2004, with additional reductions in CYs 2005, 2006, and 2007. In addition, the AAMC sought to

increase states' Medicaid disproportionate share hospital (DSH) allotments, which were also reduced by 10 percent in October 2002.

Liability Reform

Another issue threatening the viability of the academic medicine community is the rise in medical malpractice premiums. AAMC's efforts on this issue included participating in an alliance of providers, insurers, and others that advocated for medical liability reform and coordinating the involvement of area medical students in a rally held in conjunction with the Senate's July vote on malpractice reform legislation.

Federal Budget

Following the completion of the doubling of the budget for the National Institutes of Health, Congress and the administration returned to efforts to control discretionary spending in the federal budget. Proposals included limiting increases – and in some cases freezing – funding for medical research. Individually and through coalitions such as the Ad Hoc Group for Medical Research Funding and the Friends of VA Medical Care and Research (FOVA), the AAMC continued to work with scientists and patient advocates to boost federal support for medical research.

The president's FY 2004 budget also proposed massive cuts for the Title VII health professions education programs and froze funding for Title VIII nursing education programs administered through the Health Resources and Services

Administration, despite well-documented shortages of nurses and other professionals. In response, AAMC coordinated a campaign to prevent the proposed cuts through the Health Professions and Nursing Education Coalition (HPNEC), including organizing an advocacy day in May and a briefing for Capitol Hill staff in July.

Project Medical Education

During 2003, AAMC continued its efforts to build greater understanding in Congress about the important missions of America's medical schools and teaching hospitals through the Project Medical Education (PME) program. PME gives policymakers the opportunity to experience life as a medical student, resident, and physician during a one- or two-day program at a host medical school and teaching hospital. To date, more than 40 academic institutions have held a PME program, with congressional participants from 20 states in attendance. This year, PME expanded its reach and is now offering programs for state policymakers and their staffs, in addition to federal representatives. Also in 2003, PME paid tribute to Sen. Edward Kennedy (D-MA) for his untiring commitment to medical schools and teaching hospitals by honoring him with the first "Champion of Medical Education" award at a Capitol Hill ceremony in May. This award recognizes a national policymaker who has established an exceptional record as an advocate for undergraduate and graduate medical education.

AAMC Statements and Testimony

- “Statement on NIH Organization,” submitted by Dr. David Korn to the Institute of Medicine and National Research Council Committee on the Organization of the NIH, December 3, 2002.
- “Testimony on Medicare’s Payment Policies Under the Physician Fee Schedule,” presented by Albert Bothe Jr., M.D., Executive Director, University of Chicago Faculty Practice Plan, to the Centers for Medicare & Medicaid Services Practicing Physician Advisory Council, February 10, 2003.
- “Statement on NIH Centers of Excellence,” submitted to the IOM Committee on NIH Centers of Excellence, March 3, 2003.
- “Testimony on the Role of Academic Affiliates in the CARES Program,” presented by Jordan J. Cohen, M.D., President, Association of American Medical Colleges, to the VA Capital Assets Realignment for Enhanced Services (CARES) Commission, April 2, 2003.
- “Testimony on the Development of Medical Education Programs to Respond to Biological, Chemical and Radiological Threats,” presented by Jordan J. Cohen, M.D., President, Association of American Medical Colleges, to the Committee on Veterans’ Affairs, Subcommittee on Oversight and Investigations, United States House of Representatives, April 10, 2003.
- “Statement on FY 2004 Appropriations for the Department of Health and Human Services,” submitted to the Subcommittee on Labor, Health and Human Services, Education and Related Agencies of the Committee on Appropriations, United States House of Representatives, May 23, 2003.
- “Statement on the Oversight of the VA Research Program,” presented by John G. Clarkson, M.D., Senior Vice President for Medical Affairs and Dean, University of Miami School of Medicine, submitted to the Subcommittee on Health, Committee on Veterans’ Affairs, United States House of Representatives, July 15, 2003.

