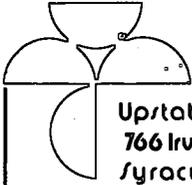




STATE UNIVERSITY of NEW YORK

← TEM v K Johnson

Department of Pathology
College of Medicine
(315) 473-4750



Upstate Medical Center
766 Irving Avenue
Syracuse, New York
13210

November 18, 1977

August G. Swanson, M.D.
Director of Academic Affairs
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

Dear Gus:

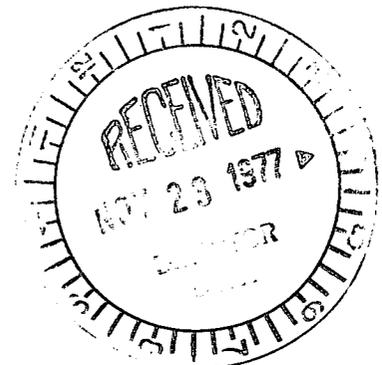
The Council of the Association of Pathology Chairmen, after meeting and discussing the Washington scene and other integrative initiatives with a number of pathologists who are interested and knowledgeable, has concluded that right now is not the time for us to have a desk at the AAMC. We have a full list of problems and priorities that we're working on, only a few of which would be facilitated by such a desk and the cost is more than we feel we can allocate right now, since there are some alternatives available.

We will keep this possibility in front of us as we go through the next few months and if the occasion arises for us to want to take another closer look at it, we will certainly be in touch.

Sincerely yours,

Rolla B. Hill, M.D.
Professor and Chairman

RBH/sg
cc: APC Council



December 16, 1977

Ellis S. Benson, M.D.
Dept. of Lab. Med. & Pathology
Box 198 Mayo Memorial Building
University of Minnesota
Minneapolis, Minnesota 55455

Dear Ellis:

Thank you for your letter of December 5th regarding the continued interest of the Association of Pathology Chairmen in the CAS Services Program. Please let us know when you are ready to explore further the possibilities of a service desk. It is important to point out that the Executive Council of the Association approved this program on an experimental basis, and that during the experimental period no overhead charges are being made. The experimental period terminates June 30, 1979. In order to take full advantage of this opportunity, it would be useful if the Association of Pathology Chairmen made a decision in the near future.

Sincerely yours,

August G. Swanson, M.D.
Director
Department of Academic Affairs

AGS/ms

Association of Pathology Chairmen, Inc.

Department of Laboratory
Medicine and Pathology
Box 198 Mayo Memorial Building
University of Minnesota
Minneapolis, Minnesota 55455

December 5, 1977

August G. Swanson, M.D.
Director of Academic Affairs
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

Dear Gus:

First of all I want to thank you for the breakfast on November 8 in Washington. I enjoyed being with you and with the Administrative Committee of the Council of Academic Societies and other academic society representatives.

I am also writing you to follow up the letter that Rolla Hill wrote you on November 18 concerning the interest of the Association of Pathology Chairmen in a service desk at the Association of American Medical Colleges headquarters.

Rolla is right in stating the present position of the Executive Council of the Association of Pathology Chairmen as being tied up with other things and not yet ready to move on the service desk at the present time. I want to, however, state that the Association of Pathology Chairmen is interested in the service desk and wants to continue to maintain an interest for the present. Please keep us informed of developments. If there is any new information concerning the service desk that you feel that we should have, please let us know.

In a few months I hope the Association of Pathology Chairmen can proceed more decisively towards exploring the possibilities of a service desk.

I personally feel it would be a good move.

With all best regards.

Yours sincerely,



Ellis S. Benson, M.D.
President, Association of Pathology Chairmen

ESB:bs

cc:All members of the Association of Pathology Chairmen Council
Tom Morgan, M.D.



**association of american
medical colleges**

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 466-5175

January 15, 1979

Mr. Robert K. Talley
Charles B. Slack, Inc.
6900 Grove Road
Thorofare, NJ 08086

Dear Mr. Talley:

In accordance with prior discussion between the Association of American Medical Colleges (AAMC) and the American Federation for Clinical Research (AF CR), the AAMC proposes the following agreement between the AAMC and the AF CR to be effective for a period of eighteen (18) months commencing January 1, 1979:

The AAMC will provide:

- (1) legislative tracking services of a staff associate and a secretary for four days a month;
- (2) office space, office equipment and furniture;
- (3) administrative support;
- (4) a monthly memorandum to the AF CR Public Policy Committee summarizing legislative and executive branch activities of interest to your organization;
- (5) distribution of the CAS Brief to members of the Public Policy Committee of AF CR, and
- (6) a monthly report by telephone conference call to the Public Policy Committee.

In return, the AF CR will:

- (1) advance to the AAMC a sum of \$2,000 upon the acceptance of this agreement, to be credited to an AF CR account and used by the AAMC to discharge salary and other direct financial obligations incurred by the AAMC under this agreement;

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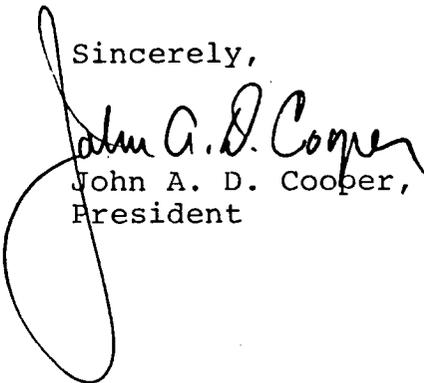
Robert K. Talley
Page 2

- (2) advance to the AAMC quarterly the sum of \$3,000 for the following:
 - (1) direct charges at cost for printing, billing and list maintenance, supplies, xerox and postage, etc.;
 - (2) the salaries and staff benefits expenses for the staff associate and secretary for four days a month;
 - (3) the costs of telephone toll calls;
 - (4) the costs of any other services performed at the request of AFCR.

Because direct costs in categories 1), 3) and 4) above cannot be anticipated we cannot provide a firm price in advance for these services. Staff salaries and benefits (category 2) are anticipated to be \$3,500 for the first six months and \$12,000 annually beginning July 1, 1979. It is understood that no overhead costs will be charged between January 1 and July 1, 1979. Thereafter, overhead will be charged, as indicated in the above salary estimates, at the prevailing Federally-approved rate (currently 65% of salaries and wages). Adjustments for direct costs above or below advance payments will be made on June 30 of each year.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,


John A. D. Cooper, M.D.
President

Accepted

BY: _____

DATE: _____

for the American Federation for Clinical Research

File CAS Senior Program

OVERHEAD COMPUTATIONS

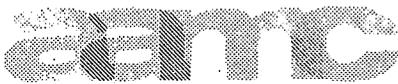
	<u>APM</u>	<u>Neurologists</u>	(Projected) <u>AFCR</u>
Salaries:	\$15,500	\$5,580	\$6,200
Approximate Yearly Direct Costs:	\$27,000	\$2,000	\$2,000
Overhead @ 65% of Salaries:	\$10,075	\$3,627	\$4,030
Overhead @ 34% of All Costs:	\$14,450	\$2,577	\$2,788

722 @ 34%

26950

10157

10988



**association of american
medical colleges**

May 21, 1979

Alvin R. Tarlov, M.D.
President, APM
University of Chicago
Department of Medicine
950 East 59th Street
Chicago, Illinois 60637

Dear Al:

As you know, the experimental period for the AAMC Services Program ends at the end of this fiscal year on June 30, 1979. In our original letter of agreement, we stated that overhead costs would not be charged for the two years of the experimental phase from July 1, 1977 - June 30, 1979. We indicated at that time that if the program continued beyond the initial two year period, the Association would begin to charge overhead costs.

The Association is prepared to continue with the Services Program, and I am writing at this time to indicate our interest in meeting with you to discuss the new terms of agreement which would take effect if APM desires to continue with the program. To provide you with some estimates of what the overhead charges will be, Diane Plumb has given me the following approximate figures:

	<u>Current Expenses</u>	<u>Projected Expenses</u>
Direct Costs:	\$2700/month	\$2700/month
Salaries:	\$1500/month	\$1500/month
Overhead (@: 62.8%)	-0-	\$ 942/month

The direct costs estimates simply represent an average of what APM expended over the past eight months for such charges as telephone, printing, travel, meeting expenses, postage, etc.

Since the end of the fiscal year is approaching, Tom Morgan and I would like to discuss this matter with you in the near future. I assume Joe Johnson as APM Treasurer would appropriately be involved in these discussions, and perhaps you would like other APM officers to be involved. Diane has informed me that June 11

Alvin R. Tarlov, M.D.

2.

May 21, 1979

would be a good time for you to meet with us in Washington, but unfortunately I will be at an LCGME meeting that day. My secretary, Pamela Dugan, will call your office within a few days to try to arrange an alternate date, and you can let her know which other APM officers should be involved at that time.

I look forward to seeing you soon.

Sincerely yours,

August G. Swanson, M.D.
Director
Department of Academic Affairs

CC: Dr. Thomas E. Morgan
Ms. Diane N. Plumb

AGS/pbd



association of american
medical colleges



May 30, 1979

Dewey K. Ziegler, M.D.
President
American Academy of Neurology
39th and Rainbow Blvd.
Kansas City, KS 66103

Dear Dewey:

As you know, the agreement between AAMC and the AUPN, ANA, and AAN for legislative tracking services expires on June 30, 1979. The Association did not charge overhead expenses for the initial experimental period of the program, but as we have stated in the past, all societies which subscribe to the CAS Services Program will be charged overhead costs beginning July 1, 1979. The prevailing federally-approved rate for overhead is currently 62.8% of salaries.

The enclosed letter of agreement is for the period July 1, 1979 - June 30, 1980. You will note that the only major change in this agreement is the inclusion of the overhead charge.

If you have any questions about this matter, please contact me. We look forward to continuing our relationship with you in the program during the coming year.

Sincerely yours,

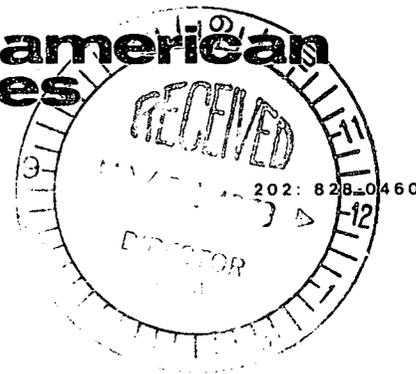
August G. Swanson, M.D.
Director
Department of Academic Affairs

AGS/1g

Enclosures



association of american medical colleges



JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

May 30, 1979

Dewey K. Ziegler, M.D.
President
American Academy of Neurology
39th and Rainbow Blvd.
Kansas City, KS 66103

Dear Doctor Ziegler:

In accordance with discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as the principal contracting organization, to be effective for a period of 1 (one) year, commencing July 1, 1979:

The AAMC will provide:

- 1) legislative tracking services of a staff associate and a secretary for four days per month;
- 2) office space, office equipment, and furniture;
- 3) administrative support;
- 4) a report on legislative issues during monthly conference calls with a designated liaison committee;
- 5) periodic special memoranda to the liaison committee;
- 6) a monthly newsletter to selected members of the organization;
- 7) distribution of the CAS Brief to selected members of the organizations;

In return, the participating societies will:

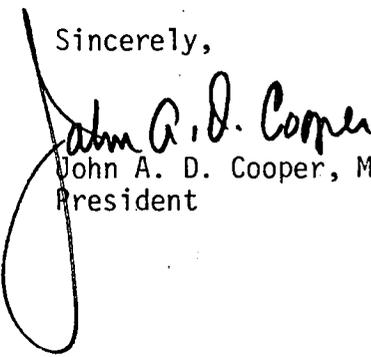
- 1) advance to the AAMC a sum of \$3,000 upon acceptance of this agreement, to be credited to the account used by AAMC to discharge salary and other direct financial obligations incurred by AAMC under this agreement;

- 2) reimburse the AAMC quarterly for the following:
- a) direct charges, at cost, for printing, mailing list maintenance, supplies, xerox, postage, etc.;
 - b) the salaries and staff benefit expenses for the staff associate and secretary for four days a month;
 - c) overhead expenses at the rate of 62.8% of salaries;
 - d) the costs of telephone toll calls;
 - e) the costs of any other services performed at the request of the societies.

It is understood, based upon the previous contractual agreement, that the first two quarterly payments of \$3,000 each will be made by AUPN, the third payment of \$3,000 by the ANA, and the final payment of \$3,000 by the AAN. Any unexpended monies will be proportionately refunded to the organizations, and any outstanding charges at the end of June 1979 will be proportionately billed to the organizations.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,



John A. D. Cooper, M.D.
President

Accepted

By: _____

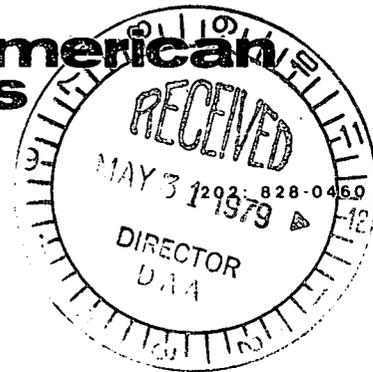
Date: _____

American Academy of Neurology



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT



May 30, 1979

William M. Landau, M.D.
President, Association of University
Professors of Neurology
Washington University School of Medicine
660 South Kingshighway
St. Louis, MO 63110

Dear Doctor Landau:

In accordance with discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as the principal contracting organization, to be effective for a period of 1 (one) year, commencing July 1, 1979:

The AAMC will provide:

- 1) legislative tracking services of a staff associate and a secretary for four days per month;
- 2) office space, office equipment, and furniture;
- 3) administrative support;
- 4) a report on legislative issues during monthly conference calls with a designated liaison committee;
- 5) periodic special memoranda to the liaison committee;
- 6) a monthly newsletter to selected members of the organizations;
- 7) distribution of the CAS Brief to selected members of the organizations;

In return, the participating societies will:

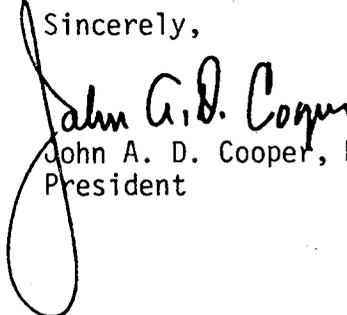
- 1) advance to the AAMC a sum of \$3,000 upon acceptance of this agreement, to be credited to the account used by AAMC to discharge salary and other direct financial obligations incurred by AAMC under this agreement;

- 2) reimburse the AAMC quarterly for the following:
- a) direct charges, at cost, for printing, mailing list maintenance, supplies, xerox, postage, etc;
 - b) the salaries and staff benefit expenses for the staff associate and secretary for four days a month;
 - c) overhead expenses at the rate of 62.8% of salaries;
 - d) the costs of telephone toll calls;
 - e) the costs of any other services performed at the request of the societies.

