



Making A Difference

Annual Report 2000

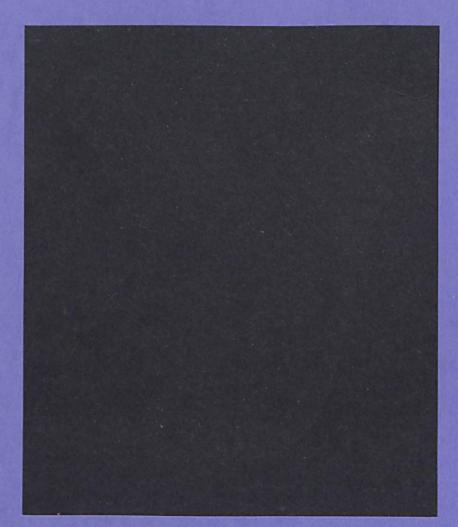


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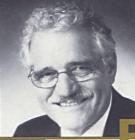
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Making a Difference

The true measure of worth is the ability to "make a difference." Whether it's teaching tomorrow's doctors, helping today's patient, or finding tomorrow's cures, medical schools and teaching hospitals make differences every day. These acts, which collectively improve the lives and health care of patients and communities, reflect academic medicine's core missions.

At the dawn of this new millennium, the Association of American Medical Colleges, too, is striving to make a difference. In medical education, in clinical research, in the community, and in health policy, we are effecting change and helping our members meet the 21st century's unprecedented challenges and opportunities. Hand in hand with our members, we are improving education, research, and health care, three "difference makers" in medicine and our nation's health.



resident's Message

Dear Friend of the AAMC,

When one considers the tremendous progress made by the AAMC on so many fronts over the past year, our theme of "Making a Difference" couldn't be more apropos. Without question, the AAMC has made a difference in every one of the core missions of academic medicine — education, research, and health care.

I am also particularly proud that while the Association continues to develop and implement services that assist our members with their day-today operations, we also are engaged in initiatives that have a direct impact on the communities our members serve. Our new programs are helping high school students prepare for careers in health care, assisting medical students with community service projects, supporting geriatrics training to address our nation's booming elderly population, and heightening the public's awareness of medical schools and teaching hospitals.

This year, the AAMC has been "out there" on key issues with an unprecedented intensity, focusing on issues like BBA relief, diversity in medicine and medical education, and research integrity and human subjects protections. We co-hosted the groundbreaking Clinical Research Summit, joined in the founding of the Coalition to Protect America's Healthcare, and sponsored new awards and grants such as the Pfizer Humanism in Medical Education awards and the Hartford Foundation grants in geriatrics.

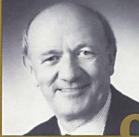
As we're launching new programs and initiatives, we're also expanding existing ones, with new sites for the Minority Medical Education Program (MMEP) and new grants in the Health Professions Partnership Initiative (HPPI). And we've established the Herbert W. Nickens Memorial Fund to honor the work of the late Dr. Nickens who was instrumental in the formation of both MMEP and HPPI.

In addition, we're bringing our time-tested publications and services into new territory. Taking advantage of the latest in electronic communications technology, we've brought *Academic Medicine* fully online.

Finally, one of the AAMC's initiatives that truly embodies the essence of making a difference is the Center for the Assessment and Management of Change in Academic Medicine (CAMCAM). For the past five years, CAMCAM has provided a unique source of data and insights on the sea changes affecting the organization of today's medical schools and teaching hospitals. This year, CAMCAM concludes its work with the publication of "Managing Change," a comprehensive report summarizing the trends in academic medicine that the center has monitored.

After reading this year's Annual Report, you'll surely agree that "Making a Difference" sums up the work done by the AAMC in this, the first year of the new century. We're breaking new ground, and at the same time renewing our commitment to our most basic values. I thank you all for being a part of that effort.

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



Shair's Message

Serving for a year as chair of both the AAMC, a national organization that brings together the country's great medical centers, and the Association's Medicare Special Action Committee, has brought home to me the wisdom of one of our nation's most influential and insightful politicians. "All politics," insisted former House Speaker Thomas P. "Tip" O'Neill, "is local."

Our success at the national level has arisen from a unique collaboration between the AAMC and its many local members. Influence at the national level is meaningful and persuasive only if we can convey our wellhoned messages through the prism of local realities.

Over the past year, the AAMC has been involved in many issues, but one, in particular, symbolizes this national-local paradigm best. The issue, of course, is our effort to gain financial relief for our nation's teaching hospitals from the severe Medicare cuts called for in the Balanced Budget Act of 1997 (BBA).

Representatives of medical schools and teaching hospitals from all over the country have worn a path to Washington to express their concerns about the unintended consequences of the BBA. They have met with their members of Congress and the administration, either of their own accord or as part of the AAMC's well-coordinated Teaching Hospital Days last spring and the Teaching Hospital Trustee Day this past September.

Because the White House and members of Congress hold our teaching hospitals and medical schools in such high regard and our fiscal pain is real, we have made considerable progress in securing enough relief to make a difference for all of our country's academic medical centers.

Yet at each encounter it has become increasingly clear that to influence national decisions, it is necessary to act on the local level. It may be encouraging to be held in high regard by the Senate, but it is far more powerful to be respected and needed by senators' constituents.

Paradoxically, the need to act together to retain federal support has become even more important as competitive, commercial forces have come to dominate segments of the health care world and now threaten to split us apart. We have all witnessed the rapid growth of market-based mechanisms designed to limit health care expenditures. But the more care is entrusted to the market, the more the government is forced to step in. The market has demonstrated very little interest in providing for the poor or the old; for medical education or basic research; or for patient rights, safety, and confidentiality.

Consequently, the government — through the major roles played by Medicare, Medicaid, and the National Institutes of Health — is still the ultimate arbiter of health care in this country. The government is also the party that writes the rules when citizens and institutions are sufficiently disaffected — and outspoken.

Therefore, the more the market forces us to compete with each other locally, the more important it becomes for our institutions to work together nationally to define the principles by which the government finances and regulates health care. And being effective nationally begins with working together locally to press the case to the government from the bottom up, primarily through our elected officials.

As each new situation arises, whether it is further fallout from the Balanced Budget Act, concern over privacy in the health care setting, or tighter monitoring of human subjects in clinical research programs, we must continue to maintain a strong national presence and a concerted local voice. We must continue to speak up as individuals and as institutions on the issues that most affect teaching hospitals and medical schools, the patients who we serve, the students who we educate, and the doctors, nurses, and other professionals who we represent.

Ralph W. Muller Chair, AAMC

Making a Difference – edical Education



AAMC programs are helping medical educators recognize and meet new challenges in the training of America's future physicians.

In September, the AAMC hosted a special event in Washington, D.C., "A Century of Reform — Medical Education's Quiet Revolution to Meet America's Health Care

Needs," to release two important reports: an *Academic Medicine* supplement detailing curriculum reform at 130 North American medical schools and a report from the Milbank Memorial Fund and the AAMC about the changing curricula at 10 U.S. medical schools. At the event, AAMC President Jordan J. Cohen, M.D., summarized the major progress areas for medical education, and an expert panel deliberated its future challenges. This special event was the culmination of a yearlong, concentrated effort to raise public awareness of the positive changes occurring in medical education.

The Association also continues its work to improve medical school curricula and scholarship to reflect the changing health care environment and to meet societal needs. A **four-year**, **\$2.6 million grant from the John A. Hartford Foundation** will enhance the gerontology and geriatrics curricula at U.S. medical schools and better equip students to deliver high-quality, compassionate care to the nation's burgeoning elderly population. The first round of funding — 20 grants of \$100,000 each — was awarded in May.

