



association of american medical colleges

MEETING SCHEDULE
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 19, 1983

5:30 p.m.	Joint CAS/COD Administrative Boards Meeting (see pg. 9)	Hemisphere Room
7:00 p.m.	Joint Reception and Dinner	Thoroughbred Room

January 20, 1983

9:00 a.m.	CAS Administrative Board Meeting	Edison Room
1:00 p.m.	Joint Administrative Boards Luncheon	Map Room
2:00 p.m.	Adjournment	

one dupont circle, n.w. / washington, d.c. 20036

AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

I. Report of the Chairman

II. ACTION ITEMS

A. Approval of the Minutes of September 8-9	1
CAS Administrative Board	
B. Appointment of 1983 CAS Nominating Committee	6
C. Executive Council Action Items with Particular Emphasis On:	
C. Report of the AAMC Officers' Retreat	25
D. Undergraduate Medical Education Preparation for Improved Geriatric Care--A Guideline for Curriculum Assessment	35
F. Prospective Payment Proposals for Hospital Services Provided to Medicare Beneficiaries	68
H. The Future of the AAMC's Management Education Programs	91
I. ACCME Essentials and Guidelines	93
J. ACCME Protocol for Recognizing State Medical Societies as Accreditors of Local CME	110

III. DISCUSSION ITEMS

A. A Proposed Sliding Scale of Grant Awards for Biomedical Research	9
B. AAMC Awards	14
C. CAS Interim Meeting Plans	15

MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 8-9, 1982

Washington Hilton Hotel
Washington, DC

PRESENT: Board Members

David M. Brown
Bernadine H. Bulkley
Daniel X. Freedman
Lowell M. Greenbaum
William F. Ganong
Robert L. Hill
T.R. Johns
Joseph E. Johnson, III
Frank C. Wilson

AAMC Staff

James Bentley*
Janet Bickel
Joan Bloom
John A.D. Cooper*
James Erdmann*
Thomas Kennedy*
Lynn Morrison
Anne Scanley*
John Sherman
August Swanson
Xenia Tonesk

ABSENT:

David H. Cohen
Douglas E. Kelly
Virginia V. Weldon

GUESTS: Donald Langsley
Thomas K. Oliver*

The CAS Administrative Board convened on September 8 at 5:00 pm for a joint session with the OSR and COTH Administrative Boards regarding portents of change in graduate medical education opportunities. At 7:00 pm, the session was adjourned for a social hour, followed by dinner at 8:00 pm. The CAS Board reconvened at 9:00 am on September 9 for a business meeting. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 12:30 pm.

* present for part of the meeting

I. Approval of Minutes

The minutes of the June 23-24, 1982 CAS Administrative Board Meeting were approved as submitted.

II. ACTION ITEMS - CAS Board

A. Membership Applications

1. American College of Legal Medicine - Dr. Brown reported that a review of this organization's journal as well as its meeting programs revealed a primary orientation toward practice issues rather than medical education. In addition, it appeared that none of the organization's members hold academic appointments. For these reasons, the Board agreed that the organization's application for membership in CAS should be denied.
2. American College of Neuropsychopharmacology - Drs. Freedman and Johns had reviewed this organization's application and recommended that it be approved for CAS membership.
3. American Institute of Ultrasound in Medicine - Drs. Johns and Ganong had reviewed this organization's application. While they had concerns regarding the fact that ultrasound technicians represent a significant percentage of the AIUM membership, Drs. Johns and Ganong recommended that the organization be approved for CAS membership.

ACTION: The CAS Board approved the applications of the American College of Neuropsychopharmacology and the American Institute of Ultrasound in Medicine for membership in CAS. The application of the American College of Legal Medicine was denied for the reason's stated above.

III. ACTION ITEMS - Executive Council

A. American Hospital Association's Proposed Medicare Prospective Payment System

Dr. James Bentley, associate director of the AAMC department of teaching hospitals, provided background information on the AHA's proposed prospective payment system for Medicare patients. Dr. Bentley stated that the hospital community had been advocating such an approach to Medicare payment for the last several years and that Federal policymakers were showing increasing interest in the concept as a possible strategy for containing Medicare costs. Therefore, in the spring of 1982, the AHA developed a prospective payment proposal. Essentially, the proposal is a four-year plan which would establish for each hospital a fixed price for each Medicare discharge. Payments would be adjusted each year to reflect increases in the cost of goods and services purchased locally by hospitals. Hospitals able to provide care for less than the fixed payment would be allowed to retain the resulting savings. However, costs greater than the payments would have to be underwritten by hospital revenues, thereby incurring a loss. At its June meeting, the COTH Administrative Board had endorsed the principles of the AHA proposal.