It is understood, based upon the previous contractual agreement, that the first two quarterly payments of \$3,000 each will be made by AUPN, the third payment of \$3,000 by ANA, and the final payment of \$3,000 by the AAN. Any unexpended monies will be proportionately refunded to the organizations, and any outstanding charges at the end of June 1979 will be proportionately billed to the organizations.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,



John A. D. Cooper, M.D.
President

Accepted:

By: _____

Date: _____

Association of University Professors
of Neurology



**association of american
medical colleges**



May 30, 1979

Sidney Carter, M.D.
President
American Neurological Association
Blythedale Children's Hospital
Valhalla, NY 10595

Dear Sidney:

As you know, the agreement between AAMC and the AUPN, ANA, and AAN for legislative tracking services expires on June 30, 1979. The Association did not charge overhead expenses for the initial experimental period of the program, but as we have stated in the past, all societies which subscribe to the CAS Services Program will be charged overhead costs beginning July 1, 1979. The prevailing federally-approved rate for overhead is currently 62.8% of salaries.

The enclosed letter of agreement is for the period July 1, 1979 - June 30, 1980. You will note that the only major change in this agreement is the inclusion of the overhead charge.

If you have any questions about this matter, please contact me. We look forward to continuing our relationship with you in the program during the coming year.

Sincerely yours,

August G. Swanson, M.D.
Director
Department of Academic Affairs

AGS/lg

Enclosures



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT



May 30, 1979

Sidney Carter, M.D.
President
American Neurological Association
Blythedale Children's Hospital
Valhalla, NY 10595

Dear Doctor Carter:

In accordance with discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as the principal contracting organization, to be effective for a period of 1 (one) year, commencing July 1, 1979:

The AAMC will provide:

- 1) legislative tracking services of a staff associate and a secretary for four days per month;
- 2) office space, office equipment, and furniture;
- 3) administrative support;
- 4) a report on legislative issues during monthly conference calls with a designated liaison committee;
- 5) periodic special memoranda to the liaison committee;
- 6) a monthly newsletter to selected members of the organizations;
- 7) distribution of the CAS Brief to selected members of the organizations;

In return, the participating societies will:

- 1) advance to the AAMC a sum of \$3,000 upon acceptance of this agreement, to be credited to the account used by AAMC to discharge salary and other direct financial obligations incurred by AAMC under this agreement;

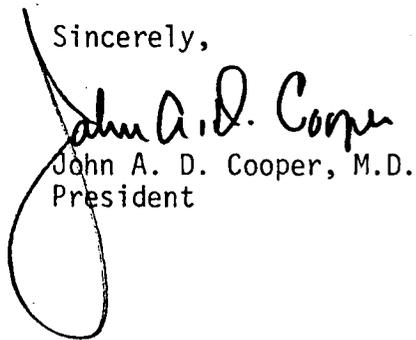
Dr. Carter
Page 2

- 2) reimburse the AAMC quarterly for the following:
- a) direct charges, at cost, for printing, mailing list maintenance, supplies, xerox, postage, etc.;
 - b) the salaries and staff benefit expenses for the staff associate and secretary for four days a month;
 - c) overhead expenses at the rate of 62.8% of salaries;
 - d) the costs of telephone toll calls;
 - e) the costs of any other services performed at the request of the societies.

It is understood, based upon the previous contractual agreement, that the first two quarterly payments of \$3,000 each will be made by AUPN, the third payment of \$3,000 by the ANA, and the final payment of \$3,000 by the AAN. Any unexpended monies will be proportionately refunded to the organizations, and any outstanding charges at the end of June 1979 will be proportionately billed to the organizations.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,

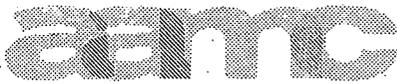

John A. D. Cooper, M.D.
President

Accepted:

By: _____

Date: _____

American Neurological Association



**association of american
medical colleges**



May 30, 1979

William M. Landau, M.D.
President, Association of University
Professors of Neurology
Washington University School of Medicine
660 South Kingshighway
St. Louis, MO 63110

Dear Bill:

As you know, the agreement between AAMC and the AUPN, ANA, and AAN for legislative tracking services expires on June 30, 1979. The Association did not charge overhead expenses for the initial experimental period of the program, but as we have stated in the past, all societies which subscribe to the CAS Services Program will be charged overhead costs beginning July 1, 1979. The prevailing federally-approved rate for overhead is currently 62.8% of salaries.

The enclosed letter of agreement is for the period July 1, 1979 - June 30, 1980. You will note that the only major change in this agreement is the inclusion of the overhead charge.

If you have any questions about this matter, please contact me. We look forward to continuing our relationship with you in the program during the coming year.

Sincerely yours,

August G. Swanson, M.D.
Director
Department of Academic Affairs

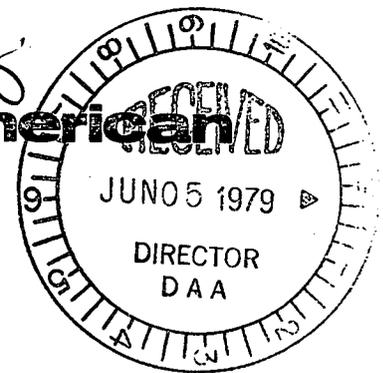
AGS/lg

Enclosures



Bill for Mtg

**association of american
medical colleges**



June 5, 1979

MEMORANDUM

TO: John Deufel
FROM: Diane Plumb *Diane*
SUBJECT: CAS Services Program

Tom Morgan, Gus Swanson and I discussed recently some of the budgetary and record-keeping aspects of the CAS Services Program. We would like to sit down with you at some point in the near future to talk in general about the program and also to discuss with you some of the problems we've encountered with the program which the Business Office might help us out with. Most of the procedures related to the Services Program have been established somewhat haphazardously and I think it might be helpful to have a thorough discussion of the Program and the types of special staff support it needs.

One of the specific problems we have had relates to billing the subscribing organizations for our services. It has been difficult for me to keep abreast of which organizations are reimbursing us for services and keeping their account with us current. This is especially true with the three neurology societies. It seems to me that it would be more appropriate and more expeditious for the business office to handle all invoicing for the program and to have the responsibility for ensuring follow-up if the societies fall behind in their payments.

It would also help us a great deal if we could have separate auditrons for each budget within the CAS Services Program. I understand the importance of keeping the total number of auditrons within the AAMC down, but I think this special circumstance warrants each group having its own.

In addition to these specific points, we would like to talk in general with you about how the budgets are maintained for the program, how the salary and overhead charges are distributed among the subscribers, and some of the policy considerations related to the program.

Lynn Gumm will be trying within the next few days to set up a time when we can all get together to talk about these matters.

cc: T.E. Morgan, M.D.
A.G. Swanson, M.D. ✓
L. Gumm



**association of american
medical colleges**

MEMORANDUM

June 7, 1979

TO: William Landau, M.D.
FROM: Diane Plumb *Diane*
SUBJECT: Background Information on Services Program

As follow-up to our phone conversation today, I am sending you copies of the previous contracts between AAMC and the AUPN, ANA, and AAN. Also, for your information, I am enclosing a copy of an AAMC budget worksheet which details expenses incurred by AAMC to date on behalf of the program. The \$8423.01 in the debit column represents expenses incurred, and the \$4000.00 total in the credit column represents payment by AUPN for two quarters. I hope this information is helpful.

cc: Gus Swanson



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 466-5175

March 16, 1978

William Landau, M.D.
Washington University
School of Medicine
660 South Kingshighway
St. Louis, Missouri 63110

Dear Dr. Landau:

In accordance with prior discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as principal contracting organization, to be effective for a period of 1 (one) year, commencing March 1, 1978:

The AAMC will provide, without charge for overhead costs:

- (1) legislative tracking services of a staff associate and a secretary for four days a month;
- (2) office space, office equipment and furniture;
- (3) administrative support;
- (4) a bimonthly memorandum to a designated liaison committee summarizing legislative and executive branch activities of interest to your organizations;
- (5) distribution of the CAS Brief to selected members of the organizations.

In return, the AUPN will:

- (1) advance to the AAMC a sum of \$2,000 upon the acceptance of this agreement, to be credited to an AUPN account and used by the AAMC to discharge salary and other direct financial obligations incurred by the AAMC under this agreement;
- (2) reimburse the AAMC quarterly for the following:
 - (1) direct charges, at cost for printing, billing and list maintenance, supplies, xerox and postage, etc.;

William Landau, M.D.

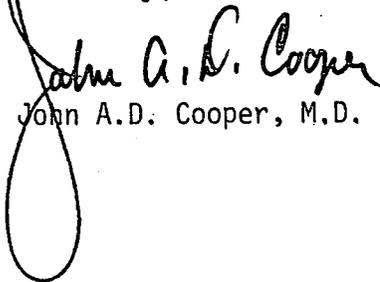
Page 2

- (2) the salaries and staff benefits expenses for the staff associate and secretary for four days a month;
- (3) the costs of telephone toll calls;
- (4) the costs of any other services performed at the request of AUPN.

It is understood that the first two quarterly payments will be made by the AUPN, the third payment by the ANA, and the final payment by the AAN. Any un-expended monies will be refunded to the organizations proportionate to their contributions.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,

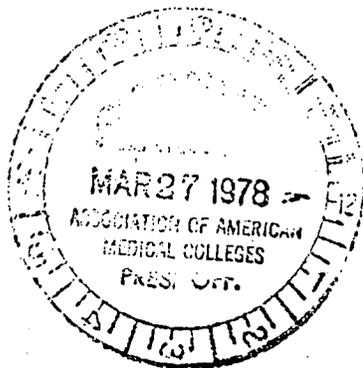

John A.D. Cooper, M.D.

Accepted

By: William M. Landau

Date: March 22, 1978

for the American Neurological Association





**association of american
medical colleges**

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 466-5175

March 16, 1978

RECEIVED
MAR 22 1978
NEUROLOGY

Lewis P. Rowland, M.D.
Chairman, Dept. of Neurology
Columbia University College of
Physicians and Surgeons
710 W. 168th Street
New York, New York 10032

Dear Dr. Rowland:

In accordance with prior discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as principal contracting organization, to be effective for a period of 1 (one) year, commencing March 1, 1978:

The AAMC will provide, without charge for overhead costs:

- (1) legislative tracking services of a staff associate and a secretary for four days a month;
- (2) office space, office equipment and furniture;
- (3) administrative support;
- (4) a bimonthly memorandum to a designated liaison committee summarizing legislative and executive branch activities of interest to your organizations;
- (5) distribution of the CAS Brief to selected members of the organizations.

In return, the AUPN will:

- (1) advance to the AAMC a sum of \$2,000 upon the acceptance of this agreement, to be credited to an AUPN account and used by the AAMC to discharge salary and other direct financial obligations incurred by the AAMC under this agreement;
- (2) reimburse the AAMC quarterly for the following:
 - (1) direct charges, at cost for printing, billing and list maintenance, supplies, xerox and postage, etc.;

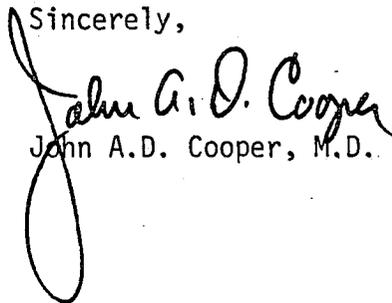
Lewis P. Rowland, M.D.
Page 2

- (2) the salaries and staff benefits expenses for the staff associate and secretary for four days a month;
- (3) the costs of telephone toll calls;
- (4) the costs of any other services performed at the request of AUPN.

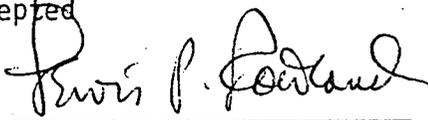
It is understood that the first two quarterly payments will be made by the AUPN, the third payment by the ANA, and the final payment by the AAN. Any unexpended monies will be refunded to the organizations proportionate to their contributions.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,


John A.D. Cooper, M.D.

Accepted

By: 

Date: 3.21.78

for the Association of University Professors of Neurology



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 466-5175

March 16, 1978

Robert J. Joynt, M.D.
Department of Neurology
University of Rochester Medical Ctr.
260 Crittenden Boulevard
Rochester, New York 14642

Dear Dr. Joynt:

In accordance with prior discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as principal contracting organization, to be effective for a period of 1 (one) year, commencing March 1, 1978:

The AAMC will provide, without charge for overhead costs:

- (1) legislative tracking services of a staff associate and a secretary for four days a month;
- (2) office space, office equipment and furniture;
- (3) administrative support;
- (4) a bimonthly memorandum to a designated liaison committee summarizing legislative and executive branch activities of interest to your organizations;
- (5) distribution of the CAS Brief to selected members of the organizations.

In return, the AUPN will:

- (1) advance to the AAMC a sum of \$2,000 upon the acceptance of this agreement, to be credited to an AUPN account and used by the AAMC to discharge salary and other direct financial obligations incurred by the AAMC under this agreement;
- (2) reimburse the AAMC quarterly for the following:
 - (1) direct charges, at cost for printing, billing and list maintenance, supplies, xerox and postage, etc.;

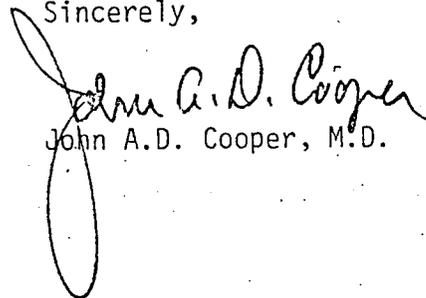
Robert J. Joynt, M.D.
Page 2

- (2) the salaries and staff benefits expenses for the staff associate and secretary for four days a month;
- (3) the costs of telephone toll calls;
- (4) the costs of any other services performed at the request of AUPN.

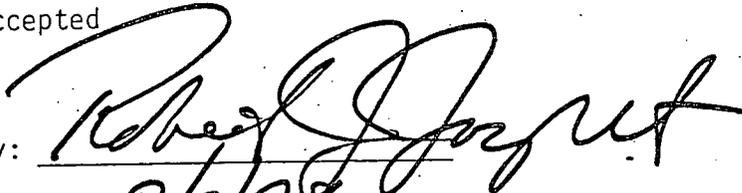
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Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,


John A.D. Cooper, M.D.