In the area of medical school accreditation, the Liaison Committee for Medical Education approved new standards on end-of-life care, health counseling for students, cultural diversity, educational program effectiveness, and academic advising. In addition, the LCME has embarked on a "self-study" this year that will examine how the measurement of outcomes can be most effectively employed in the accreditation of medical schools, how medical school accreditation can better align with public expectations for the physician work force, and whether sound evidence can be developed on which to base the standards and processes of accreditation.

To promote a national dialogue on the definition of scholarship, the AAMC's Council of Academic Societies implemented the **CAS Scholarship Papers Initiative.** More than a dozen leading faculty members and administrators were invited to author papers on topics related to the evolving definition of scholarship within the academic medical community. The papers were published in September 2000 as a theme issue of *Academic Medicine* and as a CAS monograph.

In July, *Academic Medicine*, which has served as a forum for the exchange of ideas and information on policy, issues, and research since 1926, debuted online at www.academicmedicine.org. The new, full-text Web version allows readers to search back issues and to link to abstracts of cited articles.

The AAMC continues to take a leadership role in raising awareness about the drawbacks of



resident unionization. In a February *New England Journal of Medicine* editorial, Dr. Cohen reiterated **the AAMC's concern about the potentially detrimental effects of the National Labor Relations Board's November 1999 ruling** that gave medical residents the right to form collective bargaining units. Residents are students, Dr. Cohen wrote, and provide patient care within the framework of their educational experiences. He also noted that tools available to unions, such as job actions and strikes, create an adversarial environment that undermines the educational process.

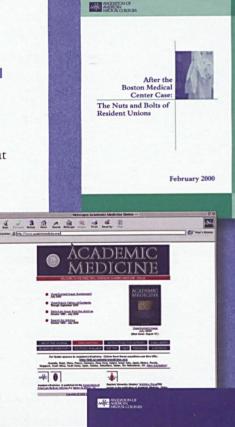
To help residency programs evaluate whether they are effectively addressing resident concerns, the Association's Group on Residency Affairs developed a comprehensive self-assessment tool. In addition, the AAMC prepared **"After the Boston Medical Center Case: The Nuts and Bolts of Resident Unions,"** a primer that explains the implications of the NLRB decision, basic labor law concepts, and the rights and recourses of institutions faced with union activity. The AAMC's Working Group on Institutional Accountability for Graduate Medical Education continues to examine resident unionization and other issues affecting GME.

The Association is retooling and streamlining its products to improve the medical school and residency application process. **American Medical College Application Service (AMCAS) 2002** is a major initiative to re-engineer the medical school application process. Available in January 2001 for the entering class of 2002, AMCAS 2002 will include a new application delivered via the Web; new internal systems at the AAMC that will make application processing more accurate and efficient; admissions office software to help medical schools receive, manipulate, and report application information electronically; and new, Web-based delivery systems for national reports to schools and pre-health advisors.

The AAMC also has initiated a major review of the content and format of the **Medical College Admission Test (MCAT).** The currency and completeness of the science content, the weighting of science and verbal content, the delivery mechanism, and the possibility of including assessment of personality characteristics will all be evaluated.

Finally, the Electronic Residency Application Service (ERAS) unveiled its new applicant Web site this year, "MyERAS," which will replace the cumbersome system of distributing software to each applicant and reduce the burden on medical schools in transmitting applications. "Until now our gerontology and geriatrics curriculum has been brief, focused on diseases of aging, and dependent on instructors' interest. Thanks to the Hartford grant, we'll have a longitudinal, comprehensive, and competency-based curriculum involving service learning and student interaction with older adults and patients in community settings."

Louise Arnold, M.D. Associate Dean for Medical Education University of Missouri-Kansas City School of Medicine



A Century of Reform Medical Education s Ouiet Revolution



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aking a Difference – Jinical Research



The AAMC is lobbying aggressively in support of clinical research, raising public awareness of researchers' contributions, and speaking on behalf of academic medical centers on issues involving human subjects research.

The Association is at the forefront of efforts to gain further support for clinical research and for translating

clinical discoveries into therapies and treatments that improve public health. To that end, the **National Clinical Research Summit** — jointly convened by the AAMC, AMA, and Wake Forest University School of Medicine — spent nearly two years gathering stakeholder perspectives about the state of clinical research and determining what steps should be taken to ensure the continued advancement of clinical knowledge. The summit's report, which culminates the work of its 175 representatives, was released at a November 1999 event on Capitol Hill. The report details nine problem areas and a series of recommended remedies.

One of the report's central recommendations called for the establishment of a **Clinical Research Roundtable**. In response, the Institute of Medicine created a 28-member panel that will meet four times in the next year.

In January 2000, the AAMC released the **Task Force Report on Clinical Research** at a press briefing in Washington, D.C. Chaired by Ralph Snyderman, M.D., president and CEO of the Duke University Health System, the task force and its report are considered to be the academic community's response to the National Clinical Research Summit. Also at the briefing, AAMC President Jordan J. Cohen, M.D., along with Dr. Snyderman, outlined the Association's legislative agenda for the year.

To further frank and open discussion on human subjects protections, the AAMC and the National Health Council (NHC) hosted a policy briefing at AAMC headquarters in April. HHS Deputy Assistant Secretary William Raub, Ph.D., NHC President Myrl Weinberg, and Dr. Cohen spoke on current and future initiatives to enhance the quality and safety of human subjects research.

To publicly reaffirm the commitment of medical schools and teaching hospitals to protecting the rights and welfare of those who volunteer to participate in clinical trials, the AAMC and the NHC developed a proclamation, "Clinical Research: A Reaffirmation of Trust Between Medical Science and the Public." More than 300 academic, scientific, and patient health organizations signed the document.

The AAMC has created a Web site, www.aamc.org/research/dbr/compliance/ startcom.htm, for posting policies, processes, and programs that have been developed by its member institutions or recommended by federal agencies for strengthening the protection of human subjects in research.



In response to the temporary suspension of human subjects research at several member institutions by the Office for the Protection from Research Risks (recently renamed the Office for Human Research Protections and relocated to HHS), **the AAMC is working to strengthen the role of institutional review boards** (IRBs). Together with the Public Responsibility in Medicine and Research (PRIM&R), the AAMC has sponsored a series of standing-room-only regional workshops, "Effective IRBs: The Fundamentals." These educational sessions are designed to improve the effectiveness of IRBs by instructing administrators, IRB members, and researchers on human subjects protection requirements and IRB functioning.

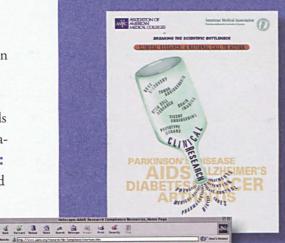
The AAMC and PRIM&R, along with several other organizations, are exploring the feasibility of establishing an accreditation mechanism for IRBs. In addition, the Association developed a strategic response plan to assist institutions with their communications activities when they are faced with a suspension of their clinical research programs.

The AAMC is recognizing new, innovative approaches medical schools and teaching hospitals are exploring to enhance their clinical trials operations. In September 2000, the Association sponsored **"Getting It Right: Clinical Trials for the Next Decade,**" a two-day forum that showcased and promoted discussion on inventive academic clinical trials programs. The sold-out meeting included a discussion of industry and academic partnerships, the strengthening of human subjects protections, and the pros and cons of developing research alliances.

When it comes to the politically charged issue of medical records privacy, the AAMC is working to ensure that national rules protect patient confidentiality without needlessly overburdening hospitals or hindering critical research. In a detailed comment letter to HHS, the AAMC voiced concerns about the agency's complex and far-reaching proposed rule for electronic medical records confidentiality. In its present form, the rule would deter the sharing of information that may be vital for treatment, research, and medical education. The topic was also featured at the Council of Academic Societies' spring meeting in Savannah, Ga.