In discussing the proposal, Board members expressed concern that some of the technical recommendations may have ramifications which are not immediately

apparent or necessarily predictable. However, Dr. Bentley pointed out that the COTH Board action only recommended that the AAMC support the principles of the document.

ACTION: The CAS Administrative Board voted to recommend that the AAMC support the AHA prospective payment proposal in principle.

B. Medicare Reimbursement for Provider-Based Physicians

As mandated by the Congress, the Health Care Financing Administration had recently published Medicare reform regulations which attempted to distinguish between 1) services performed by "the physician in person" covered under Part B and 2) services provided on a reasonable cost basis by the hospital covered under Part A. Pathologists in particular had objected to the proposed regulations as they required that a pathologist be personally involved in the performance of a laboratory test in order to receive fee-for-service payment. Otherwise, payment would be made to the hospital under Part A.

Dr. Bentley outlined the concerns of the pathology community with respect to the regulations and their potential impact on the development of the discipline. In response to these concerns, the AAMC Executive Council and Administrative Boards were asked to review a 1980 AAMC policy statement regarding Medicare reimbursement for pathology services:

"While the AAMC does not have a compensation alternative which would recognize the concerns of pathologists and of the government, it is concerned about payment mechanisms which could possibly discourage the contributions pathologists make to patient diagnosis and treatment and inhibit the development of the discipline. The Association notes, however, that Senate Report 96-471 would permit physicians to be compensated on a percentage arrangement if the amount of reimbursement is based on an approved relative value scale "...which takes into consideration such physicians' time and effort consistent with the inherent complexity of procedures and services." The Association supports such a proposal."

ACTION: The CAS Administrative Board reaffirmed its support for the 1980 position statement regarding Medicare reimbursement for pathology services.

C. Minority Students in Medical Education

Given the political and economic climate, the Minority Affairs Section of the AAMC Group on Student Affairs had recommended that the Association reaffirm its support for efforts to provide minority and disadvantaged students with the opportunity to pursue careers in medicine. A statement had been developed for consideration by the Executive Council which pointed out that the nation's commitment to affirmative action seemed to be waning and that progress made in recent years with respect to minority enrollment in medical school had been threatened by rising tuitions, enrollment reductions, and the reduced availability of student financial aid. The statement reaffirmed the Association's commitment to improving efforts to recruit minority students into medical school.

ACTION: The CAS Administrative Board endorsed the statement on the status of minority students in medical education.

IV. DISCUSSION ITEMS - CAS Board

A. Clinical Evaluation Project

Dr. Xenia Tonesk, principal investigator for the two-year AAMC study of the evaluation of students in clinical clerkships, summarized the project's findings. As might be expected, studies indicated that faculty had no difficulty in identifying and appropriately evaluating above average students. However, such was not the case regarding below average or failing students. She stated that the study also found that there is excessive emphasis on the methodology of evaluation (clerkship forms, examinations, etc.). The report recommended that in addition to psychometrics, faculty should examine the "who, where, when and why" of the evaluation of clinical clerkship performance.

The Board reviewed a summary report which Dr. Tonesk had prepared and found it very informative. It was agreed that it would be useful for Dr. Tonesk to present the findings again at the fall meeting of the CAS.

B. CAS Fall Meeting Plans

Dr. Swanson reviewed the plans for the CAS fall meeting including a joint session with the Organization of Student Representatives for a discussion of the AAMC General Professional Education of the Physician (GPEP) project. The chairmen of the three GPEP working groups will address a CAS/OSR plenary session regarding the topics to be considered by their respective groups: essential knowledge; fundamental skills; and, personal qualities, values and attitudes. Following these presentations, small groups of students and CAS representatives will informally discuss these topics. CAS and OSR Administrative Board members will serve as joint discussion leaders of the small group sessions. A CAS/OSR cocktail reception will conclude the day's activities.