Accepted

By: 

Date: 7/12/78

for the American Academy of Neurology

DATE 7/17/78 C.R. 16

INVOICE - LEDGER 3222 1152

CK. # 162 CK. DATE 7/12

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
TRIAL BALANCE
BUDGET Y-T-D A/O MAR 79

DATE YRMO	LEGS. NO.	BUDG. NO.	TRANSACTION DESCRIPTION	ASSOC. TOTAL DEBIT	CREDIT	GENERAL FUNDS DEBIT	CREDIT	RESTRICTED FUNDS DEBIT	CREDIT
"PROFESSORS OF NEUROLOGY" 1152**RESTRICTED**									
	3222		MISC.						
7807	3222	1152	00016 PROF OF NEUROLOGY		4,000.00				4,000.00
7808	3222	1152	JV024CR-016	2,623.07				2,623.07	
			PRIOR MO. BAL FWD						
			LEDGER ACCOUNT TOTAL	2,623.07	4,000.00			2,623.07	4,000.00
			BALANCE		1,376.93				
	4100		CONTRACTUAL SALARIES						
7807	4100	1152	JV002SALARIES	516.68				516.68	
7808	4100	1152	JV016SALARIES 8-78	450.37				450.37	
7809	4100	1152	JV033SALARIES 9-78	505.94				505.94	
7810	4100	1152	JV045SALARIES 10/78	498.34				498.34	
7811	4100	1152	JV081SALARIES 11/78	498.34				498.34	
7812	4100	1152	JV106SALARIES 12/78	498.34				498.34	
7901	4100	1152	JV122SALARIES 1/79	498.34				498.34	
7902	4100	1152	JV152SALARIES 2/79	498.34				498.34	
7903	4100	1152	JV177SALARIES 3/79	523.90				523.90	
			PRIOR MO. BAL FWD						
			LEDGER ACCOUNT TOTAL	4,488.59				4,488.59	
			BALANCE	4,488.59					
	5100		OTHER STAFF BENEFITS						
7807	5100	1152	JV003STAFF BENEFITS	72.18				72.18	
7808	5100	1152	JV017STAFF BENEFITS 8-78	62.92				62.92	
7809	5100	1152	JV034STAFF BENEFITS	70.68				70.68	
7810	5100	1152	JV04610/78 STAFF BENEFITS	69.62				69.62	
7811	5100	1152	JV082STAFF BENEFITS 11/78	69.62				69.62	
7812	5100	1152	JV107STAFF BENEFITS 12/78	69.62				69.62	
7901	5100	1152	JV123STAFF BENEFITS 10/79	69.77				69.77	
7902	5100	1152	JV153STAFF BENEFITS 2/79	69.77				69.77	
7903	5100	1152	JV178STAFF BENEFITS 3/79	73.35				73.35	
			PRIOR MO. BAL FWD						
			LEDGER ACCOUNT TOTAL	627.53				627.53	
			BALANCE	627.53					
	6230		QUICK-COPY						
7812	6230	1152	51374S & C PRINTING INC	25.43				25.43	
7901	6230	1152	51894S & C PRINTING	45.81				45.81	
7903	6230	1152	52441S & C PRINTING INC	24.25				24.25	
			PRIOR MO. BAL FWD						
			LEDGER ACCOUNT TOTAL	96.49				96.49	
			BALANCE	96.49					
	6240		PRINTING						

TRIAL BALANCE

BUDGET Y-T-D A/O MAR 79

DATE YRMO	LEDDG. NO.	BUDG. NO.	TRANSACTION DESCRIPTION	ASSOC. TOTAL DEBIT	CREDIT	GENERAL FUNDS DEBIT	CREDIT	RESTRICTED FUNDS DEBIT	CREDIT
"PROFESSORS OF NEUROLOGY" 1152**RESTRICTED**									
7808	6240	1152	49198S & C PRINTING INC	20.68				20.68	
7809	6240	1152	49569R & G LITHO	60.56				60.56	
			PRIOR MO. BAL FWD						
			LEDGER ACCOUNT TOTAL	81.24				81.24	
			BALANCE	81.24					
	6260		XEROX						
7807	6260	1152	JV007XEROX 7/78	14.00				14.00	
7810	6260	1152	JV053XEROX 10/78	12.25				12.25	
7811	6260	1152	JV030XEROX 11/78	3.15				3.15	
7812	6260	1152	JV114XEROX 12/78	2.80				2.80	
7902	6260	1152	JV161XEROX 2/79	11.20				11.20	
7903	6260	1152	JV182XEROX 3/79	26.60				26.60	
			PRIOR MO. BAL FWD						
			LEDGER ACCOUNT TOTAL	70.00				70.00	
			BALANCE	70.00					
	6510		POSTAL SERVICES						
7807	6510	1152	JV009POSTAGE 7/78	48.38				48.38	
7808	6510	1152	JV021POSTAGE 8/78	57.05				57.05	
7809	6510	1152	JV040POSTAGE 9/78	34.36				34.36	
7810	6510	1152	JV054POSTAGE 10/78	25.63				25.63	
7811	6510	1152	JV039POSTAGE 11/78	1.95				1.95	
7812	6510	1152	JV113POSTAGE 12/78	20.25				20.25	
7901	6510	1152	JV131POSTAGE 1/79	32.02				32.02	
7902	6510	1152	JV150POSTAGE 2/79	38.40				38.40	
7903	6510	1152	JV183POSTAGE 3/79	75.99				75.99	
			PRIOR MO. BAL FWD						
			LEDGER ACCOUNT TOTAL	334.03				334.03	
			BALANCE	334.03					
	6530		TOLL CALLS & TWIX						
7807	6530	1152	JV008TELE 7/78	10.25				10.25	
7808	6530	1152	JV020TELE 8/78	12.00				12.00	
7809	6530	1152	JV038TELE 9/78	2.51				2.51	
7810	6530	1152	JV052TELE 10/78	34.53				34.53	
7811	6530	1152	JV088TELE 11/78	21.65				21.65	
			PRIOR MO. BAL FWD						
			LEDGER ACCOUNT TOTAL	80.94				80.94	
			BALANCE	80.94					
	6932		COMPUTER SERVICES						
7807	6932	1152	JV006DP USAGF 7/78	.72				.72	

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

TRIAL BALANCE
BUDGET Y-T-D A/O MAR 79

DATE YRMO	LEGG. NO.	BUDG. NO.	TRANSACTION DESCRIPTION	ASSOC. TOTAL DEBIT	CREDIT	GENERAL FUNDS DEBIT	CREDIT	RESTRICTED FUNDS DEBIT	CREDIT
"PROFESSORS OF NEUROLOGY" 1152**RESTRICTED**									
7808	6932	1152	JV032DP USAGE 8-78	1.76				1.96	
7809	6932	1152	JV036DP USAGE 9/78	2.25				2.25	
7810	6932	1152	JV050DP USAGE 10/78	1.94				1.94	
7811	6932	1152	JV085DP USAGE 11/78	.72				.72	
7901	6932	1152	JV127D P USAGE 12/78	2.82				2.82	
7901	6932	1152	JV128D P USAGE 1/79	.72				.72	
7902	6932	1152	JV157DP USAGE 2/79	2.74				2.74	
7903	6932	1152	JV180DP USAGE 3/79	7.25				7.25	
PRIOR MO. BAL FWD									
LEDGER ACCOUNT TOTAL				21.12				21.12	
BALANCE				21.12					
8040 TRANS- OUT OF TOWN									
7807	8040	1152	00001 K DOLAN		9.90				9.90
PRIOR MO. BAL FWD									
LEDGER ACCOUNT TOTAL					9.90				9.90
BALANCE					9.90				
BUDGET TOTALS				8,423.01	4,009.90			8,423.01	4,009.90
BALANCE				4,413.11					

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association of american
medical colleges

June 8, 1979

Dewey K. Ziegler, M.D.
President
American Academy of Neurology
39th and Rainbow Blvd.
Kansas City, KS 66103

Dear Dewey:

I received word today from Bill Landau that my letter of May 30th was viewed as being abrupt and sent with no forewarning. I am writing to let you know that it was certainly not intended that way. There has apparently been a communication breakdown which we are very anxious to amend.

As you know, our original negotiations for the Services Program were in March 1978. While you were not directly involved in those discussions, we assumed that the substance of the decisions made at that time was passed on to you. Essentially, the AAMC stated in preliminary discussions that at the conclusion of the experimental period for the Services Program on July 1, 1979, we would charge participating societies overhead costs to more realistically reflect the actual costs of the program. It was pointed out that the costs of other staff members' time (such as my own and that of Tom Morgan) and other costs such as rent and electricity would not be charged for during the experimental period but would be assessed after July 1, 1979 by using a standardly-computed overhead charge. I am enclosing the original contract for your files and I urge you to communicate directly with Bob Joynt for further information about these initial discussions. As I indicated to Bill yesterday, we are flexible in our time restraints and will understand if you need additional time to discuss this matter with other officers of the Academy. Please feel free to call me with any questions you may have about the contract or about the program in general. Once again, I am sorry about any misunderstanding my original letter may have caused.

Sincerely yours,

August G. Swanson, M.D.
Director
Department of Academic Affairs

AGS/lmg

Enclosures



association of american
medical colleges

202: 466-5175

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

March 16, 1978

Robert J. Joynt, M.D.
Department of Neurology
University of Rochester Medical Ctr.
260 Crittenden Boulevard
Rochester, New York 14642

Dear Dr. Joynt:

In accordance with prior discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as principal contracting organization, to be effective for a period of 1 (one) year, commencing March 1, 1978:

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- (1) legislative tracking services of a staff associate and a secretary for four days a month;
- (2) office space, office equipment and furniture;
- (3) administrative support;
- (4) a bimonthly memorandum to a designated liaison committee summarizing legislative and executive branch activities of interest to your organizations;
- (5) distribution of the CAS Brief to selected members of the organizations.

In return, the AUPN will:

- (1) advance to the AAMC a sum of \$2,000 upon the acceptance of this agreement, to be credited to an AUPN account and used by the AAMC to discharge salary and other direct financial obligations incurred by the AAMC under this agreement;
- (2) reimburse the AAMC quarterly for the following:
 - (1) direct charges, at cost for printing, billing and list maintenance, supplies, xerox and postage, etc.;

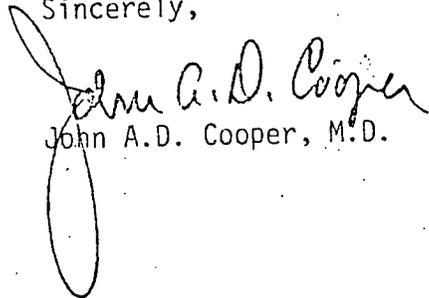
Robert J. Joynt, M.D.
Page 2

- (2) the salaries and staff benefits expenses for the staff associate and secretary for four days a month;
- (3) the costs of telephone toll calls;
- (4) the costs of any other services performed at the request of AUPN.

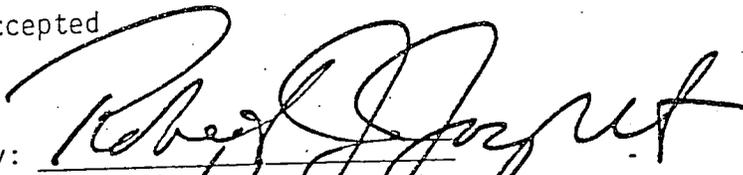
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Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,


John A.D. Cooper, M.D.

Accepted

By: 

Date: 7/12/78

for the American Academy of Neurology

DATE 7/17/78 C.R. 16
INVOICE - LEDGER 3222 1152
CK. # 162 CK. DATE 7/12



association of american
medical colleges

June 8, 1979

Sidney Carter, M.D.
President
American Neurological Association
Blythedale Children's Hospital
Valhalla, NY 10595

Dear Sidney:

I received word today from Bill Landau that my letter of May 30th was viewed as being abrupt and sent with no forewarning. I am writing to let you know that it was certainly not intended that way. There has apparently been a communication breakdown which we are very anxious to amend.

As you know, our original negotiations for the Services Program were in March 1978. While you were not directly involved in those discussions, we assumed that the substance of the decisions made at that time was passed on to you. Essentially, the AAMC stated in preliminary discussions that at the conclusion of the experimental period for the Services Program on July 1, 1979, we would charge participating societies overhead costs to more realistically reflect the actual costs of the program. It was pointed out that the costs of other staff members' time (such as my own and that of Tom Morgan) and other costs such as rent and electricity would not be charged for during the experimental period but would be assessed after July 1, 1979 by using a standardly-computed overhead charge. I am enclosing the original contract for your files and I urge you to communicate directly with Bill Landau for further information about these initial discussions. As I indicated to Bill yesterday, we are flexible in our time restraints and will understand if you need additional time to discuss this matter with other officers of the Association. Please feel free to call me with any questions you may have about the contract or about the program in general. Once again, I am sorry about any misunderstanding my original letter may have caused.

Sincerely yours,

August G. Swanson, M.D.
Director
Department of Academic Affairs

AGS/lmg

Enclosures



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 466-5175

March 16, 1978

William Landau, M.D.
Washington University
School of Medicine
660 South Kingshighway
St. Louis, Missouri 63110

Dear Dr. Landau:

In accordance with prior discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as principal contracting organization, to be effective for a period of 1 (one) year, commencing March 1, 1978:

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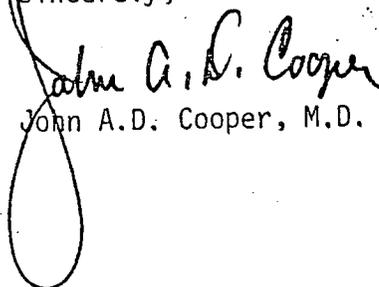
William Landau, M.D.
Page 2

- (2) the salaries and staff benefits expenses for the staff associate and secretary for four days a month;
- (3) the costs of telephone toll calls;
- (4) the costs of any other services performed at the request of AUPN.

It is understood that the first two quarterly payments will be made by the AUPN, the third payment by the ANA, and the final payment by the AAN. Any unexpended monies will be refunded to the organizations proportionate to their contributions.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,

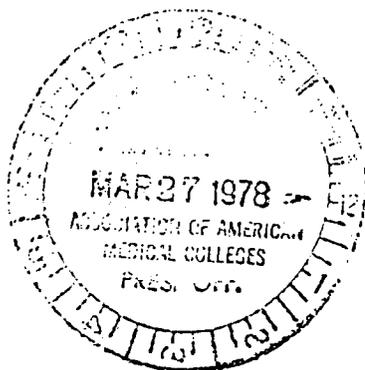

John A.D. Cooper, M.D.