"Medical progress cannot occur without a robust commitment to clinical research. To be successful, clinical researchers must be well trained, clinical research and its infrastructure must be supported appropriately, and researchers must be totally committed to honoring and protecting all subjects participating in clinical research."

Ralph Snyderman, M.D., President and CEO, Duke University Health System





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The AAMC is contributing to the health and vitality of American communities, promoting diversity in medical schools and the physician work force, reaching out to underserved communities, and addressing the health care needs of our nation's most vulnerable citizens.

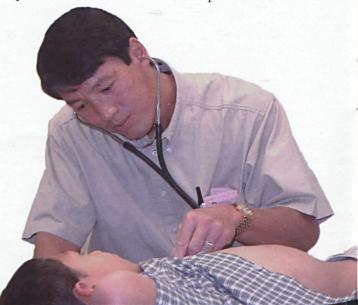
Programs started under the banner of the Association's *Project 3000 by 2000* made significant strides this year. Support from the Robert Wood Johnson Foundation and the W. K. Kellogg Foundation helped fund 10 new Health Professions Partnership Initiative (HPPI) grants; 26 sites in 21 states now receive HPPI funding. These grants forge partnerships between academic medical centers and colleges, secondary schools, and community groups that encourage and prepare underrepresented minority students for careers in the health professions.

The **Minority Medical Education Program** (MMEP) readies college students for medical school through a rigorous summer enrichment program that has enrolled more than 9,000 students since its inception in 1989. Thanks again to support from the Robert Wood Johnson Foundation, the number of MMEP sites has grown to 11 with the recent addition of the Duke University School of Medicine, the University of Medicine and Dentistry of New Jersey, and the Columbia University College of Physicians and Surgeons.

In collaboration with Pfizer Inc. and the Pfizer Medical Humanities Initiative, the AAMC established a new institutional grant program, "Caring for Community," to encourage and reward the development of medical student-initiated service projects. Under the program, medical schools receive grant support for community service projects developed and run by students. Eleven medical schools received grants in the program's first two award rounds.

The newly established AAMC **Humanism in Medical Education Award**, also sponsored by Pfizer Inc. and the Pfizer Medical Humanities Initiative, recognizes a medical school faculty physician who is a particularly compassionate mentor and who embodies the altruistic aspects of patient-centered care. The University of New Mexico Hospital's Andrew Hsi, M.D., M.P.H., and the University of California at Los Angeles, UCLA School of Medicine's Richard P. Usatine, M.D., were the first two winners of this \$5,000 annual award.

The AAMC has inaugurated a series of awards through the **Herbert W. Nickens Memorial Fund,** named for the visionary founding vice president of the AAMC's Division of Community and Minority Programs who died suddenly in March 1999. Each year, the fund will provide scholarships to minority medical students, award a fellowship to a promising minority junior faculty member, and name a Nickens Memorial Lecturer to honor an outstanding contributor to equity in health care. The generous support of 220 individuals, foundations, and corporations has made these awards possible.



Donald E. Wilson, M.D., dean of the University of Maryland School of Medicine, was named the first Nickens Memorial Lecturer at this year's Annual Meeting. Emory University School of Medicine's Charles E. Moore, M.D., was awarded the Nickens fellowship, and five medical students received scholarships from the fund.

To track the career paths of minority physicians on a national scale, this year the AAMC released *Minority Graduates of U.S. Medical Schools: Trends, 1950-1998*. The report compiles findings from the Minority Physician Database, the result of a five-year research partnership between the AAMC and its member schools made possible by funding from the Henry J. Kaiser Family Foundation and the Pew Charitable Trusts. *Minority Graduates* provides basic demographic data and a breakout of the practice characteristics of minority physicians across the country.

And in the annual medical education issue of the *Journal of the American Medical Association*, researchers from the AAMC's staff examined disparities in promotion rates between minority and majority medical school faculty.

Through programs such as the **Health Services Research Institute** (HSRI) and **Minority Faculty Career Development Seminars**, the AAMC is addressing minority medical school faculty's professional development. In the spring of 2000, 29 minority faculty members were selected as HSRI fellows. Begun in 1991 and funded by the Agency for Healthcare Research and Quality, HSRI has helped over 100 minority faculty members improve their skills in health services research, from the development of a concept paper to the submission of a grant application to federal funding agencies.

In addition, more than 100 faculty members attended the AAMC's Minority Faculty Career Development Seminar, held in

Atlanta in September 2000. Seminar participants discussed the realities of advancement in academic medicine and gained assistance in planning their own career development with an eye on special challenges facing minority faculty.

The AAMC is a proud member of the **Healthy People Consortium** — an alliance of 350 national organizations and 300 statewide health, mental health, substance abuse, and environmental agencies — contributing to the goals of Healthy People 2010, the ongoing HHS initiative to improve the nation's overall health through health promotion and disease prevention. To coincide with the January launch of Healthy People 2010, the AAMC ran an ad in the *Washington Post*, touting the everyday contributions that medical schools and teaching hospitals make to improve the health of their communities.

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"Receiving the Humanism in Medical Education Award has validated the work done in the programs I am honored to direct. The grant enables my co-workers and myself to provide critical primary care, substance abuse and mental health services, and child development support to families who need it most."

> Andrew Hsi, M.D., M.P.H. University of New Mexico Hospital

IN THE CLASSROOM, IN THE CLINIC AND IN THE COMMUNITY.

ROMOTING HEALTHY PEOPLE 2010



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Aking a Difference – Bicy



Restoring Medicare funding to teaching hospitals, helping academic medical centers cope with complex, new HHS regulations, and promoting public awareness of academic medical centers' contributions to research and to their communities were among the AAMC's advocacy efforts this year.

The Association continues to push for additional relief from the devastating Medicare cuts stemming from the Balanced Budget Act of 1997. Vital to this effort is the Medicare Special Action Committee, chaired by AAMC Chair Ralph W. Muller and comprising academic medical center leaders. The committee's efforts, which include Teaching Hospital Advocacy Days held with the American Hospital Advocacy Days held with the American Hospital Association and several grass-roots mobilization campaigns, were instrumental in the passage of the Balanced Budget Refinement Act (BBRA) last fall, which will restore more than \$7 billion in Medicare funding to hospitals.

While important, the BBRA is only a beginning. To enhance public understanding, the AAMC, in conjunction with leading hospital organizations and major business groups, launched the Coalition to Protect America's Health Care this past summer. The coalition's unprecedented public education campaign will not only raise awareness about the financial difficulties hospitals face, but will also show how these difficulties have a debilitating impact on patients and their communities. The coalition's first initiative, an advertising campaign during the political conventions and the August congressional recess, will be followed by other activities designed to shape the health care agenda in the year ahead. The 18-month campaign is slated to cost \$30 million.

Meanwhile, the AAMC is helping its members transition to the Medicare program's complex Outpatient Prospective Payment System (PPS), which began Aug. 1, 2000. Under the PPS, hospital outpatient departments receive a prospectively determined payment for each outpatient service they provide to a Medicare beneficiary. The original implementation of the PPS was delayed in response to a letter written by the AAMC and other national hospital associations. The AAMC has helped constituents prepare for the PPS with a one-day conference in April, a national video conference in June, a financial impact assessment guide, and a video. The Association is committed to working closely with the Health Care Financing Administration throughout the transition.

Over the past several years, a number of medical schools, practice plans, and teaching hospitals have agreed to financial settlements with the HHS Office of Inspector General and the Department of Justice due to allegations arising from **Physicians at Teaching Hospitals (PATH) audits**. The AAMC, other associations, and institutional members challenged the PATH audits in court, asserting that a retroactive standard was applied unreasonably and unfairly. While a U.S. appellate court dismissed the suit this past summer, the



decision was based solely on jurisdictional grounds, leaving the door open for future challenges. Regardless of the outcome of the case, the government has not initiated any new audits under the PATH program over the past year, although it is possible that whistleblower suits may be filed.