Dr. Swanson also reported that Dr. Stanley J. Reiser, professor of humanities and technology in medicine at the University of Texas at Houston, had agreed to address the CAS regarding "The Enigmatic Future and Tumultuous Past of Medical Education."

C. 1983 Interim Meeting

The Board discussed plans for the 1983 CAS Interim Meeting. In view of the overwhelming success of the 1982 meeting, it was agreed that a similar format should be used. This involved the participation of key Congressional staff and Executive Branch officials in a plenary session and informal small-group discussions with CAS representatives. The theme for the meeting was discussed and it was agreed that it should focus on the effects of Federal policies on academic medical centers and the conduct of research. Possible speakers for a variety of relevant topics were identified.

V. DISCUSSION ITEMS - Executive Council

A. Legislative Update

Dr. Thomas Kennedy of the AAMC staff provided an update of recent legislative activity. He stated that AAMC staff had worked closely with staff from the

House Science and Technology Committee in the amendment of legislation to limit the use of animals in research. The most recent draft was significantly less onerous than the original version. However, the bill was still a source of concern and was viewed as a "foot-in-the-door" to more stringent legislation.

With regard to appropriations, Dr. Kennedy stated that the Association and many other organizations (including most CAS member societies) had cosigned and sent to key Members of Congress a position statement regarding NIH and ADAMHA funding. The document proposed an additional \$287 million above the Administration's FY 1983 request to allow for the FY 1982 level of effort in terms of the number of new grants and research trainees supported. With regard to student financial aid, the Association had strongly opposed an \$80 million appropriation for the Health Education Assistance Loan program and advocated funding at the full authorization level of \$225 million. The AAMC had emphasized that the HEAL program is a revolving fund and that the government would save no money by capping the appropriation at a mere one-third of the authorized level.

B. AAMC Response to Small Business Innovation Development Act

In response to numerous inquiries, AAMC staff had explored the implications of faculty participation in the development of for-profit entities eligible for funding under the NIH Small Business Innovation Research program, to be established pursuant to Congressional passage of the small business set-aside legislation. Anne Scanley of the AAMC staff reviewed a discussion paper which outlined the pros and cons of such activity. The document pointed out that extra-institutional research could 1) provide greater opportunity for scientists to commercially apply basic science discoveries, 2) foster greater university/industry cooperation, and 3) provide supplemental income for faculty. The paper also identified some potential adverse effects including the realignment of faculty loyalty and orientation toward the institution and conflicts of interest which might serve to distort traditional academic values. The paper highlighted the political implications of faculty participation in the SBIR program, emphasizing that the establishment of profit-making research ventures by academic scientists might compromise the academic community on Capitol Hill, particularly with those Congressmen who had so vigorously opposed the legislation. The paper also pointed out that academic participation might provide the illusion of success for the SBIR program and thereby enhance the possibility of its renewal in 1988.

The Board agreed that the document would be extremely useful to faculties considering the possibility of competing for SBIR funds. It was agreed that it should be distributed to the AAMC Assembly.

APPOINTMENT OF 1983 CAS NOMINATING COMMITTEE

Section V, #1 of the CAS Bylaws reads as follows:

"The Nominating Committee shall be comprised of seven members. The Chairman of the Administrative Board shall be the Chairman of the Nominating Committee and shall vote in the case of a tie. Six individuals (three basic science and three clinical science) shall be appointed by the CAS Administrative Board from among representatives of the member societies. Not more than one representative may be appointed from a society and not more than two members may be current members of the Administrative Board. The Nominating Committee shall report to the Council at its Annual Meeting a slate of nominees for Administrative Board vacancies. Additional nominations for these positions may be made by any representative to the Council present at the meeting. The Committee will also recommend to the AAMC Nominating Committee candidates for Chairman-Elect of the Association of American Medical Colleges."

On the following pages is a list of all CAS Representatives from which the Board must choose three basic scientists and three clinical scientists to serve on the CAS Nominating Committee. Several alternates should also be selected. The Committee will meet by conference call some time in May or early June to develop a slate of nominees to fill three basic science positions on the Board. The Committee will also nominate a clinical scientist as Chairman-Elect of CAS and an individual from the Council of Deans to serve as Chairman-Elect of the AAMC.