The AAMC’s Members Are:

- The nation’s 126 accredited medical schools, each represented by its dean in the Council of Deans
- Approximately 400 teaching hospitals with substantial research and educational activities, including 56 affiliated health systems and 62 Department of Veterans Affairs medical centers, represented by their CEOs on the Council of Teaching Hospitals and Health Systems
- 94 academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 105,000 faculty members
- 125 students serving in the Organization of Student Representatives representing 66,000 medical students
- Approximately 50 residents appointed by academic societies serving in the Organization of Resident Representatives, representing about 97,000 residents
- 16 Canadian medical schools as associate members
- Faculty members and administrators of medical colleges, teaching hospitals, and academic medical centers who represent their institutions as members of the AAMC’s professional development groups:

Government Relations Representatives (in collaboration with the Association of Academic Health Centers)

Graduate Research, Education, and Training Group

Group on Business Affairs

Group on Educational Affairs

Group on Faculty Practice

Group on Information Resources

Group on Institutional Advancement

Group on Institutional Planning

Group on Regional Medical Campuses

Group on Research Advancement and Development

Group on Resident Affairs

Group on Student Affairs

Minority Affairs Section

Women in Medicine

Executive Council

The AAMC is governed by a 30-member Executive Council whose participants are elected by the Council of Deans, the Council of Teaching Hospitals and Health Systems, the Council of Academic Societies, the Organization of Resident Representatives, and the Organization of Student Representatives. The Council elects the officers of the Association and a distinguished service representative.

The Assembly is the AAMC's legislative body and includes the entire COD membership, 126 members of COTH, 94 members of CAS, and 12 members each from the OSR and ORR.

Each year, members of the U.S. Congress and executive branch agencies, representatives of medical and healthcare organizations, and prominent political commentators meet with the AAMC Executive Council and Administrative Boards to discuss leading healthcare issues.

This year, the AAMC governance heard from:

- Richard H. Carmona, M.D., U.S. Surgeon General
 - Mark Shields, political analyst
 - Anthony Fauci, M.D., director, National Institute of Allergy and Infectious Diseases
 - Thomas Inui, president and CEO of the Regenstrief Institute
- In addition, the Executive Committee met with:
- Elias Zerhouni, M.D., director, National Institutes of Health
 - Representative Jim Cooper (D-TN)



CHAIR
Theresa A. Bischoff
New York University Hospitals Center



CHAIR-ELECT
Donald E. Wilson, M.D., M.A.C.P.
University of Maryland School of Medicine



IMMEDIATE PAST CHAIR
Ralph Snyderman, M.D.
Duke University Medical Center



PRESIDENT
Jordan J. Cohen, M.D.
Association of American Medical Colleges



DISTINGUISHED SERVICE MEMBER
Rita Charon, M.D., Ph.D.
Columbia University College of Physicians and Surgeons

Council of Deans



The Council of Deans (COD), composed of the deans of the nation's 126 medical schools, identifies issues affecting academic medicine and develops strategies to achieve medical schools' various missions. Through its Administrative Board, the COD helps set policy for the Association's service and advocacy functions, develops programs for improving institutional management, and supports the deans' leadership roles in guiding schools toward excellence in medical education, research, and patient care.

The COD 2003 spring meeting considered issues in both plenary and small-group sessions, including digitally enabled genomic medicine, the use of information technology to facilitate research administration and compliance, implications of the Institute of Medicine (IOM) report "Crossing the Quality Chasm: A New Health System for the 21st Century" for medical schools and teaching hospitals, educating for improved quality of care, promoting quality improvement concepts in academic health centers, and using patient safety narrative to teach core competencies. The meeting concluded with small group presentations and discussions of best practices in medical school management.

At the 114th AAMC Annual Meeting, the COD co-sponsored a plenary of institutional case studies on coping in a hostile climate. Another joint session addressed how to design hospitals for safety and what medical schools and hospitals can learn from Alcoa.