Securing additional funding for the NIH continued to be a top AAMC priority this year. As in years past, the Ad Hoc Group for Medical Research Funding, which the AAMC convenes, played a key role in the Association's advocacy efforts. The group sponsored policy breakfasts with members of Congress and held meetings with NIH institute directors. The AAMC and the group continue to push for a doubling of the NIH budget by 2003. This effort, which began in 1998, remains on track.

Each month this year, the AAMC released medical education fact sheets to the national media highlighting innovative programs in areas such as spirituality, cultural competency, and end-of-life care. The fact sheets were instrumental in the development of a New York Times story on the training of compassionate doctors. A video news release was also developed by the Association, in collaboration with the New York University School of Medicine, on the topic of doctor-patient communications. The video was viewed by more than 500,000 people and was featured on the ABC News Web site.

The AAMC is building powerful advocacy alliances with its members to advance understanding of medical education.

Project Medical Education (PME), a partnership between the AAMC and 29 member institutions, raises awareness among members of Congress and their staffs about the unique missions of medical schools and teaching hospitals. Through dynamic hosted visits, lawmakers and their aides go inside medical schools and teaching hospitals, where they learn what these institutions do in a way that is up close, personal, and compelling. More than 100 congressional staff members and representatives have taken part in the program to date. Since its creation, PME has been managed by staff at Duke University Medical Center. Beginning in 2001, the AAMC will assume responsibility for the day-to-day activities of PME.

Aggressive promotion through the Tomorrow's Doctors, Tomorrow's Cures campaign is fostering the American public's understanding of the many contributions of medical schools and of medical education. To strengthen the working partnerships between the AAMC and member institutions, a series of regional, nuts-andbolts workshops has been developed for communications and government relations staff. The Campaign Institutes provide keen insights from "inside the Beltway," and a forum for the sharing of ideas, strategies, and tactics among colleagues.

"The Medicare Special Action Committee has joined academic medical centers nationwide to speak with one voice about the harsh impact of Medicare cuts. Working together, we convinced policy makers that the Balanced Budget Act went too far and, as a result, took the first significant step in restoring funding.

Samuel O. Thier, M.D., President and CEO, Partners HealthCare System





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TDTC Institute Handbook

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Campaign Institutes

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Focus on Institutional Leadership and Management

CAMCAM

Since its founding in 1995, the Center for the Assessment and Management of Change in Academic Medicine (CAMCAM) has provided groundbreaking analyses of the impact the rapidly changing health care environment has on medical schools and teaching hospitals and their organization and financing. Through its findings, CAMCAM helps institutions manage change, ultimately preserving their academic and societal missions.

A hallmark of CAMCAM's success is its sentinel network, composed of 14 academic medical centers. Through site visits, surveys, and case studies, CAMCAM staff have assessed how these representative institutions have contended with a variety of environmental factors. Research by CAMCAM staff has been published in the *New England Journal of Medicine*, *Health Affairs*, and the *Journal of the American Medical Association*.

As called for in its original charter, CAMCAM will close its doors in December 2000 with the issuance of a final report, "Managing Change: Strategies from Case Studies of Medical Schools and Teaching Hospitals." The report will include: 1) a review of changes in the infrastructure of academic medical centers to support their missions; 2) an integrated set of benchmarks to monitor progress against strategic objectives; and 3) self-assessment tools to help identify organizational needs and evaluate an institution's readiness for change.

GRAND

To provide a professional development forum for medical school research deans, the AAMC established the Group on Research Advancement and Development (GRAND), partly as a result of the success of the May 1999 Research Deans Forum. Although GRAND does not yet have formal "group" status within the AAMC, more than 90 research deans attended a GRAND meeting in May 2000, where sessions focused on clinical research training, career development, human subjects protections, and advances in computational biology.

Online Development Survey

Development dollars are an increasingly important source of funding in helping medical schools and teaching hospitals sustain their missions. The AAMC has created a national database to assist institutional leaders in managing effective development programs. The database allows deans, CEOs, and development professionals to compare their programs with those of other institutions similar in staff size, organizational structure, budget, and revenue. The 1999 data were collected through an online survey; only those institutions that participated have access to the complete results.

Mis<mark>sion-Based Management Pro</mark>gram

The AAMC's Mission-Based Management (MBM) program helps schools strengthen their operations and decision-making processes in ways that enhance their missions. This year, the AAMC and CSC Corporation's Healthcare Group developed "MBM Resource Materials," which provides complete details on how to design a program and implement MBM principles. Thanks to the 11 medical schools that gave permission to use their operations as examples, MBM Resource Materials is now being utilized by several academic medical centers across the country.

The AAMC's Mission-Based Management program also offers User Group Meetings, which focus on the needs of schools in the design or implementation phase of MBM; conferences to explore specific MBM approaches; and a revitalized public Web site and private subscriber portal.

Faculty Practice Plan Management

Revenues generated from medical school faculty clinical activities are a vital source of funds for the support of academic and research missions. The AAMC spearheads two major efforts that help academic medical center leadership analyze, monitor, and manage faculty practice plans: the Practice Plan Profiles Directory (PPPD) and the AAMC/MGMA Faculty Practice Activities Survey (FPAS). The PPPD is a Web-based application that permits online data collection from faculty practice plans and includes user-directed analysis and reportwriting capabilities. The 2000 FPAS Report, which includes productivity and financial measures for clinical departments in all major specialties, recently moved to an electronic data collection process, increasing the consistency and completeness of the data.

Onl<mark>ine Information Technology</mark> Benchmarking Survey

Information technology continues to revolutionize the way that academic medical centers operate. To help institutional leaders more effectively manage technology, the AAMC's Group on Information Resources (GIR) has developed an annual survey detailing benchmarks and best practices in IT management. Nearly 70 schools participated in the first online survey in 1999, and a second survey was released in September. The GIR is also working on a similar survey for teaching hospitals targeted for release during the summer of 2001.

Better_health@here.now

The AAMC's better health@here.now examines how academic medical centers can best use information technology to improve the health of people and communities. The project's better_health 2010 initiative is gathering data on how information technology will reshape medical education, health care, and biomedical research through a yearlong, Internet-based Delphi study and the work of its 24-member Advisory Board. Another component of better health@here.now, IAIMS: The Next Generation, is a state-of-the-art assessment of integrated advanced information management systems in medical schools and teaching hospitals. Underwritten by the National Library of Medicine, IAIMS: The Next Generation will visit a dozen institutions and sponsor a national symposium.

1999-2000 Governance and Membership

AAMC Testimony

"Medicare Relief for Teaching Hospitals from the Balanced Budget Act of 1997," submitted for the record to the Subcommittee on Health, House Committee on Ways and Means, October 1, 1999.

"Standards for Privacy of Individually Identifiable Health Information," submitted for the record to the Subcommittee on Health, House Committee on Ways and Means, March 1, 2000.

"FY 2001 Appropriations for the Department of Health and Human Services," presented by Ralph W. Muller to the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, House Committee on Appropriations, March 7, 2000.

"Statement on FY 2001 Appropriations for the Food and Drug Administration," submitted for the record to the Subcommittee on Agriculture, Rural Development, FDA and Related Agencies, Senate Committee on Appropriations, March 31, 2000.

"The Health Fairness Act, H.R. 3250," presented by Jordan J. Cohen, M.D., to the Subcommittee on Health and Environment, House Committee on Commerce, May 11, 2000.

"Medicare and Medicaid Relief for Teaching Hospitals and Physicians from the Balanced Budget Act of 1997," submitted for the record to the Subcommittee on Health and Environment, House Commerce Committee, July 19, 2000.