The 1978-1982 CAS Nominating Committees are listed below.

1979

Thomas K. Oliver, Jr., M.D., Chairman
Carmine D. Clemente, Ph.D.
David H. Cohen, Ph.D.
William F. Ganong, M.D.
Philip C. Anderson, M.D.
Daniel D. Federman, M.D.
Frank C. Wilson, Jr., M.D.

1980

Carmine D. Clemente, Ph.D., Chairman
George N. Aagaard, M.D.
Milton T. Edgerton, M.D.
Daniel X. Freedman, M.D.
Mary Ellen Jones, Ph.D.
Thomas K. Oliver, M.D.
Solomon Snyder, M.D.

1981

Daniel X. Freedman, M.D., Chairman
Robert M. Berne, M.D.
F. Marian Bishop, Ph.D.
David M. Brown, M.D.
David H. Solomon, M.D.
Warren Stamp, M.D.
Frank C. Wilson, M.D.

1982

David M. Brown, M.D., Chairman
Joseph R. Bianchine, Ph.D.
T. R. Johns, M.D.
Franklyn G. Knox, M.D., Ph.D.
John T. Sessions, Jr., M.D.
Frank C. Wilson, M.D.
Robert D. Yates, Ph.D.

CAS REPRESENTATIVES AND PUBLIC AFFAIRS REPRESENTATIVES

BASIC SCIENCES

ANATOMY

American Association of Anatomists
Dr. John E. Pauly
Dr. Sanford L. Palay
Dr. William P. Jollie (PAR)
Association of Anatomy Chairmen
Dr. George D. Pappas
Dr. Douglas E. Kelly (PAR & Rep)

BEHAVIORAL SCIENCE

Association for the Behavioral Sci. & Med. Education
Dr. Shirley Nickols Fahey
Dr. Evan G. Pattishall, Jr. (PAR & Rep)

BIOCHEMISTRY

American Society of Biological Chemists, Inc.
Dr. Robert E. Olson
Dr. Robert M. Bock (PAR)
Assoc. of Med. School Depts. of Biochemistry
Dr. Lowell P. Hager
Dr. Robert L. Hill
Dr. Eugene Davidson (PAR)

GENETICS

American Society of Human Genetics
Dr. David Rimoin
Dr. Robert L. Summitt (PAR)

MICROBIOLOGY

Assoc. of Med. School Microbiology Chairmen
Dr. Harold S. Ginsberg
Dr. Kenneth I. Berns (PAR)

NEUROSCIENCE

Society for Neuroscience
Dr. David H. Cohen (PAR & Rep)

PHARMACOLOGY

American Soc. for Clinical Pharm. & Therapeutics
Dr. Arthur Hull Hayes, Jr.
Dr. George N. Aagaard (PAR & Rep)
Amer. Soc. for Pharm. & Experimental Therapeutics
Dr. Lewis Aronow
Dr. William L. West (PAR & Rep)
Assoc. for Medical School Pharmacology
Dr. Joseph R. Bianchine
Dr. Lowell M. Greenbaum (PAR & Rep)

PHYSIOLOGY

American Physiological Society
Dr. Franklyn G. Knox
Dr. Jack L. Kostyo
Dr. John T. Shepherd (PAR)
Assoc. of Chairmen of Depts. of Physiology
Dr. Stephen H. White
Dr. William F. Ganong
Dr. Norman R. Alpert (PAR)

CLINICAL SCIENCES

ALLERGY

American Academy of Allergy
Dr. Paul Vanarsdel
Dr. Thomas E. Van Metre (PAR)

ANESTHESIOLOGY

Association of University Anesthetists
Dr. C. Philip Larson, Jr.
Dr. Nicholas M. Greene (PAR & Rep)
Soc. of Academic Anesthesia Chairmen, Inc.
Dr. S. Craighead Alexander (PAR & Rep)