Accepted

By: William M. Landau

Date: March 22, 1978

for the American Neurological Association





**association of american
medical colleges**

DR. SWANSON



Kiss

June 25, 1979

MEMORANDUM

TO: Drs. Carter, Landau, and Ziegler
FROM: August G. Swanson, M.D.
SUBJECT: CAS Services Program

Based upon conversations with your societies and upon our own internal discussions here at AAMC, we are revising the contract for the Services Program which we mailed to you on May 30, 1979.

As a result of discussions among AAMC staff and officers of the Association, we have reached two decisions which will affect the terms of our contract with your societies. Since we view our relationship with your societies as being mutually beneficial, we have altered our position with regard to overhead charges. We feel, on the one hand, that the Program provides services which increase the effectiveness of your organizations. On the other hand, the Program is beneficial to the Association because it increases our level of communication and interaction with an important segment of our constituency. In recognition of this mutually beneficial relationship, the AAMC has decided not to charge overhead at the federally-approved rate of 62.8% as indicated in our original contract.

A second decision reached after evaluation of the Program was to begin charging a flat rate to subscribing societies based upon the level of services provided rather than on a percentage staff-time basis. The charge we have established for Legislative Tracking is \$10,000 per year. We derived this figure by calculating, based upon past experience, the amount of staff time devoted to providing tracking services to your societies. An overhead charge was included in our calculations, but at a rate of approximately 35% rather than the 62.8% federal overhead rate. Direct costs such as postage, printing, and telephone calls will be charged in addition to the base charge of \$10,000. For comparison purposes, the charge for Legislative Tracking plus your direct costs for fiscal year 1980 is expected to total approximately \$10,800 which is about \$1200 less than what was anticipated in our May 30 contract.

Within the next few days you will receive a new contract which will reflect the changes in terms outlined above. I hope you will feel free to call me to discuss any questions you might have after you receive our revised contract.

cc: Neurology Liasion Committee

Document from the collections of the AAMC. Not to be reproduced without permission.

F. L. CAS Summer Program



**association of american
medical colleges**

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 828-0460

MEMORANDUM

June 27, 1979

TO: Subscribers to the CAS Services Program
- Association of Professors of Medicine
- American Academy of Neurology
- American Neurological Association
- Association of University Professors of Neurology
- American Federation for Clinical Research

FROM: John A. D. Cooper, M.D.

SUBJECT: CAS Services Program Renewal

As you know, the experimental period for the CAS Services Program ends on June 30, 1979. During individual discussions with each subscriber, the AAMC has indicated its willingness to continue the Program. The Association believes that the Services Program has strengthened our communication and interaction with our faculty constituency, and we are prepared to renew our contracts with you for July 1, 1979 - June 30, 1980.

The enclosed contracts reflect a change in the method of calculating the charges for the services provided. In the past, the cost of the Services Program has been based upon a specific percentage of time expended by a staff associate and a secretary in providing the services requested by each subscriber. Because we have now had sufficient experience with the program to accurately judge the amount of staff resources required to provide the various services, we will, in the future, provide services on a flat fee basis. The two categories of services currently being rendered and the cost of these services for the next fiscal year are as follows:

1. Legislative Tracking--AAMC provides information about and assistance in responding to legislation, regulations, national policies, and other developments of interest to the constituents of a CAS society. Mechanisms for providing information are arranged to fit the specific needs of a society but might include conference calls, periodic newsletters, attendance at society meetings, etc. The cost of this service for July 1, 1979 to June 30, 1980 will be \$10,000.

2. ~~Legislative Tracking and Office Management--AAMC provides the services described above as well as~~ office management and administrative services. Typical services provided in this category include maintenance of membership lists, meeting arrangements, and maintenance of financial records. The cost of this service for July 1, 1979 to June 30, 1980 will be \$85,000.

Direct costs such as printing, computer usage, supplies, xerox, postage, telephone calls, etc. will be charged in addition to the base fees.

Since virtually all segments of the AAMC contribute to the CAS Services Program, a flat fee for services rendered is a more accurate means of assessing charges. The cost of these services is based on actual experience over the past two years in terms of staff support costs plus an increment to cover approximately half of the other costs which were not charged by the AAMC during the initial experimental period. AAMC recognizes that the relationships fostered by the CAS Services Program are mutually advantageous and, in recognition of this fact, has decided to absorb the other half of the support costs.

Diane Plumb will continue to be the primary staff contact for the Services Program and you should feel free to contact her (202-828-0482), Gus Swanson (828-0430), or Tom Morgan (828-0480) with questions about this matter.



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 828-0460

June 26, 1979

Alvin R. Tarlov, M.D.
President
Association of Professors of Medicine
University of Chicago
950 East 59th Street
Chicago, IL 60637

Dear Doctor Tarlov:

In accordance with discussions between the Association of American Medical Colleges and the Association of Professors of Medicine, the AAMC proposes the following agreement to be effective for a period of 1 (one) year, commencing July 1, 1979:

A. The AAMC will provide:

- 1) Legislative Tracking Service to furnish information about and assistance in responding to legislation, regulations, national policies, and other developments of interest to the constituents of APM. It is understood that information will be provided through a variety of methods including:
 - a) monthly newsletters to members of APM;
 - b) legislative reports at APM Membership and Council meetings;
 - c) periodic special memoranda to the APM officers;
 - d) distribution of the Weekly Activities Report and the CAS Brief to the APM membership;
- 2) Office Management Services to include:
 - a) maintenance of membership rosters;
 - b) maintenance of financial records and bank accounts;
 - c) handling hotel arrangements for meetings;
 - d) development of agenda and minutes for Council and membership meetings;
 - e) other general support activities to promote the effective operation of APM. It is understood that activities in this category will fall within the scope of services currently provided. Any new

activities which would significantly increase the level of staff time devoted to APM management would require renegotiation of this contract.

B. In return, the APM will:

1) Reimburse AAMC quarterly for the following:

- a) the cost of Legislative Tracking and Office Management Services at \$6,250 per quarter;
- b) direct charges, at cost, for printing, mailing list maintenance, supplies, xerox, postage, telephone calls, etc.;
- c) travel expenses, meeting expenses, and other expenses incurred by APM and paid initially by AAMC.

Since the annual cost of the Legislative Tracking and Office Management Services (\$25,000) plus the direct costs and reimbursable expenses in (b) and (c) above are expected to total approximately \$56,000 during fiscal year 1980, APM will make quarterly payments of \$14,000 to AAMC to cover these costs. The AAMC account for APM will be adjusted at the end of the year to return unexpended monies or to collect charges in excess of the estimated quarterly expenses.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely yours,

John A. D. Cooper, M.D.
President

Accepted:

BY: _____

DATE: _____

Association of Professors of Medicine



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 828-0460

June 26, 1979

Dewey K. Ziegler, M.D.
President
American Academy of Neurology
39th and Rainbow Blvd.
Kansas City, Kansas 66103

Dear Doctor Ziegler:

In accordance with discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as the principal contracting organization, to be effective for a period of 1 (one) year, commencing July 1, 1979:

A. The AAMC will provide:

- 1) Legislative Tracking Services to furnish information about and assistance in responding to legislation, regulations, national policies, and other developments of interest to the constituents of AUPN, ANA, and AAN. It is understood that information will be provided through a variety of mechanisms including:
 - a) monthly newsletter to selected members of the organizations;
 - b) a report on legislative issues during monthly conference calls with a designated liaison committee;
 - c) periodic special memoranda to the liaison committee;
 - d) distribution of the CAS Brief to selected members of the organizations;

B. The participating societies in return will:

- 1) reimburse the AAMC quarterly for the following:
 - a) the cost of Legislative Tracking Services at \$2500 per quarter;

Dr. Ziegler
Page 2

- b) direct charges, at cost, for printing, mailing list maintenance, supplies, xerox, postage, telephone calls, etc.;
 - c) the costs of any other services performed at the request of the societies;
- 2) advance to the AAMC a sum of \$2700 upon acceptance of this agreement, to be credited to the account used by AAMC to discharge salary and other direct financial obligations incurred by AAMC under this agreement;

The total cost for the program for one year is estimated to be \$10,800 but this figure is only an estimate due to the fact that the exact amount of direct costs under B.1.b. cannot be anticipated. It is understood, based upon the previous contractual agreement, that the first two quarterly payments of \$2700 each will be made by AUPN, the third payment of \$2700 by the ANA, and the final payment of \$2700 by the AAN. Any unexpended monies will be proportionately refunded to the organizations, and any outstanding charges at the end of June 1979 will be proportionately billed to the organizations.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,

John A. D. Cooper, M.D..
President

Accepted:

BY: _____

DATE: _____

American Academy of Neurology



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 828-0460

June 26, 1979

Sidney Carter, M.D.
Blythedale Childrens' Hospital
Valhalla, NY 10595

Dear Doctor Carter:

In accordance with discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as the principal contracting organization, to be effective for a period of 1 (one) year, commencing July 1, 1979:

A. The AAMC will provide:

- 1) Legislative Tracking Services to furnish information about and assistance in responding to legislation, regulations, national policies, and other developments of interest to the constituents of AUPN, ANA, and AAN. It is understood that information will be provided through a variety of mechanisms including:
 - a) monthly newsletter to selected members of the organizations;
 - b) a report on legislative issues during monthly conference calls with a designated liaison committee;
 - c) periodic special memoranda to the liaison committee;
 - d) distribution of the CAS Brief to selected members of the organizations;

B. The participating societies in return will:

- 1) reimburse the AAMC quarterly for the following:
 - a) the cost of Legislative Tracking Services at \$2500 per quarter;

Dr. Carter
Page 2

- b) direct charges, at cost, for printing, mailing list maintenance, supplies, xerox, postage, telephone calls, etc.;
 - c) the costs of any other services performed at the request of the societies;
- 2) advance to the AAMC a sum of \$2700 upon acceptance of this agreement, to be credited to the account used by AAMC to discharge salary and other direct financial obligations incurred by AAMC under this agreement;

The total cost for the program for one year is estimated to be \$10,800 but this figure is only an estimate due to the fact that the exact amount of direct costs under B.l.b. cannot be anticipated. It is understood, based upon the previous contractual agreement, that the first two quarterly payments of \$2700 each will be made by AUPN, the third payment of \$2700 by the ANA, and the final payment of \$2700 by the AAN. Any unexpended monies will be proportionately refunded to the organizations, and any outstanding charges at the end of June 1979 will be proportionately billed to the organizations.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,

John A. D. Cooper, M.D.
President

Accepted:

BY: _____

DATE _____

American Neurological Association



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 828-0460

June 26, 1979

William M. Landau, M.D.
Washington University
School of Medicine
660 South Kingshighway
St. Louis, MO 63110

Dear Doctor Landau:

In accordance with discussions between the Association of American Medical Colleges (AAMC) and the Association of University Professors of Neurology (AUPN), the American Neurological Association (ANA), and the American Academy of Neurology (AAN), the AAMC proposes the following agreement between the AAMC and the AUPN as the principal contracting organization, to be effective for a period of 1 (one) year, commencing July 1, 1979:

A. The AAMC will provide:

- 1) Legislative Tracking Services to furnish information about and assistance in responding to legislation, regulations, national policies, and other developments of interest to the constituents of AUPN, ANA, and AAN. It is understood that information will be provided through a variety of mechanisms including:
 - a) monthly newsletter to selected members of the organizations;
 - b) a report on legislative issues during monthly conference calls with a designated liaison committee;
 - c) periodic special memoranda to the liaison committee;
 - d) distribution of the CAS Brief to selected members of the organizations;

B. The participating societies in return will:

- 1) reimburse the AAMC quarterly for the following:
 - a) the cost of Legislative Tracking Services at \$2500 per quarter;

- b) direct charges, at cost, for printing mailing list maintenance, supplies, xerox postage, telephone calls, etc.;
 - c) the costs of any other services performed at the request of the societies;
- 2) advance to the AAMC a sum of \$2700 upon acceptance of this agreement, to be credited to the account used by AAMC to discharge salary and other direct financial obligations incurred by AAMC under this agreement;

The total cost for the program for one year is estimated to be \$10,800 but this figure is only an estimate due to the fact that the exact amount of direct costs under B.I.B. cannot be anticipated. It is understood, based upon the previous contractual agreement, that the first two quarterly payments of \$2700 each will be made by AUPN, the third payment of \$2700 by the ANA, and the final payment of \$2700 by the AAN. Any unexpended monies will be proportionately refunded to the organizations, and any outstanding charges at the end of June 1979 will be proportionately billed to the organizations.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,

John A. D. Cooper, M.D.
President

Accepted:

BY: _____

DATE: _____

Association of University Professors of Neurology



association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 828-0460

June 27, 1979

Mr. Robert K. Talley
Charles B. Slack, Inc.
6900 Grove Road
Thorofare, New Jersey 08086

Dear Mr. Talley:

In accordance with prior discussion between the Association of American Medical Colleges (AAMC) and the American Federation for Clinical Research (AFCR), the AAMC proposes the following agreement between the AAMC and the AFCR to be effective for a period of one (1) year commencing July 1, 1979:

A. The AAMC will provide:

- (1) Legislative Tracking Services to provide information about and assistance in responding to legislation, regulation, and developments of interest to your constituency. It is understood that information will be provided through a variety of mechanisms including:
 - a) memoranda to the AFCR Public Policy Committee summarizing legislative and executive branch activities of interest to your organization;
 - b) distribution of the CAS Brief to members of the Public Policy Committee of AFRCR, and
 - c) a monthly report by telephone conference call to the Public Policy Committee.

B. In return, the AFRCR will:

- (1) advance to the AAMC quarterly the sum of \$2,750 for the following:
 - a) the cost of the Legislative Tracking Services at \$2500 per quarter;
 - b) direct charges at cost for printing, billing and list maintenance, supplies, xerox and postage, etc.;
 - c) the costs of any other services performed at the request of AFRCR.

Mr. Talley
Page 2

The total cost of the program for one year is estimated to be \$11,000 but this figure is only an estimate due to the fact that direct costs under B.1.b. cannot be precisely anticipated. Adjustments for direct costs above or below advance payments will be made at the end of June 1979.

Please indicate your acceptance of the terms of this agreement by your signature on the space below and return one copy to me.

Sincerely,

John A. D. Cooper, M.D.
President

Accepted

BY: _____

DATE: _____

for the American Federation for Clinical Research



**association of american
medical colleges**

June 27, 1979

William N. Kelley, M.D.
Department of Medicine
B 2908 Clinical Faculty Office Bldg.
University of Michigan Medical Center
Ann Arbor, MI 48109

Dear Dr. Kelley:

As the enclosed memorandum from Dr. Cooper to CAS Services Program subscribers indicates, the AAMC has made a change in the method of calculating charges for the CAS Service Program.