Chair: Haile T. Debas, M.D. (until July 1)
University of California, San Francisco School of Medicine

Paul B. Roth, M.D.
University of New Mexico School of Medicine

Darrell G. Kirch, M.D. (starting July 1)
Pennsylvania State University College of Medicine (pictured)

Arthur H. Rubenstein, MBChB
University of Pennsylvania School of Medicine

Robert C. Talley, M.D.
University of South Dakota School of Medicine

Chair-Elect: Darrell G. Kirch, M.D. (until July 1)
Pennsylvania State University College of Medicine

AAMC Executive Council Members
* Dr. Harris will serve as an Executive Council representative from July 2003 to November 2003.

Immediate Past Chair: Richard D. Krugman, M.D.
University of Colorado Health Sciences Center School of Medicine

Antonio M. Gotto Jr., M.D., D.Phil.
Joan and Sanford I. Weill Medical College of Cornell University

E. Nigel Harris, M.D. *
Morehouse School of Medicine

Joseph B. Martin, M.D., Ph.D.
Harvard Medical School

Council of Teaching Hospitals and Health Systems



Members of the Council of Teaching Hospitals and Health Systems (COTH) deliver comprehensive healthcare services in environments that support clinical research and medical education. COTH's approximately 400 member institutions provide about 20 percent of U.S. inpatient and outpatient care and train about 65 percent of the nation's residents.

This year, the COTH Administrative Board focused on a number of issues affecting teaching hospitals and health systems. These included the new resident duty hour requirements, healthcare quality and safety initiatives, and the deliberations on Medicare indirect medical education (IME) payments. COTH also has been instrumental in setting and advancing the AAMC's legislative agenda for teaching hospitals, including this year's effort to restore the previous level of funding for Medicare IME payments.

COTH has also dedicated significant effort to working with its members on implementation of the HIPAA, the Medicare outpatient prospective payment system, Medicare outlier payments, Medicaid GME payments, payment for new devices and drugs, federal EMTALA requirements, and federal fraud and abuse activities. The Jung litigation has also been a focus of Council activities.

In addition, COTH is introducing a streamlined data collection process that makes use of electronic technology and developing an interactive data tool that enables COTH members to produce customized reports. The GME Track system that provides an annual GME census has also matured and now collects information from the vast majority of GME programs in the United States.

Chair: William D. Petasnick*
 Froedtert Memorial Lutheran Hospital

Chair-elect: Elliot J. Sussman, M.D.*
 Lehigh Valley Hospital

Immediate Past Chair: Thomas M. Priselac*
 Cedars-Sinai Medical Center

James M. Anderson
 Children's Hospital Medical Center

Dennis Brimhall
 University of Colorado
 Fitzsimons Health Sciences Center

Robert T. Clarke
 Memorial Medical Center and Health System

Irene Cumming
 University of Kansas Hospital

David J. Fine
 UAB Health System

Harvey A. Holzberg
 Robert Wood Johnson University Hospital

Michael M.E. Johns, M.D.
 Emory Healthcare

Mark R. Laret
 UCSF Medical Center

Steven Lipstein
 BJC Healthcare

Robert A. Petzel, M.D.
 Department of Veterans Affairs

Charles M. Smith, M.D.
 Christiana Care Health Services

Larry Warren
 University of Michigan Hospitals and Health Centers

Patricia K. Sodomka*
 Medical College of Georgia Hospital and Clinics

Elliot J. Sussman, M.D.*
 Lehigh Valley Hospital

Larry Warren
 University of Michigan Hospitals and Health Centers

AHA Representative: James D. Bentley, Ph.D.
 American Hospital Association

* AAMC Executive Council Members

Council of Academic Societies



The Council of Academic Societies (CAS) represents the faculty leadership of U.S. medical schools and teaching hospitals through representation from 94 member professional organizations. The mission of the CAS is to help the faculty of academic medical centers in their primary responsibilities of research, education, and patient care, with an ultimate goal of improving the health of all Americans.