CLINICAL RESEARCH

American Assoc. for the Study of Liver Diseases
Dr. Marcus A. Rothschild
Dr. Harold J. Fallon (PAR & Rep)
Amer. Federation for Clinical Research
Dr. Randy Zusman
Dr. Jerry Olefsky
Dr. Bernadine Bulkley (PAR)
Amer. Society for Clinical Investigation
Dr. Michael M. Frank (PAR & Rep)
Central Society for Clinical Research
Dr. Norton Greenberger (PAR & Rep)
Plastic Surgery Research Council
Dr. R. Barrett Noone
Dr. Robert L. Ruberg
Dr. Donald Serafin (PAR)
Society for Gynecologic Investigation
Dr. W. Ann Reynolds
Dr. Ronald A. Chez
Dr. Robert B. Jaffe (PAR)
Society for Pediatric Research
Dr. Lynn M. Taussig
Dr. Richard E. Hillman
Dr. Virginia V. Weldon (PAR)

DERMATOLOGY

Association of Professors of Dermatology, Inc.
Dr. Phillip C. Anderson
Dr. J. Graham Smith, Jr.
Dr. Peyton E. Weary (PAR)

EMERGENCY MEDICINE AND CRITICAL CARE

Society of Critical Care Medicine
Dr. Solomon G. Hershey (PAR & Rep)
Society of Teachers of Emergency Medicine
Dr. Richard M. Nowak
Dr. John Lumpkin
Dr. Daniel T. Schelble (PAR)

ENDOCRINOLOGY

Endocrine Society
Dr. Jo Anne Brasel
Dr. Virginia V. Weldon
Dr. Claude J. Migeon (PAR)

FAMILY MEDICINE

Association of Departments of Family Medicine
Dr. Thornton Bryan
Dr. Edward Kowalewski
Dr. Thomas A. Nicholas (PAR)
Society of Teachers of Family Medicine
Dr. Frank C. Snope
Dr. Lewis Barnett, Jr.
Dr. Jack M. Colwill (PAR)

GENERAL SURGERY

American Association for the Surgery of Trauma
Dr. William R. Drucker
Dr. Donald S. Gann (PAR)
American Surgical Association
Dr. Arthur J. Donovan
Dr. Jerome J. DeCosse (PAR & Rep)
Association for Academic Surgery
Dr. Richard P. Saik
Dr. Joyce Rocko
Dr. Charles M. Balch (PAR)
Soc. for Surgery of the Alimentary Tract, Inc.
Dr. John R. Brooks
Dr. John Cameron
Dr. Bernard M. Jaffe (PAR)
Society of Surgical Chairmen
Dr. David B. Skinner
Dr. Frank G. Moody
Dr. Norman M. Rich (PAR)
Society of University Surgeons
Dr. John W. Harmon
Dr. Morris D. Kerstein
Dr. Alden Harken (PAR)

INTERNAL MEDICINE

American College of Physicians
Dr. Gene H. Stollerman
Dr. John T. Sessions
Dr. John R. Ball (PAR)
Association of American Physicians
Dr. Leighton E. Cluff
Dr. Alfred Jay Bollet
Dr. Oscar D. Ratnoff (PAR)
Association of Professors of Medicine
Dr. Jay H. Stein
Dr. Joseph E. Johnson, III (PAR & Rep)
Association of Program Directors in Internal Med.
Dr. Pervis Milnor, Jr.
Dr. James A. Curtin (PAR & Rep)
American Gastroenterological Association
Dr. Irwin H. Rosenberg
Dr. Susan C. Stewart
Dr. John T. Sessions (PAR)
American Society of Hematology
Dr. Paul McCurdy
Dr. Ernest Jaffe
Dr. Paul A. Marks (PAR)

NEUROLOGY

American Academy of Neurology
Dr. T. R. Johns
Dr. Jerry Chutkow
Dr. John F. Aita (PAR)
American Neurological Association
Dr. Frank Yatsu
Dr. Erland Nelson
Dr. John Conomy (PAR)
Association of University Professors of Neurology
Dr. Elliott L. Mancall
Dr. Hartwell Thompson (PAR & Rep)
Child Neurology Society
Dr. Mary Anne Guggenheim
Dr. Paul R. Dyken
Dr. Lawrence A. Lockman (PAR)

NEUROSURGERY

Amer. Association of Neurological Surgeons
Dr. Thomas W. Langfitt
Dr. John Shillito (PAR & Rep)