In our original contract with the AFCR, which extends until June 30, 1981, we indicated that overhead costs would be charged after June 30, 1979--the date that the experimental phase for the program ends. We had intended to charge overhead at 62.8% of salaries and wages to each subscribing society in order to recover the full cost of providing these services. The first decision recently made with regard to overhead was to charge overhead at half that rate in recognition of the mutually-advantageous nature of the Program. Our second decision was to change to a unit pricing system rather than calculating charges on the basis of a specific percentage of staff time expended by the individuals directly responsible for running the Program. We derived the flat fee for Legislative Tracking Service by using our past experience about the level of staff support required to provide the services plus a increment to cover approximately half of the overhead costs.

We are proposing, therefore, to charge a flat fee of \$10,000 for Legislative Tracking Services for the year beginning July 1, 1979. Under our current letter of agreement with the AFCR the cost for this period would be approximately \$12,000.

I am sending a copy of this letter to Bob Talley to explain this matter. He will also receive a revised letter of agreement to cover July 1, 1979 - June 30, 1980 which would, if AFCR agrees to the new terms, supercede our previous agreement. Since the new system would mean a substantial savings to the AFCR, we are assuming that it will be acceptable to rewrite the terms of our agreement in this manner.

I hope you, Bob Talley, or other AFCR officers will feel free to contact us with any questions you might have.

Sincerely yours,

Diane Plumb
Staff Associate

cc: Robert K. Talley



association of american medical colleges

MEMORANDUM

May 27, 1980

TO: Dr. William M. Landau, President, Association of University Professors of Neurology
Dr. Peritz Scheinberg, President, American Neurological Association
Dr. Maynard M. Cohen, President, American Academy of Neurology

FROM: August G. Swanson, M.D. 
Director, Department of Academic Affairs

SUBJECT: CAS Services Program Contract Renewal

As you know, our contract with your three societies for the legislative tracking services expires on June 30, 1980. The Association is committed to continuing the CAS Services Program and has established the charge for legislative tracking services for all subscribing societies at \$11,000 for FY 1980-81. This 10% increase has been necessitated by the AAMC's increased costs associated with running the program. Assuming you will continue your relationship of splitting the cost 50-25-25 among AUPN, ANA, and AAN respectively, each of your societies would be charged the following amount for the legislative tracking program in 1980-81:

	<u>FY 1980-81</u>	<u>Current Year</u>
AUPN	\$5500	(\$5000)
ANA	\$2750	(\$2500)
AAN	\$2750	(\$2500)

If you wish to continue participation in the CAS Services Program, AAMC will prepare a new letter of agreement, containing the same specifications and conditions under which we have operated this year, but reflecting the new charge as outlined above.

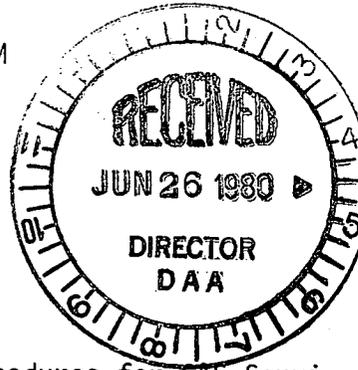
I would appreciate hearing from you by June 20 about whether your societies wish to continue participation in the CAS Services Program. The AAMC has valued your participation over the past three years, and we hope to continue working with you in the coming year.

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association of american medical colleges

MEMORANDUM



June 26, 1980

TO: The Record

FROM: Lynn Gumm

SUBJECT: Billing and Budget Maintenance Procedures for CAS Services Program

Jeanne Newman, Diane Plumb and I met today to attempt to clarify the billing and budget maintenance procedures for the CAS Services Program (APM - 1151, Neurologists - 1152, AFCR - 1153, Salaries - 1156). Regarding billing for the neurologists and the AFCR,* it was determined that Jeanne and I would mark our calendars to bill \$3000 to the following groups on the following days:

September 30, 1980	Association of University Professors of Neurology American Federation for Clinical Research
December 30, 1980	American Neurological Association American Federation for Clinical Research
March 30, 1981	American Academy of Neurology American Federation for Clinical Research

Copies of the invoices will be sent to me and the invoices will state that payments are to be mailed to the AAMC to the attention of the CAS Services Program so that I will receive them and be able to keep track of any quarterly payments which are overdue. In reviewing the neurologists budget, it was determined that the last quarterly payment from the American Academy of Neurology for FY 1980 had not been billed and Jeanne stated that she would do so promptly.

Regarding the overall management of Services Program budgets and the 1156 salary budget, it was determined that in FY 1981 Jeanne will charge each budget for a services program fee each month as follows:

APM	\$2250.00
Neurologists	917.00
AFCR	917.00

Percentages of our monthly salaries and staff benefits will be deducted from these amounts and credited to the 1156 budget as follows:

APM	55 % of the cost of our monthly salaries & benefits
Neurologists	22½ % of the cost of our monthly salaries & benefits
AFCR	22½ % of the cost of our monthly salaries & benefits

*APM will remit without invoicing.

The balances of the fees after the salaries and benefits have been deducted will be put into an AAMC indirect cost income account.

By way of illustration, the following example is based on a random figure of \$4000 as the total cost of the salaries and staff benefits for Diane and myself:

	<u>Services Pro-gram Fee</u>		<u>Percentages of Sal-aries & Benefits (1156)</u>	<u>Amount to be credited to AAMC income account</u>
APM	\$2250.00	minus	\$2200.00 (55%)	\$50.00
Neuro1.	917.00	minus	900.00 (22½%)	17.00
AFCR	917.00	minus	900.00 (22½%)	17.00

I regret that this memo has somewhat degenerated into pabulum, but I felt it important to make crystal clear our future procedure regarding the Services Program budgets.

cc: Diane Plumb
Jeanne Newman
Thomas Morgan
August Swanson
John Deufel



association of american medical colleges

January 19, 1981

M E M O R A N D U M

TO: Arthur Asbury, M.D., President, AUPN
Lewis P. Rowland, M.D., President, ANA
Dewey Zeigler, M.D., President, AAN

FROM: August G. Swanson, M.D.
Director, Department of Academic Affairs

SUBJECT: Status of FY1980 CAS Services Program Account

As stated in our letter of agreement for the CAS Services Program for the period July 1, 1979 - June 30, 1980, I am writing to apprise you of the status of your account with AAMC for Fiscal Year 1980. AAMC has just recently closed its books for that year; a balance sheet on your account is attached.

During that year, your organizations collectively advanced to the AAMC a total of \$10,800 to cover (1) the fee for the Services Program and (2) your estimated direct costs (printing, postage, telephone, etc.). The direct costs incurred by AAMC on behalf of AUPN, AAN, and ANA during FY1980 exceeded our estimate by \$1800. I have spoken to Diane Plumb about this, and she indicated that when we estimated your direct costs for the year to be \$800.00, the estimate was based upon expenses for the previous year. She explained that the increase in direct costs for FY1980 reflected a significantly higher level of activity such as mailgrams and special mailings on H.R. 2222, Section 227, CLIA, and the research bills. I might add parenthetically my opinion that, considering the favorable outcome in all of these areas, your increased activity proved to be worthwhile and effective.

Because of this overrun in direct costs, the AAMC will be billing your organizations proportionately: AUPN--\$900; ANA and AAN--\$450 each. You should be receiving invoices shortly. Please contact me if the attached information or the invoices raise any questions.

cc: Ludwig Gutmann, M.D., Treasurer, AUPN
James F. Toole, M.D., Treasurer, ANA
Stanley A. Nelson, Executive Director, AAN

BALANCE SHEET
FY 1980
CAS Services Program: Neurology

INCOME

AUPN	\$5,400.00
AAN	2,700.00
ANA	<u>2,700.00</u>
TOTAL INCOME	\$10,800.00

EXPENSES

Printing	439.47
Xerox	423.22
Services Program Fee	10,000.00
Postage	700.32
Telephone/Telegraph	422.53
Computer Services	38.66
Travel	538.19
Temporary Help	19.77
Supplies	<u>26.32</u>
TOTAL EXPENSES	\$12,608.48

EXCESS OF EXPENSE OVER INCOME \$ 1,808.48

Dr. Swanson
F.Y.I.



association of american medical colleges

MEMORANDUM

May 4, 1981

TO: Council of Academic Societies
FROM: John A. D. Cooper, M.D. *John A. D. Cooper*
SUBJECT: CAS Services Program

This memorandum is prompted by recent requests from CAS representatives for additional information about the CAS Services Program. The CAS Services Program has been operational for three years, but because of the turnover in officers of CAS Societies, we thought it appropriate to remind you that the CAS Services Program is an option for societies that wish to become more informed about legislative issues and wish to receive additional assistance and guidance in responding to these issues.

Five CAS societies are currently subscribers: the Association of Professors of Medicine, the American Federation for Clinical Research, the Association of University Professors of Neurology, the American Neurological Association and the American Academy of Neurology. The APM receives both legislative and office management services; the latter includes meeting arrangements and staffing, maintenance of membership records, and financial management. All of the subscribing societies receive legislative tracking services designed to meet their individual needs. The range of services offered in this category includes preparation of legislative newsletters on issues of special interest to their members, staff participation on policy discussion conference calls, assistance in preparing and disseminating testimony and Congressional letters, making arrangements for meetings with Congressional staff, and arranging legislative seminars for society members. The Association has received favorable feedback from the subscribing societies that the legislative tracking services provided have enabled them to become much more informed about issues that directly affect their members and to respond in an effective and timely manner to legislative and regulatory proposals. This latter goal is obviously becoming increasingly important to our academic societies in these times of budgetary constraints.

Societies may subscribe to the Services Program individually or several societies with common interests may subscribe jointly as the three neurology societies have done. Since the Services Program is relatively new and since the Association attempts to tailor the program to the specific requirements of societies that wish to participate, we can be flexible in designing a scope of services that would fit your societies' needs.

Further information about the Services Program including an estimate of the cost for participating societies may be obtained from either Gus Swanson (202-828-0430) or Diane Plumb (202-828-0481).

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association of american medical colleges

MEMORANDUM



TO: Thomas E. Morgan and August G. Swanson

FROM: Diane N. Plumb *Diane*

SUBJECT: FY 1982 Services Program

For discussion purposes, here are some of my thoughts and recommendations about next year's services program.

1. We should increase the fee for the program by the percentage recommended for AAMC salary increases.
2. We should write to each society in late February or early March advising them of the price for next year.
3. We should treat AFCR and APM differently than the neurologists for the purpose of collecting the fee and asking for reimbursement of their direct costs.

APM and AFCR: Because these are single organizations that tend to pay promptly, we should bill them quarterly, after the fact, for both the fee and their actual direct costs. This would eliminate the advance payment concept all together for them, but would be much less complex to have four rather than eight payments for each society.

Neurologists: Because the neurology societies split the fee, each pays a comparatively small amount per year. Therefore, I would suggest that these societies pay up front in July their yearly services program fee and that we offer them two options for handling the quarterly direct cost billings:

- a. That one of the societies serves as a repository for receiving bills, paying us, and collecting the proportionate payment from the other two.
 - b. That they take turns paying the quarterly direct cost bills if no one society is willing to assume the repository function. Their direct costs are fairly consistent from month-to-month, and this might be a reasonable second option that would make life simpler for all of us.
4. This is somewhat unrelated, but would it be reasonable to pay staff salaries according to the actual percentage of time contributed to a particular activity. I bring this up because it continues to trouble my non-accountant mind that 100% of my salary and Lynn's salary is charged against the Services Program salary account. (14E07). None of Brenda's is charged to that account. In truth, our time breakdown is approximately as follows:

	<u>Services Program</u>	<u>CAS</u>	<u>Biomedical Research</u>
Plumb	65%	20%	15%
Gumm	50%	50%	
George	75%		25%

The Division budget absorbs about \$12,000 in salaries but only about \$6,750 of staff time is contributed to the Division. The Services Program absorbs about \$42,000 but only about \$23,750 of staff time is contributed to the program. I realize that this is not one of the crucial issues of our time, but is a more realistic salary distribution warranted?



association of american medical colleges

May 29, 1981

Donald L. McNeil
Executive Director
American Academy of Allergy
611 East Wells Street
Milwaukee, Wisconsin 53202

Dear Mr. McNeil:

Diane Plumb informed me that the American Academy of Allergy may be interested in subscribing to the legislative tracking services provided by the Council of Academic Societies Services Program. She indicated that your society's interests at this time relate primarily to funding of allergy research within the various NIH institutes that sponsor research and research training in this area. Given the budget constraints of these times and the uniqueness of allergy research in that it is somewhat diffused throughout NIH, I can understand your reasons for seeking greater involvement in legislative and budgetary matters that effect allergy research.

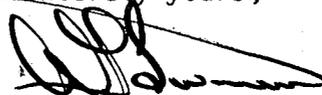
As Diane explained over the phone, the societies that currently subscribe to our legislative tracking service pay a standard fee (\$12,000 for 1981-82) and reimburse AAMC for direct costs incurred on their behalf (e.g. postage, printing, etc.). The scope of services currently provided includes 1) newsletters or conference calls to keep society officials abreast of legislative developments of particular interest to the society, 2) arrangements for meetings and telephone contacts with Congressional or Executive Branch Staff to discuss issues of concern to the society, and 3) preparation of testimony and letters to Congress and Administration officials. In addition to these mechanisms, the program staff provide advice and consultation on a regular basis about where the pressure points are in Washington and when and how societies should initiate action to influence legislative, regulatory, and budgetary decisions in Congress and in the Administration. Experience has shown that a society can receive a phethora of information, but unless they know who, when, and how to contact the appropriate individuals, much of their effort will be in vain.

The AAMC designed this program in response to an expressed need on the part of member academic societies to receive specific services which would make them more responsive and effective in representing their constituents' interests. Since we seek to tailor the program to best meet each group's needs, we would be happy to discuss your requirements further. As Diane mentioned, if the scope of services desired by the Academy were significantly less or greater than those currently offered, the fee could be adjusted accordingly.

Donald L. McNeil
Page Two

I hope this background information has been helpful. Please contact me or Diane if you would like to pursue the Academy's potential participation in the services program further.

Sincerely yours,

A handwritten signature in black ink, appearing to read "August G. Swanson". The signature is written in a cursive style with a long horizontal flourish extending to the right.

August G. Swanson, M.D.
Director, Department of Academic Affairs

ASSOCIATION OF ACADEMIC PHYSIATRISTS



July 24, 1981

PRESIDENT
George H. Kraft, M.D.
Seattle, Washington

August G. Swanson, M.D.
Director
Department of Academic Affairs
AAMC
One Dupont Circle
Washington, D.C. 20036

PRESIDENT ELECT
Paul J. Corcoran, M.D.
Boston, Massachusetts

VICE PRESIDENT
Martin Grabois, M.D.
Houston, Texas

Dear Gus:

SECRETARY
John L. Melvin, M.D.
Milwaukee, Wisconsin

Thank you for your recent letter outlining the Council of Academic Societies Services Program. I will bring up the information contained in the letter and the possibility of utilizing the AAMC services at our next meeting of the AAP board.