This year, the CAS formed a task force to explore the impact of dual-degree programs, students, and faculty on the medical school enterprise. The CAS also has in progress a "Study of the Journal Publishing and Copyright Practices and Policies of AAMC Council of Academic Societies Member Societies." The goal of the effort is to understand better the impact of CAS member societies' journal publication policies and practices on the dissemination of faculty scholarship and the use of such scholarship in medical and graduate education. It is expected that the results of this study will be disseminated in the form of reports, posters, or papers at future CAS and AAMC meetings, as well as at the meetings of CAS member societies; and that the results of the study will be published in a reputable peer-reviewed journal. The results may also assist the AAMC in forming policy positions on scholarship dissemination issues.

The CAS Basic Science Chairs Leadership Forum, which is providing a locus for the discussion of issues related to the role of medical school basic science chairs and departments, has begun planning a follow-up meeting to its highly successful October 2002 meeting on "The Evolving Role of Basic Science Chairs." The next national meeting of basic science chairs is tentatively scheduled for October 2005 in Salt Lake City.

Chair: William H. Dantzler, M.D., Ph.D.*
 American Physiological Society

Chair-elect: Barbara Schuster, M.D.*
 Assoc. of Program Directors in Internal Medicine

Immediate Past Chair:
 N. Lynn Eckhart, M.D., Dr. P.H.*
 Association of Teachers of Preventive Medicine

Shelley A. Bader, M.L.S., Ed.D.
 Association of Academic Health Sciences Libraries

Stebbins B. Chandor, M.D.
 Academy of Clinical Laboratory Physicians and Scientists

Joel A. Delisa, M.D.
 Association of Academic Physiatrists

Robert J. Desnick, M.D., Ph.D.*
 Association of Professors of Human or Medical Genetics

Michael H. Ebert, M.D.*
 American Association of Chairs of Departments of Psychiatry

Mary Lipscomb, M.D.
 Association of Pathology Chairs

Phillip L. Liu, M.D.
 Society for Education in Anesthesia

J. Lloyd Michener, M.D.*
 Association of Departments of Family Medicine

Antonio Scarpa, M.D., Ph.D.
 Association of Chairmen of Departments of Physiology

* AAMC Executive Council Members

Organization of Resident Representatives



The Organization of Resident Representatives (ORR) is composed of representatives from eligible CAS member specialty organizations, with two resident members from each general specialty. Through its two voting seats on the AAMC Executive Council, the ORR provides residents' perspectives on policy matters before the AAMC. In addition, the ORR offers leadership and professional development opportunities for residents interested in academic medicine, through its annual professional development spring conference held in conjunction with the AAMC's Council of Academic Societies (CAS).

The ORR is currently exploring the training residents receive in preparation for the anticipated scope of practice physicians can expect to be involved in upon completion of their residency training. Of particular concern is the possible disconnect between the training residents receive and the nature and type of medical care they will provide post-training. Other areas of focus for the ORR include professionalism issues and training and care delivery strategies within the duty hour guidelines recently adopted by the Accreditation Council for Graduate Medical Education (ACGME).

The ORR delivered its fifth annual Community Service Recognition Award at the 2003 AAMC Annual Meeting to Jacqueline Onyejekwe, M.D., of Columbia University. This award was established to recognize a resident whose work in serving the community goes above and beyond the rigorous requirements of residency training and embodies the altruistic nature of medicine.