OBSTETRICS AND GYNECOLOGY

Amer. College of Obstetricians and Gynecologists
Dr. Warren H. Pearse
Dr. Harry S. Jonas
Dr. Ervin E. Nicholas (PAR)
Assoc. of Professors of Gynecology and Obstetrics
Dr. Douglas R. Knab
Dr. Joseph C. Scott, Jr.
Dr. Allan B. Weingold (PAR)

OPHTHALMOLOGY

American Academy of Ophthalmology
Dr. Bruce E. Spivey
Dr. David J. Noonan
Catherine Greal Cohen (PAR)
Association of University Professors of Ophthalmology
Dr. Joel Sacks
Dr. Robert D. Reinecke
Dr. Randall J. Olson (PAR & Rep)

ORTHOPAEDICS

Dr. Charles V. Heck
Dr. Frank C. Wilson
Dr. John F. Gartland (PAR)
Association of Orthopaedic Chairmen
Dr. Frank C. Wilson
Dr. Warren Stamp
Dr. John P. Adams (PAR)

OTOLARYNGOLOGY

Association of Academic Depts. of Otolaryngology
Dr. Warren Y. Adkins
Dr. Robert I. Kohut (PAR & Rep)
Society of University Otolaryngologists
Dr. Jerome Goldstein
Dr. John M. Fredrickson (PAR & Rep)

PEDIATRICS

American Pediatric Society
Mr. James J. Murphy (PAR & Rep)
Assoc. of Med. School Pediatric Dept. Chairmen, Inc.
Dr. Robert M. Blizzard
Dr. Thomas K. Oliver (PAR & Rep)

PHYSICAL MEDICINE AND REHABILITATION

Amer. Acad. of Physical Medicine and Rehabilitation
Dr. Murray M. Freed
Dr. Alicia E. Hastings
Dr. Creston C. Herold (PAR)
Association of Academic Physiatrists
Dr. William E. Stass, Jr.
Dr. Theodore M. Cole
Mr. Richard E. Verville (PAR)

PLASTIC SURGERY

American Association of Plastic Surgeons
Dr. Robert L. Harding
Dr. Hal G. Bingham (PAR)
Plastic Surgery Educational Foundation
Dr. Norman E. Hugo
Dr. John B. Lynch (PAR & Rep)

PSYCHIATRY

Amer. Assoc. of Chairmen of Depts. of Psychiatry
Dr. Daniel X. Freedman
Dr. Jerry M. Wiener
Dr. Paul J. Fink (PAR)
Association for Academic Psychiatry
Dr. Layton McCurdy
Dr. Paul J. Fink
Dr. Thomas G. Webster (PAR)
Assoc. of Directors of Med. Student Educ. in Psychiatry
Dr. Marshall Swartzberg
Dr. Cornelis Heijn, Jr.
Dr. Ali A. Kawi (PAR)

RADIOLOGY

Association of University Radiologists
Dr. Paul J. Friedman
Dr. A. Everett James, Jr. (PAR & Rep)
Soc. of Chairmen of Academic Radiology Departments
Dr. Ralph Alfidi
Dr. Larry P. Elliott
Dr. A. Everette James, Jr. (PAR)

THORACIC SURGERY

American Association for Thoracic Surgery
Dr. Judson G. Randolph
Dr. Clarence S. Weldon (PAR & Rep)
Thoracic Surgery Directors Association
Dr. Benson R. Wilcox
Dr. Clarence S. Weldon (PAR & Rep)

UROLOGY

American Urological Association, Inc.
Dr. Harry C. Miller (PAR & Rep)
Society of University Urologists
Dr. William L. Parry
Dr. Harry C. Miller, Jr.
Dr. Robert K. Rhamy (PAR)

HEALTH AND HUMAN VALUES

Society for Health and Human Values
Dr. Andrew D. Hunt
Dr. Ronald A. Carson
Dr. Christine K. Cassel (PAR)

PATHOLOGY AND CLINICAL LABORATORIES

Association of Pathology Chairmen, Inc.
Dr. Leonard Jarett
Dr. Rolla B. Hill (PAR & Rep)
Academy of Clin. Lab. Physicians and Scientists
Dr. David M. Brown (PAR & Rep)

PREVENTIVE MEDICINE

Association of Teachers of Preventive Medicine
Dr. David L. Rabin (PAR & Rep)

CONJOINT CAS/COD ADMINISTRATIVE BOARDS MEETING

January 19, 1983

5:30 p.m.