"Medicare and Medicaid Relief for Teaching Hospitals and Physicians from the Balanced Budget Act of 1997," submitted for the record to the Subcommittee on Health, House Ways and Means Committee, July 25, 2000.

"Statement on the Health Care Fairness Act, S. 1880," submitted for the record to the Subcommittee on Public Health and Safety, Senate Committee on Health, Education, Labor, and Pensions, July 26, 2000.

The AAMC's Members Are:

1. The nation's 125 accredited U.S. medical schools, each represented by its dean in the Council of Deans;

2. Nearly 400 teaching hospitals with substantial research and educational activities, including 56 affiliated health systems and 64 Department of Veterans Affairs medical centers, represented by their CEOs on the Council of Teaching Hospitals and Health Systems;

3. 91 academic and professional societies, each represented by two delegates to the Council of Academic Societies, representing approximately 98,000 faculty members;

4. 125 students serving in the Organization of Student Representatives, representing 67,000 medical students;

5. approximately 50 residents appointed by academic societies serving in the Organization of Resident Representatives, representing about 98,000 residents;

6. 16 Canadian medical schools as associate members;

7. 600 individuals interested in medical education;

8. 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 Resident Affairs Group on Student Affairs Minority Affairs Section Women in Medicine Program

Executive Council

The Association is governed by a 30-member Executive Council whose participants are elected by the Council of Deans (COD), the Council of Teaching Hospitals and Health Systems (COTH), the Council of Academic Societies (CAS), the Organization of Resident Representatives (ORR), and the Organization of Student Representatives (OSR). The Council elects the officers of the Association and a Distinguished Service Member representative.

The Assembly is the Association's legislative body and includes the entire COD membership, 125 members of COTH, 91 members of CAS, and 12 members each from the OSR and ORR.

Each year, members and staff of the U.S. Congress and executive branch agencies, as well as representatives of medical and health care organizations, meet with the AAMC Executive Council and the Administrative Boards to discuss leading health care issues.

This year the AAMC's governance heard from:

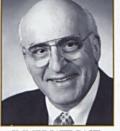
- Mark R. Chassin, M.D., M.P.H., Professor and Chairman, Department of Health Policy, Mount Sinai School of Medicine
- John M. Eisenberg, M.D., Director, Agency for Healthcare Research and Quality
- William Frist, M.D., (R-Tenn.), U.S. Senate
- Jeffery P. Koplan, M.D., M.P.H., Director, Centers for Disease Control and Prevention
- Stuart Nightingale, M.D., Senior Medical Advisor to Assistant Secretary for Planning and Evaluation, Department of Health and Human Services



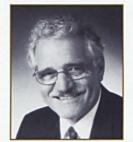
CHAIR Ralph W. Muller University of Chicago Hospitals and Health System



CHAIR-ELECT George Sheldon, M.D. University of North Carolina at Chapel Hill School of Medicine



IMMEDIATE PAST CHAIR William A. Peck, M.D. Washington University School of Medicine



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



DISTINGUISHED SERVICE MEMBER David R. Challoner, M.D. University of Florida College of Medicine

Council of Deans Administrative Board

The Council of Deans (COD), composed of the deans of the nation's 125 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 deans' leadership roles in guiding schools toward excellence in medical education, research, and patient care.

The comprehensive COD Leadership Initiative is designed to provide deans with the general knowledge, insight, training, and networking opportunities that will help them become vigorous and effective leaders. This multifaceted program is built on the premise that strong leadership, as well as continuity of tenure, is critical to the health of the academic medical center enterprise and the accomplishment of the missions embraced by these schools.

The COD 2000 spring meeting held sessions on a wide range of topics including strategic planning for an ideal health care system, supporting women leaders in medical schools, how medical schools are responding to the challenge of complementary medicine, and the actions schools are taking to ensure the quality of human subjects research. A discussion of clinical information systems begun at the spring meeting continued in a joint session with the Council of Teaching Hospitals and Health Systems at the AAMC Annual Meeting. Another COD session examined faculty conflicts of interest and the quality of education in the clinical environment.



Chair: Ralph Snyderman, M.D.* Duke University Medical Center

Chair-Elect: Donald E. Wilson, M.D.* University of Maryland School of Medicine

Immediate Past Chair: James A. Hallock, M.D.* Brody School of Medicine at East Carolina University

Haile T. Debas, M.D.* University of California, San Francisco, School of Medicine

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

John J. Hutton, M.D.

University of Cincinnati College of Medicine

Robert P. Kelch, M.D.* University of Iowa College of Medicine

William N. Kelley, M.D. University of Pennsylvania Health System (resigned February 2000)

Darrell G. Kirch, M.D. Pennsylvania State University College of Medicine (elected June 2000)

Richard D. Krugman, M.D.* University of Colorado Health Sciences Center School of Medicine

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

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

Emery A. Wilson, M.D.* University of Kentucky College of Medicine*

*AAMC Executive Council Members

Council of Teaching Hospitals and Health Systems Administrative Board

Members of the Council of Teaching Hospitals and Health Systems (COTH) deliver comprehensive health care 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 75 percent of the nation's residents.

This year, the Administrative Board focused on the continuing changes in health care delivery and organization and what these changes mean for teaching hospitals and health systems. Implications of the Balanced Budget Act of 1997 (BBA) and the Balanced Budget Refinement Act, including graduate medical education-related changes, were monitored and evaluated. COTH has been instrumental in setting the AAMC agenda for seeking BBA relief.

COTH has also dedicated significant effort to working with the Health Care Financing Administration and COTH members on the implementation of the Outpatient Prospective Payment System. Federal fraud and abuse activities were addressed, as were GME-related proposals, such as MedPAC's proposal for restructuring GME support.

COTH continues to monitor organizational restructuring among its members, addressing their diverse needs. The Council is also revamping its survey activity and improving its data collection and report formats. A streamlined data collection process that makes use of electronic technology will be introduced, and interactive data acquisition tools will soon be available online, enabling members to produce customized reports.



Chair: J. Richard Gaintner, M.D.* Shands HealthCare

Chair-Elect: Theresa A. Bischoff* New York University Hospitals Center/Mt. Sinai NYU Health

Immediate Past Chair: Timothy M. Goldfarb* Oregon Health Sciences University Hospital

Ira C. Clark Jackson Memorial Hospital

Gerald D. Fitzgerald Oakwood Healthcare Inc.

William Ted Galey, M.D. Veterans Integrated Services Network

Harvey A. Holzberg Robert Wood Johnson University Hospital Jeffrey Otten Brigham and Women's Hospital

William D. Petasnick Froedtert Memorial Lutheran Hospital

Richard A. Pierson* University Hospital of Arkansas

Thomas M. Priselac* Cedars-Sinai Medical Center

Frank A. Riddick Jr., M.D.* Alton Ochsner Medical Foundation

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

Patricia K. Sodomka Medical College of Georgia Hospital and Clinics

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

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

*AAMC Executive Council Members

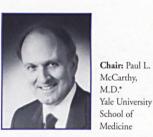
Council of Academic Societies Administrative Board

The Council of Academic Societies (CAS) represents the faculty leadership of U.S. medical schools and teaching hospitals through representation from 91 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 focused on a number of key issues of importance to faculty. The CAS Scholarship Task Force solicited more than a dozen scholarly papers detailing the changing face of scholarship, which were published in the September 2000 issue of *Academic Medicine*. The CAS Professionalism Task Force is spearheading a new initiative to define the domains of professionalism, and the Task Force on Culture, Patients, and Medical Education is surveying CAS member societies to identify efforts in this area. Lastly, the CAS Task Force on Chairs is reviewing the professional development needs of chairs, with special emphasis on the AAMC's role in meeting these needs.