TREASURER
Aaron M. Rosenthal, M.D.
Park Ridge, Illinois

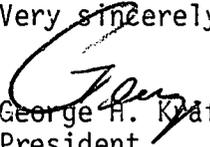
Best Personal Regards.

MEMBERS AT LARGE

Joseph Goodgold, M.D.
New York, New York

Very sincerely,

Leon Reinstein, M.D.
Baltimore, Maryland

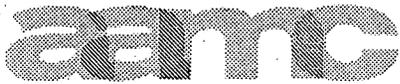

George H. Kraft, M.D.
President

Randall L. Braddom, M.D.
Cincinnati, Ohio

GHK:dp

PAST PRESIDENT
Ernest W. Johnson, M.D.
Columbus, Ohio

EXECUTIVE DIRECTOR
Creston C. Herold
Chicago, Illinois



**association of american
medical colleges**

MEMORANDUM

December 23, 1981

TO: Jeanne Newman
FROM: August G. Swanson, M.D. 
SUBJECT: CAS Services Program Cost Centers

Per your conversation with Lynn Morrison, please transfer funds as described below:

\$3226.07	Debit 14E07 (Services Program Reserve) Credit 14F02
\$1488.57	Debit 14E07 Credit 14F01



**association of american
medical colleges**

June 29, 1982

MEMORANDUM

TO: Drs. John Cooper and John Sherman

FROM: Dr. August Swanson

Kemp Clark, Chairman of Neurosurgery at Southwestern and President of the Society of Neurological Surgeons, called to say that he would like to meet with us in the future to discuss the formation of an Association of Department Chairmen of Neurosurgery. Kemp comes to town occasionally and will get in touch with us in advance to set up an appointment.

EX LM

File for return

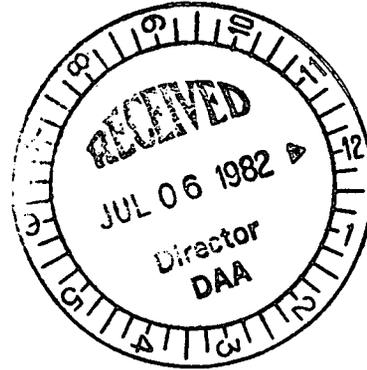


DEPARTMENT OF ANATOMY

(213) 224-7277

June 29, 1982

Dr. Robert Yates
Secretary-Treasurer
Association of Anatomy Chairman
Department of Anatomy
Tulane University Medical School
1430 Tulane Avenue
New Orleans, Louisiana 70112



Dear Bob:

The following is a report of the recent meeting in Washington on Wednesday, June 23, 1982, which I attended on behalf of the AAC, with Bill Jollie representing the AAA. Three members of the AAMC staff, Ms. Lynn Morrison, Dr. Seymour Perry, and Dr. Gus Swanson met with us. This meeting was called to follow up on negotiations between our two societies and the AAMC for legislative tracking services under the auspices of the AAMC. At a prior meeting on June 1, 1982, officers of the two associations outlined the principal functions that would be expected of the AAMC, and these were summarized by Bill Jollie (copy attached) and presented to the AAMC for their study prior to our most recent meeting.

In general, the AAMC staff sees little difficulty with any of the ten points that we have presented with the exception of Items 6, 8 and 9. These three lie somewhat to one side of the normal AAMC functions. However, after discussion it was realized that in carrying out the other seven areas of responsibility, a number of opportunities would normally arise within which the AAMC tracking services could play some tangible role, albeit informal and unscheduled, on these three points as well. It was pointed out that the AAMC generally maintains a restrained posture with regard to interactions with the media, but that it would be appropriate for it to provide contacts and referrals as these became evident. Similarly, the AAMC could assist in identifying funding sources in general, but could not be expected to get involved in specific searches and application procedures which are the responsibility of individual institutions.

We found general agreement with regard to all of the other points. It is clear that at present the AAMC does not provide the requested services as a part of society membership in the AAMC. However, a certain amount of Item 1 is done in a general way which is beneficial to all of the member societies. The AAMC staff emphasize that it is important for the two anatomy societies to decide and direct to them those areas that are of exclusive interest to anatomy or to basic sciences in general, and to indicate how these relate to legislative tracking services. A crucial aspect is Item 5, a procedure which will define the stability of our tracking operations and communications network. It is essential that departmental public affairs representatives be active and alert to follow through on items such as No. 2 and 3.

The AAMC will now carry forth our proposal and in due course provide a contract-form statement for our joint consideration, and this will include a more precise estimate of annual charges. The executive committees of the two organizations should reach a decision with regard to participation as quickly as possible, following interim AAA and regular AAC executive committee meetings in September and November, 1982.

I might report also several other aspects which emerged during the CAS Administrative Board meetings which I attended just following the above mentioned conference. First, it is noteworthy that Dr. Seymour Perry has decided to resign his position as Director of the Division of Biomedical Research with the AAMC. The AAMC will be seeking his replacement as soon as possible and hopes to have the position filled by January, 1983. Similarly, Ms. Diane Plumb, who has been a key AAMC staffer in other legislative and service programs is leaving the AAMC due to family complications. Dr. Swanson has assured me in a phone conversation today that he and Lynn Morrison as well as Drs. Tom Kennedy and John Sherman will continue as the key team around which our proposal would probably revolve. All are highly capable, but it remains to be seen who else will join the team. Secondly, in the aftermath discussions following our "defeat" in the House of Representatives (regarding Small Business Set-Aside Legislation), it is noteworthy from the CAS meeting that the AAMC and other agencies are having to deal with a Congress made up of a higher percentage of new faces than has existed for the past 180 or so years. These new members are seen as highly intelligent, and generally well informed, and less affected by traditional party and seniority discipline. They also appear notably sensitive to the types of "networks" which organizations such as ours have established and the number of votes these networks are able to muster. They are also highly attuned to political action committees and seemingly responsive to the financial input which such groups provide for their campaign coffers. As a whole, the Congress is not yet well-versed in the necessity of basic sciences in our society and the responsibility of the federal government as the only source of stable funding for strong biomedical research interests.

Finally, AAA President Pauly has suggested that position papers be compiled and presented to members of our two societies with regard to our proposed involvement in legislative tracking. My current position is as follows.

The estimated cost of AAMC legislative tracking is between \$13- and 18,000 per annum. This is somewhat less than half the minimal salary we could expect to pay a full-time lobbyist, let alone provide office space and other necessary arrangements for the representation of our interests. As I see it, if our two associations are truly representative of active and productive basic science endeavors in this country, we have a responsibility to the basic science community at large, and structural biologists in particular, to mount a vigorous campaign to educate legislators and the public as to the realities of how science operates and the necessity of its proper function to the future welfare of this nation. Lacking a "Sputnik Spirit" and considering the limited resources which will be available, and which must come largely from federal funding, we must compete strongly for measures which will insure an adequate and appropriate share of whatever resources exist. Without our vigorous input, surely our "share" will be eroded by other interests. This tendency can already be seen in recent legislation. I do not believe that the

projected costs of this competition are too great. They average less than \$10.00 per year per member of the AAA, and \$25.00 per year per member of the AAC. If additional dues are required to insure this input, the investment seems small. The American Physiological Society currently assesses its membership \$75.00 per annum as compared to our \$40.00 AAA annual dues.

While there is little question in my mind as to the necessity of this expenditure of money and energy, my principal remaining concern is whether or not the AAMC legislative tracking program is the strongest and most efficient strategy we can apply. AAMC has not involved itself in such a program on behalf of a basic science group before, and that organization will doubtless learn much in its first months of operation under the proposed plan. Their representatives have already learned much with regard to our expectations of their services. They recognize that they will have to provide effective service if an interaction is to be instigated and maintained. Our societies must be willing to take the reasonable risk in initiating such a program, and we should do so as rapidly as possible once the risk appears reasonable. In my view, we probably cannot assess the program without actually being willing to try it. Within a year or two we can gauge more adequately what we have gotten for our investment and what we are likely to achieve in the future. When it arrives, we should study the AAMC proposal carefully and reach a decision expeditiously.

Bob, I would appreciate it if you would circulate this report to the members of the executive committees of both the AAC and the AAA as soon as possible.

Sincerely,



Douglas E. Kelly, Ph.D.
Professor and Chairman
Department of Anatomy
USC School of Medicine

Public Affairs Representative
Association of Anatomy Chairman

DEK:dm

cc: Drs. G. Pappas, W. Jollie and J. Pauly
bcc: Dr. A. Swanson

The two associations (American Association of Anatomists and the Association of Anatomy Chairmen) propose to contract with the Association of American Medical Colleges for the following services:

1. Track federal legislation on issues of particular concern to anatomy, i.e., that relate to sources of funding for basic research, or have potential impact on biomedical - particularly anatomical - educational and research programs. It is important that the two associations determine what is unique to anatomy and what legislation has potential impact.
2. Identify key legislators and their legislative aides and arrange for meetings between them and the public affairs representatives of the two associations to discuss critical issues in the legislation mentioned above.
3. Contact and brief anatomists - departmental chairmen, or their designees - who live in the districts of those congressmen who are able to influence legislation important to the discipline of anatomy. For this service the AAMC would have to match anatomy departments geographically with pivotal congressmen.
4. Initiate conference calls to the officers and public affairs representatives of the two associations to distribute information on highly critical legislative issues through a network set up by the two associations.
5. Contact annually the chairmen of departments of anatomy in the United States to obtain the name of the person designated by each department as the legislator's contact and provide him or her with both a procedural primer and an informational newsletter. For this service it will be necessary for the AAMC legislative tracker to maintain a current list of departmental public affairs representatives.
6. Serve as a liaison between anatomy and the news media on key legislative issues.
7. Arrange for testimony before congressional committees and draft testimony for members of the two associations who would appear before congressional committees.
8. Help the two associations to improve the image of modern anatomy in the halls of Congress.
9. Track potential sources of funding for basic biomedical research.
10. Upon request from the officers of either association, provide an AAMC representative to the annual meetings of the associations who would be prepared to discuss current issues that are important to the discipline of anatomy.



association of american medical colleges

DATE: January 13, 1987

MEMORANDUM

TO: CAS Services Review Group
Sherman, Short, Swanson, Turner, Knapp

FROM: Elizabeth M. Short, M.D.

SUBJECT: CAS Services Program

Background The CAS Services Program was begun in 1977, following a proposal from the APM to establish Washington representation, to promote closer ties with AAMC and create a secretariat to handle meeting arrangements and coordinate publications. The program was approved by Executive Council and the CAS Council after extended debate and was originally intended to provide Office Management and/or legislative tracking services for CAS chairmen's groups. Appendix I details the history of the program establishment.

Subscribing Societies have included:

1. Association of Professors of Medicine (APM) 1977 - 1984
2. American Federation for Clinical Research (AFCR) 1978 - present
3. Neurology Intersociety Liaison (NIL) 1978 - present

NIL and AFCR have subscribed to the Legislative Tracking Program; The Professors of Medicine also subscribed to the Office Management Program.

This program has never blossomed or expanded as was initially envisioned. In addition it has been beset by internal management problems which have compromised its functioning.

Demand for the Program

The Council of Academic Societies and the Division of Biomedical Research envisioned a great need for this program in the late 1970s. Many academic societies were just beginning to take an interest in legislative affairs and the AAMC was interested in kindling their involvement to increase the lobbying power of the academic community, and in educating and interacting with societies, especially the Chairmen's groups, to enhance their alignment with Association positions on a wide range of issues.

In the ensuing decade most chairmen's groups have interacted with AAMC policy formulation through the CAS and have made good use of our pink legislative alerts and WAR in developing their own positions, which are often in concert with ours. However, they have also increased their interest and involvement in public policy issues through increasingly productive interactions with other societies in their discipline including the academies or colleges representing the discipline's practicing physicians. A recent survey of all 82 CAS

Societies (Appendix II) revealed that all major disciplines now have formal or informal arrangements by which they participate in legislative affairs; all chairmen's groups are linked with their academies in coordinated policy formulation and many disciplines are organized with Washington-based staff, public policy committees and grass roots lobbying efforts.

It is not clear that in 1987 there is a significant segment of the academic community in need of the services of the CAS Program. Their Office Management needs are met by staff from larger societies in their disciplines and they are active in legislative tracking through multiple resources. It may be to the benefit of the Association to have our Division on Government Relations group work closely with societies and separate staff in coalition fashion to develop positions. These positions could then be lobbied by an entire community of groups that are, from the congressional viewpoint, independent. The societies in the Services Program have at times had their positions dismissed or been belittled as puppets of the AAMC.

Management Problems

- A. The Services Program has never been able to take advantage of economies of scale which might accrue if more societies subscribed. The service was envisioned as most helpful to Chairmen's groups which have small budgets and few activities. The interests of the AAMC were believed to be served by the close liaison and while the service was not seen as a moneymaker it was expected to break even by pooling support staff for a number of societies. The few societies participating rapidly wanted more service than was reflected in the fees and the APM was soon a loss leader. AFCR & NIL fees were raised to reflect costs in 1984.
- B. The Office Management services were provided by AAMC only to APM. Staff who were capable of legislative analysis and lobbying and who dealt with issues in biomedical research did not relish secretarial, bookkeeping and meeting management duties. Recently, the Society of Neurosciences has been assisted in managing its books by AAMC, and this effort has been staffed directly by our business office rather than the Services Program.
- C. Legislative Liaison staffing has been performed for NIL and AFCR. Staff in this role provide information and analysis of bills and regulation, track issues of interest to the society, prepare testimony and letters to Congress and write newsletters for the society's members. Difficulties have included:
 - 1) Congressional staff dismissing the society's positions when it is in their interest as "puppets of AAMC";
 - 2) As each society has become more active it has increased its demands that its staffer lobby Congress directly;
 - 3) The BMR Division has had to duplicate the activities of the DPPD legislative Liaison Staff because that Department has not directly supported the Services Program with written analyses or investigation tailored to their issues;

4) Societies have occasionally taken positions at variance with that of AAMC which their staffer must support. Societies have at times been suspicious that they were not receiving fully objective information from AAMC. This possible conflict of interest and loyalties has led all the

participating societies, despite assurances from us, to repeatedly consider the use of lobbying services;

5) Chairmen's group are interested in tracking a wide range of issues especially clinical practice issues. These issues are not central to the missions of the Division, but despite support from DOTH, fulfilling the service obligation has required DBMR staff to become fluent on issues of PROs, physician payment, etc., often from a viewpoint divergent from that of teaching hospitals.