Hemisphere Room

A PROPOSED SLIDING SCALE OF
GRANT AWARDS FOR BIOMEDICAL RESEARCH

H. George Mandel, Ph.D.
Chairman, Department of Pharmacology
George Washington University
School of Medicine and Health Sciences

and

William F. Raub, Ph.D.
Associate Director for Extramural Research and Training
National Institutes for Health

Reception and Dinner

7:00 p.m.

Thoroughbred Room

A. PROPOSED SLIDING SCALE OF GRANT AWARDS FOR BIOMEDICAL RESEARCH

In a letter to Science published in February 1982, Elliot S. Vesell and H. George Mandel proposed that National Institutes of Health research grants be awarded on what is termed a "sliding scale" (p.). The purpose is to fund a larger number of research proposals by providing partial funding based on a formula related to the priority scores assigned by study-sections.

Mandel and Vesell aver that the competition for NIH grants is so intense that investigators spend an inordinate amount of time writing and rewriting proposals and reviewing proposals which, although they are considered meritorious, are not funded. The sliding scale would provide 100 percent funding to proposals with "top priority scores;" other proposals with "respectable priority scores" would receive partial funding. The authors envision that about half of study-section-approved applications would be eligible for this formula-based partial funding.

Vesell and Mandell argue that study-sections discriminate insufficiently to identify research proposals that may have an unexpectedly fruitful outcome, even though the ideas upon which they are based are not currently popular. They infer that by partially supporting a greater number and variety of investigators, the opportunity to bring to fruition new ideas will be enhanced and that this will help to maintain the preeminence of the United States in biomedical research.

This proposal must be considered in depth and from every possible angle. While funding more grant requests is attractive, the administrative and political consequences of spreading limited resources more widely through partial funding on a formula basis are formidable both at the national and institutional levels.

The fundamental tenet of the NIH review and granting procedures has been to identify and support the best scientific proposals that will advance its mission to improve human health. Peer review by study-sections composed of individuals who can judge both the ideas and concepts and the technical feasibility of accomplishing proposed projects is the foundation of the review system. Study-sections already are carefully reviewing budgets and recommending reductions when it is believed that a project can be accomplished with fewer resources. If, after this review, the project were to be funded at an even lower level, would not the study-section have to once again review the project because it was now altered by modifications required by reduced funding? If the answer is no, then it could be inferred that many projects are over-funded and that arbitrary cuts can be made in NIH funding without reducing the quality or quantity of biomedical research. With both the Congress and the Administration looking for every opportunity to cut budgets, this proposal may invite even greater reductions in funding for the Institutes. Furthermore, serious doubts could be raised as to the widely touted essentiality of the study-section role.

At the institutional level the investigator who receives only partial funding would be likely to seek local support to make up the difference. It is doubtful that in most institutions sufficient resources are available to achieve this. However, were such institutional support made available, the message to the federal government would be that the institutions are capable of even more cost sharing than supposed--again, an impetus to reduce federal research support.

Vesell and Mandel have brought forth this proposal as a means of weathering what is termed a crisis in NIH funding and imply that the reduction in research funding as a result of inflation is dismantling the nation's biomedical research enterprise. They insist that even projects only partially funded would be of high quality and fully approved by study-sections. The extent to which there is a crisis and the degree to which the biomedical research enterprise is being impacted must be measured against the potential long range consequences of this significant alteration in grant awarding concepts, policies, and operations of the NIH.

Dr. Mandel will present the proposed sliding scale in detail and Dr. Raub will comment from the perspective of the NIH.

AAMC AWARDS

The Abraham Flexner Award for Distinguished Service to Medical Education was established by the AAMC in 1958 to recognize extraordinary individual contributions to medical schools and to the medical education community as a whole. The AAMC also presents an annual award for distinguished research in the biomedical sciences. This award consists of \$2,000 cash and a medal presented in recognition of outstanding clinical or laboratory research by a faculty member of a medical school which is a member of the AAMC. The award is made for research which has been published during the preceding five calendar years. Both awards are presented at the time of the Annual Meeting.