A significant portion of the CAS 2000 spring meeting focused on topics related to the evolving physician-patient relationship, including medical errors, the impact of basic science on patient care, defining and evaluating competency, and improving confidence in clinical decision-making.

Communication with CAS member societies and their leaders continues to be a priority, with the production of special mailings, the *CAS Report* newsletter, expanded resources on both public and private Internet home pages, and the utilization of active listserves.



Chair-Elect: Terrance G. Cooper, Ph.D.* University of Tennessee College of Medicine

Immediate Past Chair: George F. Sheldon, M.D.*

University of North Carolina at Chapel Hill School of Medicine

Stebbins B. Chandor, M.D.* Keck School of Medicine of the University of Southern California

William H. Dantzler, M.D., Ph.D. University of Arizona College of Medicine Lynn Eckhert, M.D., Dr. P.H.* University of Massachusetts Medical School

Lynn C. Epstein, M.D. Brown University School of Medicine

J. Lloyd Michener, M.D. Duke University Medical Center

Fred Sanfilippo, M.D., Ph.D. Ohio State University College of Medicine and Public Health

Antonio Scarpa, M.D., Ph.D. Case Western Reserve University School of Medicine

Barbara Schuster, M.D.* Wright State University School of Medicine

Thomas E. Smith, Ph.D. Howard University College of Medicine

* 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 of the 24 specialties. 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.

This year, ORR members have made contributions as members of the AAMC Working Group on Institutional Accountability for GME, the Task Force on Integrating Education and Patient Care, and the GME Core Curriculum Working Group. ORR Chair Rebecca Minter, M.D., was appointed to the Institutional Review Committee of the Accreditation Council on Graduate Medical Education. For the first time, the ORR spring meeting was held in conjunction with the Group on Resident Affairs.

The ORR's work also includes a tool to help residents communicate with others in their institutions, a survey to help AAMC member institutions obtain feedback from their residents about their education and work environment, and a statement titled "Elements of the Ideal Residency."



Chair: Rebecca Minter, M.D.* University of Florida College of Medicine

Chair-Elect: Jessica Roberts, M.D.' Tulane University Medical Center

Immediate Past Chair: Gail Wehrli, M.D. Los Angeles County + USC Medical Center Seth Biser, M.D.

Johns Hopkins University Hospital

Kerry Robin Carder, M.D. University of Kansas Medical Center

Shami Feinglass, M.D. University of Washington School of Medicine

Frank R. Glatz-III, M.D. Albany Medical Center

Marguerite Hawkins, M.D. University of Maryland School of Medicine

Sumi Makkar, M.D. Georgetown University/Providence Hospital

Devdutta Sangvai, M.D. Medical College of Ohio

* AAMC Executive Council Members

Organization of Student Representatives

The Organization of Student Representatives (OSR) speaks for the nation's medical students and comprises representatives from each of the 125 U.S. allopathic medical schools. The 16 Canadian medical schools are also invited to participate, 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 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 medical organizations.

This year, the OSR continued to distribute "Draw the Line" kits, based on the popular 1998 AAMC Annual Meeting exhibit by the same name. Another priority has been an OSR chapter development project. Through the support of Pfizer Inc. and the Pfizer Medical Humanities Initiative, the AAMC now administers the annual Humanism in Medical Education Award. OSR chapters at all member

institutions are invited to submit a nomination, and the nomination and selection process is conducted by the OSR.



Nicholson* New York Medical College

Chair-Elect: Erin McKean* University of Michigan Medical School

Immediate Past Chair: Charles Austin Mitchell, M.D. New York Medical College at St. Vincent's Hospital and Medical Center of New York

Central Region Chair: David Topa Case Western Reserve University School of Medicine

Northeast Region Chair: Amar Shah State University of New York at Stony Brook School of Medicine

Southern Region Chair: Muna Thalji Louisiana State University School of Medicine in New Orleans

Western Region Chair: Thomas G. Weiser University of New Mexico School of Medicine

Christine Braun University of Minnesota Medical School

David Brett-Major Uniformed Services University of the Health Sciences

Gail Guerrero-Tucker University of Arizona College of Medicine

Majid Mohiuddin Brown University School of Medicine

Michael Rosenthal University of North Carolina at Chapel Hill School of Medicine

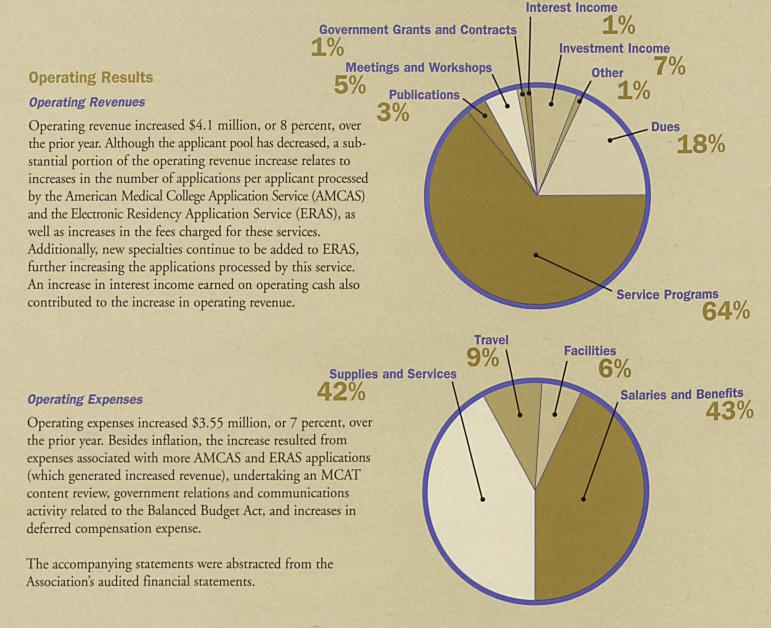
* AAMC Executive Council Members

1999-2000 Report of the Treasurer

For the fiscal year ended June 30, 2000, the Association maintained its sound financial standing with reserves at healthy levels. We are monitoring closely the declining medical school applicant pool and are continuing to improve our business practices and to identify new revenue sources.

Highlights

- The AAMC had an increase in unrestricted net assets from operations of \$3.5 million, compared with the previous year's \$3.0 million increase. Nonoperating income, composed primarily of investment income, added approximately \$5.8 million to the Association's unrestricted resources. The increase in unrestricted net assets for 1999-2000 was approximately \$9.3 million. The total unrestricted net assets as of June 30, 2000 reached \$81.4 million.
- Total assets as of June 30, 1999, were \$169.1 million, reflecting an increase of \$11.1 million from the previous year.
- The value of the investments rose to \$98.4 million, an increase of 15 percent from the \$85.6 million as of June 30, 1999.
- The Association used the majority of the \$10 million bond proceeds to purchase and upgrade computer equipment and develop software applications during the year ended June 30, 2000.