6) Services Program staff have been stressed by conflicting loyalties. They have staffed these societies without sufficient recognition or credit within the AAMC and have been tempted to transfer their entire loyalty to the client society. Staff in place when I arrived were chronically angry at the Association for frustrating their efforts to serve their clients. Despite improvement in this situation, the divided loyalty issue remains.

7) Societies participating in the Services Program ironically have been less active in the formal AAMC Governance structure through the council. They have had spotty attendance at Council and their CAS representatives have not been integrated into their Services Program activities.

Summary

Some of the management problems outlined (B and C 3,5above) are amenable to correction by an internal Association realignment so that the specific tasks needed by the clients are performed by the Association staff usually dealing with those issues. Others are inherent in the nature of this program and should be seriously evaluated by the Association in terms of its desired relations with academic societies, its view of our appropriate roles in lobbying, and a realistic estimation of the demands which are placed on Association resources by this program.

Should the AAMC continue the Services Program?

If so, what services should be offered?

- legislative tracking
- lobbying for the Society
- office support services (business, secretarial, meeting management)

Political Considerations

- 1) If we continue, I believe we should organize a real and efficient service function and aggressively market it to all Chairmen's Groups. Presumably, the goal would be to increase our hegemony since these groups are not seeking our help and seem to have adequate support elsewhere. Offering client services to only a few disciplines might prejudice our abilities to work multidisciplinary coalitions where these would best serve AAMC interests.
- 2) We should consider whether coalitions are not the more effective way to achieve AAMC political goals and whether our staff energies would be better directed towards efforts at coalition-building (e.g. the Ad Hoc Research Funding group and coalitions assembled by DOTH around specific issues).
- 3) Are the present close relationships of Chairmen's Groups with their academies of benefit to AAMC in fostering support of academic interests within the medical community?
- 4) If we do not continue the services program, are there political considerations in disengagement? Certainly the break initiated by APM was politically costly.
 - A) Relations with CAS as a whole would probably not be affected by closing The Program since most current CAS reps do not know it exists and I do not believe they would interpret a quiet closure as a blow from AAMC, especially if we increased coalition building and issue-oriented meetings with Chairmen's Groups in lieu. Would closing the program be a management decision or require approval by governance?
 - B) The NIL would probably withstand Program closure without a rupture with AAMC. It would turn for legislative tracking to its academy which has this service and wants to provide it to other NIL members. The secretarial service of keeping minutes for their intersociety conference calls could be performed by any number of persons.
 - C) The AFCR has actively sought an alternative service in 2 of the last 4 years. They have interviewed other lobby groups and been wooed by us to remain with AAMC. They are a research society whose legislative interests are most congruent with the missions of DBMR. We could grandfather them and continue to staff their activities while closing the program to other clients. If we closed the program totally, they would probably go with ACP-APM although they were not entranced by a bid from ACP last year. It seems they want to preserve their autonomy within the senior power structure of their profession (active AFCR members must be under 41 years of age), and they are not concerned with the clinical or practice activities of ACP. They were courted by FASEB, but were not impressed with the quality of that staff and were concerned that physician oriented research interests would be submerged to those of basic scientists. The company which staffs their office & meeting management service has other clients who use John Gruppenhoff's company and might put him forward as an alternative.

VI. Liaison with CAS Member Organizations

The Executive Council reviewed a proposal which had been presented by the Association of Professors of Medicine to establish an APM office within the administrative framework of the AAMC. Dr. Bennett reviewed the Executive Committee's discussion of this proposal, which had generally favored a positive response with several cautions. The Committee warned that the Association must operate at the congruence of the educational issues confronting the medical centers, and could not compromise this institutional view for disciplinary interests. However, the Committee recognized the AAMC's special responsibility to the small "chairmen's" societies and the desirability of fostering closer relations and the AAMC's institutional perspective within each of these groups.

The APM proposal reflected a desire to establish Washington representation, closer ties to the AAMC, and a secretariat to handle meeting arrangements and coordinate publications. It was agreed that the staff should pursue possible arrangements with the APM to achieve the latter two objectives. The concept of Washington representation was to be handled through regular contacts with the professional staff of the Association.

It was agreed that the APM should serve as a prototype of future liaisons with CAS chairmen's organizations. The Association would try to arrange a package of services and interactions at a cost which was within the reach of the APM. The Council asked that the staff carefully track the investment of Association resources so that the cost-effectiveness of the arrangement could be assessed after an initial period of time.

The Council members specifically cautioned that this arrangement must clearly differentiate the provision of secretarial and logistic support from the expectation of a special entree into AAMC policy deliberations. It was agreed that the staff would negotiate this carefully circumscribed arrangement with APM officers and report back to the Executive Council in June.

ACTION: On motion, seconded, and carried, the CAS Administrative Board recommended that the AAMC oppose establishment of any type of emergency medicine board; however, the Executive Council should instruct the representatives to the ABMS that should this position fail, the next alternative is to support the establishment of a conjoint board; and the third alternative would be establishment of a representative board. This motion was approved by five Board members, opposed by one, and one member abstained.

H. Draft Response to the GAO Report

The report by the General Accounting Office on "Problems in Training and Appropriate Mix of Physician Specialists" has been received by the Association for comment. The basic recommendation of the report was that the CCME be contracted by the Secretary, HEW to develop and implement a system which would assure the training of the optimal number and mix of specialists.

Dr. Cooper reported on the discussions at the last meeting of the CCME and on the letter which has been drafted by the AAMC. In essence, while there was acceptance of the concept that CCME should attempt to better relate residency training to national needs, several disadvantages of the CCME undertaking this effort were discussed, including the difficulty of accomplishing this without regulatory mechanisms and the reality that acceptance of funding from DHEW would convert the CCME into a quasi-government organization. The abolishment of GMENAC was recommended if the CCME were to accept this challenge. Dr. Swanson commented that an effort is being made to develop a modus operandi between the public and private sector in order to have appropriate deliberation by the private sector regarding manpower needs.

ACTION: The CAS Administrative Board concurred with the recommendation that the Executive Council review the position of the AAMC and make the recommendations as outlined in the Executive Council Agenda.

III. Discussion Items

1. Implementation Steps for CAS Services Program

Dr. Swanson presented a brief summary of the steps taken to develop the program and the rationale behind this action. It had been the consensus of the Executive Committee that this program would provide a unique opportunity to resolve some of the problems which are developing regarding interactions with constituent societies as evidenced by the rapid escalation of hiring lobbyists.

There were many concerns raised by the Board Members, particularly the feeling as expressed by Dr. Hill that there had not been a mandate from the Executive Council to actually proceed with the program, but rather an expression of interest in exploring possibilities and carefully considering a number of cautions that had been raised by the CAS Administrative Board in previous discussions. The motivation behind the APM's request was questioned by Dr. Clemente, and several other Board Members agreed that this step might well be perceived as another example of the strong influence that internal medicine is believed by many to have on the AAMC. Another concern raised was that this program might create divisiveness among the societies if it appeared to be targeted at the special interests of one particular group, or appeared to be giving an advantage to that group by virtue of the close proximity and access to Association staff.

In responding to these concerns, Dr. Cooper indicated that the APM at the time was waiting for a decision and the financial considerations had to be reviewed by the Executive Committee. (The Minutes of the Executive Committee on this issue are shown in Attachment II.) Dr. Bollet expressed the feeling that the concept as it had been developed by the staff was to use the APM proposal as a prototype in an experimental project to establish a mechanism for promoting more faculty participation in the AAMC. It was pointed out that the access and information exchange in the program was a distinct advantage for the entire CAS because it can strengthen the relationship between the CAS and its constituents. Regarding the concern about lobbying activities, Drs. Sherman and Swanson emphasized the statement in the proposal that the staff associate would not contact members of the Congressional staff without prior consultation with AAMC staff, and that any AAMC lobbying activities would have to be limited to generic issues rather than categorical interests.

Dr. Thier proposed a tentative solution of recommending to the Executive Council that the AAMC proceed with the program as developed with the APM; however, the other half of the funds already committed should be allocated to extending the program to one or two basic science societies who would pay only the direct costs for the services.

The general consensus of the Board was that the main problem is one of image, specifically that the AAMC is perceived as an internal medicine group; and that if the program is to be implemented, the faster these services can be extended to involve other societies, the sooner that image can be dispelled. Dr. Freedman commented that if this experiment produces results that the other societies can relate to, it will be a successful ex-

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perience that would provide benefits for everyone. Some questions were raised regarding the addition of a basic science society to the program, including how the additional society would be selected, whether this society would have the same commitment to the program and if they would be compatible to the APM, and what the next step will be when the experimental phase is completed as regards funding for the program.

ACTION: After a thorough discussion of the many concerns raised by the Board Members, it was the consensus of the CAS Administrative Board that if this experiment is to be successful, and in order to dispel the perception that the AAMC is an internal medicine group, the services program should proceed for the experimental phase as directed; however, it should be extended to other societies (particularly a basic science chairmen society) as rapidly as possible.

2. Resolution Concerning the Death of Thomas Kinney

ACTION: On motion, seconded, and carried, the CAS Administrative Board concurred that a resolution be forwarded expressing the AAMC's regret on the death of Thomas Kinney, who played a major role in the formation of the CAS and the activities of the AAMC.

3. Status Reports

A report on the Liaison Committee on Graduate Medical Education prepared by Dr. Swanson for the April COD meeting was distributed to the Board Members (Attachment III).

Dr. Morgan gave a brief summary on the legislative activities in Appropriations, Recombinant DNA, and the Clinical Laboratory Improvement Act.

4. CAS Interim Meeting

A discussion of the CAS Interim Meeting, which was held on Wednesday, June 22nd at AAMC Headquarters, indicated that the meeting was a success; 43 societies being represented at that meeting. Several options for future meetings were discussed and ideas on continuing these types of meetings were expressed for the staff to further develop.

5. Annual Meeting Program

The tentative agenda for the CAS/COD/COTH Joint Program was presented and suggestions were solicited for program participants.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM

July 28, 1977

TO: CAS Constituent Societies
FROM: John A. D. Cooper, M.D.
SUBJECT: Announcement of CAS Services Program

On August 1, 1977 the Association of American Medical Colleges will initiate a new program of increased services to member societies of the Council of Academic Societies (CAS). This program will be experimental in nature for the next two years. The purpose is to provide to CAS member societies services they need to accomplish their missions and goals and to develop a closer relationship between the member societies and the AAMC.

A staff associate has been appointed to provide the support needed. It is estimated that one staff associate will be able to handle the requirements of 2 or 3 societies. As the program grows additional personnel will be added. The focus of the Services Program is in the Division of Biomedical Research under the direction of Thomas E. Morgan, M.D. Kathleen Dolan has been appointed to the staff associate position. The Association of Professors of Medicine is the first society to embark on the program and is supportive of the AAMC's plan to extend the program to other societies.

Staffing Costs: Staffing costs will to a degree depend upon the amount of services required. By sharing staff costs 2 or 3 societies can achieve their needs efficiently. During the experimental 2 years, the AAMC will charge no overhead costs (e.g., rent, heat, contributions to the effort by other AAMC staff) and will provide the funds needed to support the direct staff efforts which are not covered by participating societies.

Direct Costs: Examples of the type of services which can be provided on a direct cost basis:

1. Meeting arrangements: Meetings of the entire membership of societies or executive groups may be arranged.
2. Membership rosters: The maintenance and updating of membership lists can be provided using the AAMC computer facility.
3. Publications and mailings: Mailing labels can be generated and AAMC publications (e.g., Weekly Activities Reports, CAS Briefs and Alerts) can be mailed directly.

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MEMORANDUM

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4. Special publications: Newsletters, reports, summaries and analyses can be prepared, edited, assembled and mailed as necessary.
5. Telecommunication links: Telephone and other rapid communication systems can be installed and manned.
6. Special services: As desired special services tailored to the needs of societies can be furnished. These could include, for example,
 - a) accounting services,
 - b) dues billing,
 - c) maintenance of financial records,
 - d) arranging for external audit,
 - e) filing of tax returns,
 - f) computer programming,
 - g) conduct of special surveys, and
 - h) creation of data bases.

Whether the program will extend beyond the two-year experimental period will be based upon judgment of the satisfaction of the societies with the services provided and of its effectiveness in strengthening the accomplishment of the Association's responsibilities to all of its constituents, including those represented in the Council of Deans and the Council of Teaching Hospitals. These judgments will be made in context of the costs. The AAMC is anxious to extend this program to other societies. Therefore, the AAMC invites all interested societies to contact Tom Morgan or Gus Swanson for further details.

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effectiveness in strengthening the accomplishments of the Association's responsibility to all its constituents. After June 1979, participant societies will be expected to meet overhead costs as well as staff and other direct costs.

The Association of Professors of Medicine is the first CAS organization to embark upon this special program. The AAMC has received formal inquiries from seven other organizations, and hopes to extend the program to one or more other organizations in the near future.

6. Status Report on CAS Services Program

Kat Dolan reported that she has now been working with the Association of Professors of Medicine for six weeks, with the major activity involving administrative functions. As a result of the announcement of initiation of this new program, six societies (one of which is a basic science) have expressed an interest in exploring the services this program has to offer. It was decided that the Program would not offer only one or two services that societies might request because it would not enhance either the society or CAS in improving communications.

1/78

Jan 1978
CAS Ad Board Minutes

CAS SERVICES PROGRAM

The CAS Services Program was initiated in August, 1977, to strengthen the liaison between the AAMC and CAS member societies. The first organization to join the program was the Association of Professors of Medicine.

A consortium of neurological organizations--the Association of University Professors of Neurology, the American Academy of Neurology, and the American Neurological Association--has also decided to participate in the CAS Services Program. These organizations have requested only the legislative "tracking" portion of the services package, and each will continue to provide its own administrative services. Under our agreement, which is in the final stages of negotiation, the AAMC will monitor Congressional and executive branch activities in areas which have been identified by the organizations as of interest to their constituencies. A twice monthly status report on these areas will be prepared. Additionally, AAMC will provide the Weekly Activities Report to the executive committees of each of the organizations. The CAS Brief will be mailed in bulk to each society.

We have also met several times with representatives from three pediatric societies, with the Society of Teachers of Preventive Medicine and with the Association of Anatomy Chairmen. We continue to seek ways to implement the program during the 24 month trial period.

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CAS Services Program

In August of 1977, AAMC initiated a two-year experimental program of increased services to member CAS societies which desired support and services over and beyond the level routinely provided to all CAS societies. The purpose of the CAS Services Program is to provide subscribing societies the services they need to accomplish their goals and to develop a closer relationship between the societies and AAMC.