Chair: Francis Nuthalapaty, M.D.*
University of Alabama

Corinne Horn, M.D.
The New York Presbyterian Hospital

Chair-Elect: Jane E. Dopkins, M.D.*
Ohio College of Medicine

Andrew Wright, M.D.
University of Wisconsin

Immediate Past-Chair: Devdutta Sangvai, M.D.
Duke University School of Medicine

* AAMC Executive Council Members

At-Large Administrative Board Members

Vineeta Ahooja, M.D.
Wayne State University School of Medicine

Erik Beyer, M.D.
The Cleveland Clinic Foundation

Jesse A. Goodman, M.D.
Austen Riggs Center

Azita G. Hamedani, M.D.
Harvard Medical School

Organization of Student Representatives



The Organization of Student Representatives (OSR) speaks for the nation's medical students and includes representatives from each of the 126 U.S. allopathic medical schools. The 16 Canadian medical schools are also invited to participate in OSR activities, although they do not have voting privileges. Through its many committees and liaisons, the OSR provides students with an opportunity to explore issues that affect medical education and student life, including professionalism, career planning, computerized testing, and student outreach.

Through its two voting seats on the AAMC Executive Council, the OSR provides medical students with the opportunity to express their perspectives on policy matters before the AAMC governance. Among the OSR's strengths is its ongoing interaction with numerous related medical organizations.

This year, the organization's primary project was implementing a student medical insurance and medical care Web-based survey. Other priorities included student debt/tuition, the NBME Step II clinical skills exam, increased awareness of medical interpreters, bioterrorism education, and student professionalism. The OSR Administrative Board members visited their representatives on the Hill in September to lobby for increased Stafford loan limits as part of the Higher Education Authorization Act. The OSR also participated in Robert Wood Johnson's "Cover the Uninsured" Week. In addition, for the fifth year, the OSR continued to administer the Humanism in Medicine Award selection process.

Chair: Ryan Gregory*
University of Texas Medical Branch at Galveston
School of Medicine

National Delegate for Communications: Katie O'Brien
University of North Dakota School of Medicine and Health Sciences

Chair-Elect: Yvette Martin*
Mayo Medical School

National Delegate for Legislative Affairs: Benjamin Rudd
State University of New York Upstate Medical University

Immediate Past Chair: Michael Rosenthal
University of North Carolina at Chapel Hill School of Medicine

National Delegate for Student Affairs: Christiana Russ
University of Tennessee Health Science Center College of Medicine

Central Regional Chair: Kristina Toncray
Washington University School of Medicine

Northeast Regional Chair: Miriam Post
Jefferson Medical College

National Delegate for Community & Diversity: Elizabeth Yopez
University of Chicago Division of the Biological Sciences, the Pritzker School of Medicine

Southern Regional Chair: Darrell Baskin
Baylor College of Medicine

Western Regional Chair: Joule Adler
University of California, Irvine, College of Medicine

* AAMC Executive Council

National Delegate for Medical Education: Dipesh Navsaria
University of Illinois College of Medicine

Executive Staff



Standing, from left: David Korn, M.D.; Joseph A. Keyes Jr., J.D.; Elisa K. Siegel; Jordan J. Cohen, M.D.; Barbara S. Friedman; Robert F. Jones, Ph.D.; Jeanne L. Mella
Seated, from left: Charles Terrell, Ed.D.; Kathleen S. Turner; Richard M. Knapp, Ph.D.; Michael E. Whitcomb, M.D. Not shown: Robert M. Dickler; David P. Stevens, M.D.



Elisa K. Siegel, Senior Vice President Office of Communications

Elisa K. Siegel joined the Association in April as senior vice president of the Office of Communications. In this capacity, she is responsible for the Association's communications strategy, public and media relations, public education campaigns, Web site, and a variety of publications.

Ms. Siegel brings more than 20 years of Washington, D.C., communications experience to AAMC, having held positions in government, corporate, association, and public relations agency settings. Most recently, as senior vice president of Goddard Claussen Porter Novelli (GCPN), she helped develop and implement AAMC's national strategic communications campaign known as "Tomorrow's Doctors, Tomorrow's Cures." The effort seeks to raise public awareness of and support for medical schools and teaching hospitals and the important roles they play in the nation's health care.



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