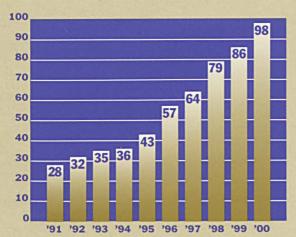
Consolidated Statement of Financial Position

June 30, 2000

Cash and cash equivalents	\$10,642,698
U.S. government contracts receivable	379,735
Accounts receivable, net of allowance for doubtful accounts of \$502,032 in 2000	2,600,161
Accrued rent	65,569
Supplies, deposits, and prepaid expenses	604,912
Notes receivable	1,694,415
Investments	- 98,383,878
Investments held in bond escrow account	273,105
Deferred leasing costs, net of accumulated amortization of \$642,803 in 2000	866,453
Deferred financing costs, net of accumulated amortization of \$398,948 in 2000	1,399,879
Land, building, equipment, and software, net	52,165,937
Total assets	\$169,076,742
Liabilities and Net Assets	\$ 5 010 590
Accounts payable and accrued expenses	\$ 5,919,589
Amounts held for others, as restated	1,818,535
Deferred revenue	8,650,919
Deferred revenue Deferred compensation and supplemental retirement benefits	8,650,919 2,502,905
Deferred revenue Deferred compensation and supplemental retirement benefits Accrued interest payable	8,650,919 2,502,905 709,243
Deferred revenue Deferred compensation and supplemental retirement benefits Accrued interest payable Bonds payable, net	8,650,919 2,502,905 709,243 65,082,430
Deferred revenue Deferred compensation and supplemental retirement benefits Accrued interest payable Bonds payable, net Total liabilities	8,650,919 2,502,905 709,243 65,082,430 84,683,621
Deferred revenue Deferred compensation and supplemental retirement benefits Accrued interest payable Bonds payable, net Total liabilities Unrestricted net assets	8,650,919 2,502,905 709,243 65,082,430 84,683,621 81,430,776
Deferred revenue Deferred compensation and supplemental retirement benefits Accrued interest payable Bonds payable, net Total liabilities Unrestricted net assets Femporarily restricted net assets, as restated	8,650,919 2,502,905 709,243 65,082,430 84,683,621 81,430,776 2,169,567
Deferred revenue Deferred compensation and supplemental retirement benefits Accrued interest payable Bonds payable, net Total liabilities Unrestricted net assets	8,650,919 2,502,905 709,243 65,082,430

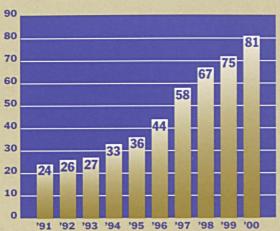
Investments, at Market

for the fiscal year ended June 30 (in millions)



Unrestricted Net Assets

for the fiscal year ended June 30 (in millions)



Consolidated Statement of Activities

Year ended June 30, 2000

Operating	Revenues	and Support
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Dues	\$ 9,815,001
Service programs	39,017,438
Less: Contracted administration fees	(<u>3,238,383</u>)
Net service programs revenue	35,779,055
Publications	1,656,486
Meetings and workshops	2,779,573
Government grants and contracts	430,938
Interest income	622,369
Investment income	3,813,016
Other	499,401
Total revenues	55,395,839
Net assets released from restrictions	1,631,057
Total operating revenues and support	57,026,896

Operating Expenses

Programs:	
Institutional planning and development	5,081,989
Health care affairs	3,262,834
Biomedical research	2,477,982
Medical education	2,587,246
Educational research and assessment	1,095,731
Student affairs and education services	16,146,845
Community and minority programs	2,548,953
Center for the Assessment and Management of Change in Academic Medicine	1,278,549
Government relations	2,107,449
Communications	2,649,617
Publications	3,103,326
Special programs and meetings	5,088,438
Total programs	47,428,959
Administration and general support services	6,109,193
Total operating expenses	53,538,152
Increase in unrestricted net assets from operations	3,488,744

Nonoperating Income, Expenses, Gains, and Losses

Investment income, net	8,172,309
Building rental income	1,762,129
Building rental expenses	(1,971,855)
Loss on early lease termination	(2,190,766)
Total nonoperating income	5,771,817
Increase in unrestricted net assets	\$9,260,561

Consolidated Statement of Changes in Net Assets

Year ended June 30, 2000

Total operating revenues	\$ 55,395,839
Net assets released from restrictions	1,631,057
Total operating expenses	(53,538,152)
Total nonoperating income	5,771,817
Increase in unrestricted net assets	9,260,561
Temporarily Restricted Net Assets	
Private grants	1,169,577
Investment income	168,300
Net assets released from restrictions	(1,631,057
Decrease in temporarily restricted net assets	(293,174)
Permanently Restricted Net Assets – Endowment Contributions	467,778
Increase in net assets	9,435,165
Net assets at beginning of year	74,957,950
Net assets at end of year	\$ 84,393,12

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1999-2000 Sponsored Programs

Private Foundation Support

Baxter Allegiance Foundation

Support for the annual AAMC Award for Distinguished Research in Biomedical Science (\$6,020).

The Commonwealth Fund

A one-year award to provide support for improving information on the ability of academic health centers to achieve their missions (\$280,000).

A one-year award to support monitoring change in the ability of academic health centers to achieve their missions (\$250,000).

A 15-month award to support the compilation of results from the Clinical Research Summit (\$25,000).

An award to fund the Herbert W. Nickens Endowment Fund that will support annual scholarships, fellowships, and a lecturer (\$15,000).

The John A. Hartford Foundation Inc.

A three-year award to support enhancement of geriatrics in undergraduate medical education through development and implementation of curricula about gerontology and geriatrics (\$2,628,870).

The Henry J. Kaiser Family Foundation

A three-year award to develop a minority physician database (\$490,000).

An 18-month award in support of Phase II of the Minority Physician Database (\$175,000).

The Robert Wood Johnson Foundation A five-year award in support of the David E. Rogers Award (\$92,210).

A one-year award in continued support of technical assistance and direction for the Minority Medical Education Program (\$695,295).

A one-year award for the continued support – of technical assistance and direction for *Project 3000 by 2000* (\$540,541).

A one-year award to support the compilation of results from the Clinical Research Summit (\$50,000). A one-year award in support of research on the preparation, challenges, and leadership issues of medical school department chairs (\$50,000).

A five-year award in support of a publication on minorities in medical education (\$91,142).

A contribution to the Herbert W. Nickens Endowment Fund that will support annual scholarships, fellowships, and a lecturer (\$200,000).

Howard Hughes Medical Institute

A three-year award in support of the Physician Scientist Tracking Project (\$400,000).

The Pew Charitable Trusts

A two-year award to study the practice patterns of minority physicians (\$135,000).

A one-year award to support the compilation of results from the Clinical Research Summit (\$50,000).

W.K. Kellogg Foundation

A four-year award to develop students from communities to enter health professions education for careers in community-based health services by introducing youth to health careers and fostering academic achievement (\$2,968,348).

A contribution to support the Herbert Nickens Symposium on Diversity (\$150,000).

Burroughs Wellcome Fund

A one-year award to support the compilation of results from the Clinical Research Summit (\$50,000).

A one-year award to support the annual meeting of the Group on Graduate Research, Education, and Training (\$15,000).

Merck Company Foundation

Awards to support the compilation of results from the Clinical Research Summit (\$80,000).

An award in support of the Clinical Trials Conference (\$15,000).

The John D. and Catherine T. MacArthur Foundation

A one-year award to support the compilation of results from the Clinical Research Summit (\$25,000).

Josiah Macy, Jr. Foundation

A two-year award to support scholarships and fellowships awarded by the Herbert W. Nickens Memorial Fund (\$80,000).

California HealthCare Foundation

An award to fund the Herbert W. Nickens Endowment Fund that will support annual scholarships, fellowships, and a lecturer (\$30,000).

Federally Sponsored Programs

U.S. Department of Health and Human Services

A five-year contract for the continued maintenance and development of the Faculty Roster database system (\$1,468,543).

Multiple purchase orders to plan, convene, and produce proceedings on a conference on Hispanics in the Health Professions (\$88,000).

A five-year award to convene the health services research institute for minority faculty (\$977,248).

A 20-month contract to study how academic medical centers organize and use information technology in their mission areas (\$462,950).

Corporate Grants

Parke-Davis

Support for the conference on management of clinical trials in academic medical centers (\$5,000).

Bristol-Myers Squibb Company

Support for the Clinical Trials Conference (\$5,000).

Investment Committee

Provides direction for the Association's investment portfolio.

Chair

John D. Forsyth Wellmark Inc.