In recent years, the AAMC has received only a limited number of nominations for these awards. The CAS Administrative Board should consider ways to increase the academic community's awareness of the awards and to stimulate nominations from member societies.

The recipients of the awards for the last ten years are shown below.

Flexner Award

George T. Harrell, Jr.
John L. Caughey, Jr.
Thomas Hale Ham
Franz J. Ingelfinger
Paul B. Beeson
Ivan L. Bennett, Jr.
Julius H. Comroe, Jr.
William G. Anlyan
Sherman M. Mellinkoff

Research Award

Thomas C. Merigan, Jr.
Edwin D. Kilbourne
Andrew V. Schally
Roger C. L. Guillemin
Hugh O. McDevitt
Bert W. O'Malley
Kimishige Ishizaka and Teruko Ishizaka
Donald F. Steiner
J. Michael Bishop
Raymond L. Erikson

CAS INTERIM MEETING PLANS

On January 10, letters of invitation to the Interim Meeting were sent to key Executive Branch Officials and Congressional Staff. The invitation list includes:

Executive Branch

All NIH institute directors
Other administrative staff from NIH
Assistant Secretary for Health Edward Brandt and staff
HCFA Administrator Carolyn Davis and staff
FDA Commissioner Arthur Hayes and staff
VA Medical Director's Office staff
Congressional Budget Office staff
Office of Management and Budget staff
Health Resources and Services Administration staff

Congressional Staff From the Following Committees:

Senate and House Appropriations
Senate and House Labor/HHS/Education Appropriations Subcommittees
Senate and House Budget
Senate Finance
House Ways and Means
Senate Labor and Human Resources
House Energy and Commerce
House Subcommittee on Health and Environment
House Science and Technology

A meeting schedule appears on the following pages. The format will be the same as last year with a briefing session in the morning for CAS representatives, an afternoon plenary session and discussion groups for the CAS and the invited guests, and a reception in the evening. The health aides of the Senators and Representatives of the CAS attendees will be invited to the reception. (The names of these individuals will be sent to the respective CAS representatives so that dinner invitations can be extended in advance.)

On the morning of February 15, the Council will reconvene for reports from the discussion group leaders (to be appointed at the January 20 CAS Board meeting). Following these presentations and discussion, Dr. John Sherman will make a brief presentation regarding the RIGME document and plans for implementation of its recommendations. He will raise the issue of increased faculty discussion of geriatrics and gerontology both in the institution and at professorial society meetings (see page 35 of Executive Council Agenda). Following Dr. Sherman's presentation, Dr. John Rowe, Director of the Division on Aging at Harvard Medical School, will discuss geriatric research and education.

MEETING SCHEDULE

FEBRUARY 14

- 11:00 a.m. Plenary Session Jefferson West Room
(CAS Representatives and AAMC Staff)
Presentation of Legislative Update and
other important background information
- 12:30 p.m. Lunch
- 1:30 p.m. Plenary Session Jefferson West Room
(CAS Representatives, AAMC Staff, and
Invited Guests)

Program and Policy Directions of the NIH

James B. Wyngaarden, M.D.
Director, National Institutes of Health

Political Control and Its Effects on Federal
Sponsorship of Biomedical and Behavioral
Research

Theodore Cooper, M.D.
Executive Vice President, Upjohn Company

The Collective Impact of Federal Policy Changes
on Academic Medical Centers

Julius R. Krevans, M.D.
Chancellor, University of California, San Francisco

A Specific Example: Animal Research Legislation

Gerald S. Levey, M.D.
Chairman, Department of Medicine
University of Pittsburgh
- 3:30 p.m. Small Group Discussion Sessions (Rooms to be assigned)
- 5:30 p.m. Cocktail Reception Ballroom West

Entertainment by "The Capitol Steps"-- a small
group of Congressional staffers who describe
themselves as "purveyors of intelligent and
witty political satire since 1981"

FEBRUARY 15

9:00 a.m.

CAS Meeting
(CAS Representatives and AAMC Staff Only)

Jefferson West Room

Reports from Discussion Group Leaders

Presentation Dr. John Rowe

12:30 p.m.

Adjournment