Gerald Fitzgerald Oakwood Healthcare Inc.

Nelson Ford GMINI

Mark Hurrell Archstone Partners

Ralph W. Muller University of Chicago Hospitals and Health System

George F. Sheldon, M.D. University of North Carolina at Chapel Hill School of Medicine

Ex Officio Iordan I. Cohe

Jordan J. Cohen, M.D. AAMC

AAMC Nominating Committee

Chooses chair-elect of the AAMC.

Theresa A. Bischoff New York University Hospitals Center

Terrance Cooper, Ph.D. University of Tennessee College of Medicine

William A. Peck, M.D. Washington University School of Medicine

George F. Sheldon, M.D. University of North Carolina at Chapel Hill School of Medicine

Donald E. Wilson, M.D. University of Maryland School of Medicine

Abraham Flexner Award Selection Committee

Chooses recipient of Abraham Flexner Award for Distinguished Service to Medical Education.

Chair

Arthur H. Rubenstein, M.B., B.Ch. Mount Sinai School of Medicine of New York University David W. Nierenberg, M.D. Dartmouth-Hitchcock Medical Center

Maxine A. Papadakis, M.D. University of California, San Francisco, School of Medicine

Morton I. Rapoport, M.D. University of Maryland Medical System

Debra Weinstein, M.D. Massachusetts General Hospital Brigham and Women's Hospital

H. David Wilson, M.D. University of North Dakota School of Medicine and Health Sciences

Award for Distinguished Research Selection Committee

Sponsored by the Baxter Allegiance Foundation. Chooses recipient for the Award for Distinguished Research in the Biomedical Sciences.

Chair

Fred Sanfilippo, M.D., Ph.D. Ohio State University College of Medicine and Public Health

Diana S. Beattie, Ph.D. West Virginia University School of Medicine

Nathan A. Berger, M.D. Case Western Reserve University School of Medicine

Kenneth I. Berns, M.D., Ph.D. University of Florida College of Medicine

Paul J. Friedman, M.D. University of California, San Diego, Medical Center

Arthur S. Levine, M.D. University of Pittsburgh School of Medicine

Outstanding Community Service Award Selection Committee

Chair John G. Clarkson, M.D. University of Miami

Dorothy S. Lane, M.D., M.P.H. State University of New York at Stony Brook School of Medicine Stephen W. McKernan University of New Mexico Hospital

Gary B. Morrison Scott and White Memorial Hospital

Maria Soto-Greene, M.D. UMDNJ—New Jersey Medical School

Sidney H. Weissman, M.D. Loyola University of Chicago Stritch School of Medicine

David E. Rogers Award Selection Committee

Co-sponsored by the AAMC and the Robert Wood Johnson Foundation. Chooses recipient of the David E. Rogers Award.

Chair

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

Diane M. Becker, M.P.H., Sc.D. Johns Hopkins University School of Medicine

Robert M. D'Alessandri, M.D. Robert C. Byrd Health Sciences Center West Virginia University School of Medicine

Lynn Eckhert, M.D., Dr.P.H. University of Massachusetts Medical School

Leo M. Henikoff, M.D. Rush-Presbyterian-St. Luke's Medical Center

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1999-2000 Executive Staff



From left: Jeanne L. Mella; Paul F. Griner, M.D.; David Korn, M.D.; Vanessa Northington Gamble, M.D., Ph.D.; David M. Witter Jr.; Kathleen S. Turner; Richard M. Knapp, Ph.D.; Jordan J. Cohen, M.D.; Barbara S. Friedman; Robert M. Dickler; Robert L. Beran, Ph.D.; Susan K. Neely; David P. Stevens, M.D.; Joseph Keyes Jr., J.D.; and Michael E. Whitcomb, M.D.

1999-2000 Executive Staff



Jeanne L. Mella Vice President, Office of Information Resources

Jeanne L. Mella was named vice president of information resources in February 2000.

Ms. Mella has more than 30 years of management

and technical experience. From 1997 to 2000, she was program manager at Rockville, Md.-based Keane Inc. Prior to that, she served as vice president and project manager at Sterling Software Inc. in Palo Alto, Calif. Ms. Mella has also held positions at the Eloret Institute, Information Systems Consultants Inc., Advanced Technology Systems Inc., and the Department of Defense.

Ms. Mella earned a bachelor's degree in mathematics at the University of Richmond and a master's degree in computer science from George Washington University.



David M. Witter Jr. Vice President, Office of Enterprise Development

David Witter Jr., formerly the AAMC's vice president for information resources and chief information officer, has been named head of the Association's new Office of Enterprise

Development. Established in February 2000, the Office of Enterprise Development identifies opportunities both for the development of new AAMC products and services and the expansion of existing ones. It also protects and enhances the role of the AAMC as a provider of products and services that meet the needs of member institutions.

Prior to joining the AAMC in 1996, Mr. Witter served as the president and CEO of the Academic Medical Center Consortium in Rochester, N.Y. He also held several positions at the Oregon Health Sciences University, including interim university president, vice president for administration, director of the Biomedical Information and Communication Center, and director of the University Hospital.

Credits







1. Rebecca Minter, M.D., a surgical resident at the University of Florida College of Medicine, is the chair of the AAMC's Organization of Resident Representatives. *Photo by Jason Weil.*

2. A student at the University of Texas Medical Branch (UTMB) interacts with an elderly patient. UTMB is one of this year's Hartford grant recipients.

3. John D. Stobo, M.D., president of the University of Texas Medical Branch, speaks at the Clinical Research Summit. *Photo by Richard Greenhouse.*

4. Panelists at the Clinical Research Summit included (l. to r.): Myron Genel, M.D., associate dean at the Yale University School of Medicine; W. David Helms, Ph.D., president of the Alpha Center and the Association for Health Services Research; Nicole Lurie, HHS principal deputy assistant secretary for health; R. Lucia Riddle, vice president for government relations at the Principal Financial Group; and David Scherb, vice president of compensation and benefits for Pepsico. *Photo by Richard Greenhouse*.

5. Donald E. Wilson, M.D., dean of the University of Maryland School of Medicine, is the first Nickens Memorial Lecturer. *Photo by Jason Weil*.

6. The University of New Mexico Hospital's Andrew Hsi, M.D., M.P.H., was the first winner of the Humanism in Medical Education Award in 1999.

7. This photo, one of the runners up in the *AAMC Reporter's* annual photo contest, was taken in Ecuador by David T. Williams, a third-year medical student at the University of California at Irvine.

8. Ralph W. Muller, president and CEO of the University of Chicago Hospitals and Health System, is the AAMC chair. *Photo by Jason Weil.*

9. In September, the AAMC presented Sen. Connie Mack (R-Fla.) with the Association's Special Recognition Award. Pictured left to right are: AAMC President Jordan J. Cohen, M.D.; Ira Clark, Jackson Memorial Hospital; Bernard Fogel, M.D., dean emeritus of the University of Miami School of Medicine; Ralph W. Muller, president and CEO of the University of Chicago Hospitals and Health System; Sen. Connie Mack (R-Fla.); John G. Clarkson, M.D., dean of the University of Miami School of Medicine; Kenneth I. Berns, M.D., Ph.D., dean of the University of Florida College of Medicine; Ralph Snyderman, M.D., president and CEO, Duke University Health System. *Photo by Richard Greenhouse.*

10. Former Health Care Financing Administration chief Nancy-Ann DeParle and Sen. William Frist, M.D., (R-Tenn.) at Teaching Hospital Advocacy Day in June 2000. *Photo by Jason Weil.*

Photos by Richard Greenhouse

Pages 2, 3, 6, 10, 15 (Mr. Muller, Dr. Peck, Dr. Cohen, and Dr. Snyderman), 16 (Dr. McCarthy), 17, 34, and 35.

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