The Services Program is administered through the Division of Biomedical Research of the Department of Academic Affairs. It was prompted by the AAMC's desire to initiate more effective communications with CAS societies and their members. The range of policy interests of the sixty-seven CAS societies is extensive, and AAMC wishes to be more aware of the particular concerns of individual organizations. Hopefully, better two-way communication will result which will strengthen AAMC's representation of CAS societies as well as improve individual societies' policymaking functions on behalf of their own members' interests.

Staffing costs to individual societies depends upon the amount of services required, but by sharing staff two or three societies can achieve their needs efficiently. During the experimental two years, the AAMC is not charging overhead costs (e.g. rent, heat, contributions to the effort by other AAMC staff) and is providing the funds needed to support the direct staff efforts which are not covered by participating societies. Whether the program will extend beyond the two year experimental period will be based upon judgment of the satisfaction of the societies with the services provided and of the program's effectiveness in strengthening the accomplishments of the Association's responsibility to all its constituents. After June 1979, participant societies will be expected to meet overhead costs as well as staff and other direct costs.

Subscribers to the CAS Services Program at this time are the Association of Professors of Medicine, the American Federation for Clinical Research, and three neurological societies--the Association of University Professors of Neurology, the American Academy of Neurology, and the American Neurological Association. The Association of Professors of Medicine has contracted with AAMC to receive a broad level of support services including meeting arrangements, maintenance of membership rosters and financial records, preparation of newsletters, and keeping the officers and membership abreast of issues related to their specific interest. The American Federation for Clinical Research and the neurological societies have subscribed to the CAS Services Program to receive continual information about legislation and national activities pertinent to their interests. The AAMC has received formal inquiries from twelve other societies and may extend the program to one or more organizations in the near future.

association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 828-0460

MEMORANDUM

June 27, 1979

TO: Subscribers to the CAS Services Program
 - Association of Professors of Medicine
 - American Academy of Neurology
 - American Neurological Association
 - Association of University Professors of Neurology
 - American Federation for Clinical Research

FROM: John A. D. Cooper, M.D. *JAC*

SUBJECT: CAS Services Program Renewal

As you know, the experimental period for the CAS Services Program ends on June 30, 1979. During individual discussions with each subscriber, the AAMC has indicated its willingness to continue the Program. The Association believes that the Services Program has strengthened our communication and interaction with our faculty constituency, and we are prepared to renew our contracts with you for July 1, 1979 - June 30, 1980.

The enclosed contracts reflect a change in the method of calculating the charges for the services provided. In the past, the cost of the Services Program has been based upon a specific percentage of time expended by a staff associate and a secretary in providing the services requested by each subscriber. Because we have now had sufficient experience with the program to accurately judge the amount of staff resources required to provide the various services, we will, in the future, provide services on a flat fee basis. The two categories of services currently being rendered and the cost of these services for the next fiscal year are as follows:

1. Legislative Tracking--AAMC provides information about and assistance in responding to legislation, regulations, national policies, and other developments of interest to the constituents of a CAS society. Mechanisms for providing information are arranged to fit the specific needs of a society but might include conference calls, periodic newsletters, attendance at society meetings, etc. The cost of this service for July 1, 1979 to June 30, 1980 will be \$10,000.

2. Office Management--AAMC provides office management and administrative support services. Typical services provided in this category include maintenance of membership lists, meeting arrangements, and maintenance of financial records. The cost of this service for July 1, 1979 to June 30, 1980 will be \$15,000.

Direct costs such as printing, computer usage, supplies, xerox, postage, telephone calls, etc. will be charged in addition to the base fees.

Since virtually all segments of the AAMC contribute to the CAS Services Program, a flat fee for services rendered is a more accurate means of assessing charges. The cost of these services is based on actual experience over the past two years in terms of staff support costs plus an increment to cover approximately half of the other costs which were not charged by the AAMC during the initial experimental period. AAMC recognizes that the relationships fostered by the CAS Services Program are mutually advantageous and, in recognition of this fact, has decided to absorb the other half of the support costs.

Diane Plumb will continue to be the primary staff contact for the Services Program and you should feel free to contact her (202-828-0482), Gus Swanson (828-0430), or Tom Morgan (828-0480) with questions about this matter.



association of american medical colleges

MEMORANDUM

TO: All Professional Staff

March 27, 1980

FROM: August G. Swanson, M.D. 

SUBJECT: CAS Services Program

This is a reminder that operation of the CAS Services Program is dependent upon assistance and support from a number of staff with particular expertise in areas in which the subscribing societies have an interest. As you know, three neurology societies (the University Professors, the Academy, and the Association); the Association of Professors of Medicine; and the American Federation for Clinical Research contract with the AAMC to receive information about national issues, legislations, etc. of interest to their constituents. Diane Plumb is the primary staff person for the Services Program, and it is obviously difficult for her to keep track of all of the issues of interest to each of the five groups. It would be extremely helpful if you would send informational copies of Federal Register notices, internal memos about legislation and regulations, and any other materials which deal with subjects of interest to these groups. Also, when feasible, she should be included in meetings related to these topics.

Listed below are some issues in which these societies have a continuing interest.

Professors of Medicine:

Neurology Societies

General Internal Medicine Grants
Section 227; Medicaid/Medicare Reimbursement
Housestaff Unionization
Clinical Laboratory Improvement
Health Manpower
Drug Reform Legislation
Clinical Research (NIH Budget,
Research Regulations, Training, etc.)
VA Programs and Budget (Housestaff Positions,
Medical Research, etc.)

Anything related to NINCDS & NIH
Housestaff Unionization
Clinical Laboratory Improvement
Health Planning (particularly
regulation of CAT scanners, etc.)
Health Manpower
Drug Reform Legislation
Clinical Research (especially
regulations & legislation with
direct effect on neurological
research)
Section 227

AFCR:

All legislation, regulation, national policies, and position statements related to research support and training with special emphasis on clinical research (S.988 and H.R. 6522, NIH Budget, NRSA Program, research laboratory regulation, carcinogens, VA research programs, compensation, IRBs, to name a few).

Membership in the AAMC entitles all CAS societies to representation in AAMC, participation in meetings that focus on faculty interests, and to a variety of newsletters and other informational publications. The officers of several member societies suggested that a program be developed for those societies wishing to augment the general services they already received as AAMC members. In response, the Association developed the CAS Services Program in 1977 on a two-year experimental basis. The program proved quite successful and now is a major function of the AAMC Division of Biomedical Research and Faculty Development. The program has served to assist participating societies in the accomplishment of their missions and goals as well as to enhance their liaison with AAMC. Six academic societies currently participate in the program.

Services provided fall into two categories: office management and legislative tracking. Societies may elect to participate in the program under one or both of these categories.

Office Management

Administrative and office management services that can be provided by AAMC to CAS societies on a contractual basis include: meeting management, maintenance of membership records, financial management, staffing of society committee and membership meetings, coordination of membership surveys, and handling of routine society correspondence and mailings. This category of services allows societies to establish a central Washington office without the often prohibitive expense of rent, full-time staff salaries and fringe benefits, and the purchase of office furniture and equipment.

Legislative Tracking

The range of services that AAMC can provide in this category includes: preparation of legislative newsletters on issues of special interest to a society,

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staff participation in policy discussion conference calls, preparation of testimony and Congressional letters, arranging for meetings with Congressional staff and Executive Branch officials, and arranging legislative seminars for society members. The legislative tracking services are designed to enable societies to become much more informed on issues that directly affect their members and to respond in an effective and timely manner to legislative and regulatory proposals. Societies that subscribe to the legislative tracking services provided by AAMC have found the program to be a cost-effective approach to becoming involved in the public policy/legislative arena.

Cost of the Program

The cost of the program is determined on an individual basis taking into consideration such variables as the desired level of activity and the size of the society. It is possible for several societies from within the same discipline to jointly participate in the program and share the associated expenses.

How Can a CAS Society Participate in the Services Program?

CAS societies that are interested in either the legislative tracking or office management services offered by AAMC should contact Dr. Seymour Perry, Director of the AAMC Division of Biomedical Research and Faculty Development (202-828-0480). Since the AAMC attempts to tailor the Services Program to the specific requirements of societies that wish to participate, Dr. Perry and his staff can work with society officers to design a scope of services that fits their particular needs.

Survey of Public Affairs Activities of CAS Societies

This survey was undertaken in conjunction with COD and COTH surveys of the organizational structure with which individual institutions or societies within the AAMC governance handle public policy issues of interest. We wanted to improve our understanding of the full scope of public affairs contacts and activities within our constituency and to understand the mechanisms available to them to receive, disseminate and act upon AAMC memoranda or phone contacts concerning issues of importance to academic medicine.

Eighty-one of the 82 member societies responded. Almost all indicated that in their view one important way they participated in public affairs was through receiving information from AAMC, through discussions in CAS Administrative Board and Council and through the Association's response on their behalf on key legislative and regulatory issues.

In addition the survey revealed that some societies participated actively in public affairs through their own committees and staff, while many more were active in joint committees or less formal arrangements for information sharing and development of positions with other societies within their discipline. Table I shows that the chairmen's groups actively participate in public affairs most often through formal or informal information sharing and policy formulation within their discipline. Table II summarizes the intensity of public affairs activity by discipline. Many disciplines, through one or more of their societies, have ways of contacting all members and even activating a grassroots lobbying effort on key issues. Table III summarizes the responses to the survey questions.

Conclusion: This survey indicates that many societies participate in public policy activities in joint efforts within their discipline as well as on an interdisciplinary basis through the CAS/AAMC. The specific information obtained on the capabilities of individual societies should assist staff in their contacts with CAS members on key public policy issues.

Discussion: A number of societies expressed interest in how they might better organize and/or how other societies organized their public affairs activities. Should we present these survey results at the CAS Spring Business Meeting and provide an opportunity for active societies to describe and discuss the organization they have found effective in enhancing their participation in public affairs?

Table I. Public Affairs Activities of Chairmen's Group

I. Independently Active

1. Association of Professors of Dermatology
2. Association of Professors of Medicine

II. Jointly Active

A. Through Joint Committees

1. Association of Anatomy Chairmen
2. Society of Academic Anesthesia Chairmen
3. Society of Teachers of Emergency Medicine
4. Association of University Professors of Neurology
5. Association of Professors of Gynecology and Obstetrics
6. Association of Medical School Pediatric Department Chairmen

B. Informally through Academy, College or Research Organization

1. Association of Medical School Microbiology Chairmen
2. Association of Pathology Chairmen
3. Association for Medical School Pharmacology
4. Association of Chairmen of Departments of Physiology
5. Association of Teachers of Preventive Medicine
6. Association of Departments of Family Medicine
7. Society of Surgical Chairmen
8. Association of University Professors of Ophthalmology
9. Association of Orthopaedic Chairmen
10. Association of Academic Departments of Otolaryngology
11. American Association of Departments of Psychiatry
12. Thoracic Surgery Directors Association

III. Not Active

1. Society of University Urologists

IV. No Response

1. Association of Medical School Departments of Biochemistry

Table II. Public Affairs Activities of CAS Societies by Discipline

1. Grassroots Activity

Anatomy
Microbiology
Anesthesia
Dermatology
Family Medicine
Allergy and Immunology
Obstetrics and Gynecology
Ophthalmology
Orthopaedics
Otolaryngology
Pediatrics
Physical Medicine and Rehabilitation
Radiology

2. Active Public Policy Committees

Neuroscience Biochemistry
Physiology
Neurology

3. Legislative Tracking

Pathology
Pharmacology
Preventive Medicine
Plastic Surgery
Thoracic Surgery

4. Emerging Interest

Critical Care
Emergency Medicine

5. No Interest

Behavioral Sciences
Urology

Internal Medicine, Surgery, and Psychiatry range from 1 to 5, based on the individual societies' responses.

Table III CAS Public Affairs Survey Responses:
81 of 82 Societies responding

1. Does your society have a public or legislative affairs committee?

	YES	NO
Basic	15 (88.2%)	2 (11.8%)
Clinical	30 (46.9%)	34 (53.1%)
TOTAL	45 (55.6%)	36 (44.4%)

2. Does your society participate with other societies in the areas of public or legislative affairs?

	YES	NO
Basic	15 (88.2%)	2 (11.8%)
Clinical	30 (46.9%)	34 (53.1%)
TOTAL	45 (55.6%)	36 (44.4%)

3. What types of mechanisms do you use for these joint efforts?
(Note: Some respondents selected more than one mechanism.)

	Basic	Clinical	TOTAL
Ad Hoc Coalitions	10	28	38
Standing Committees	7	22	29
Individual Contacts	5	3	8
Staff Contacts	1	2	3
Others	1	7	8

4. Does your society have a mechanism for rapid communication with the membership for urgent lobbying of legislative issues?

	YES	NO
Basic	10 (58.9%)	7 (41.1%)
Clinical	36 (56.2%)	28 (43.8%)
TOTAL	46 (56.8%)	35 (43.2%)

If so, what type of mechanism is used?

(Note: Some respondents selected more than one mechanism.)

	Basic	Clinical	TOTAL
Telephone Cascade	8	19	27
Mailgrams	2	18	20
Express Mail	3	10	13
Mail	0	4	4
Newsletter	0	3	3
Electronic Mail	0	2	2

Who is contacted?

(Note: Some respondents selected more than one choice.)

	Basic	Clinical	TOTAL
Officers	5	20	25
Public Policy Committee	7	14	21
Full Membership	3	17	20
Board of Directors	2	12	14
Grass Roots	1	4	5
Select Members	1	4	5
Program Directors	1	1	2

A number of societies indicated that the subset of members contacted is dependent upon the nature and urgency of the issue.

5. Does your society have a mechanism for grass roots lobbying?

	YES	NO
Basic	4 (23.5%)	13 (76.5%)
Clinical	24 (37.5%)	40 (62.5%)
TOTAL	28 (34.6%)	53 (65.4%)

If so, is it organized by:

(Note: Some respondents selected more than one choice.)

	Basic	Clinical	TOTAL
Congressional District	1	6	7
Medical School	2	5	7
State	0	6	6
Academic Medical Center	1	3	4
State, Local or Regional Societies	0	4	4
Others	1	12	13

6. Does your society have a newsletter?

	YES	NO
Basic	13 (76.5%)	4 (23.5%)
Clinical	46 (71.9%)	18 (28.1%)
TOTAL	59 (72.8%)	22 (27.2%)

If so, how often is it sent?

Twice monthly	2
Monthly	7
6 times/year	11
4 times/year	17
2-4 times/year	9
2 times year	10
"Occasionally"	2

To whom is it sent?

Full Membership	50
Board	4
Officers	2
Public Affairs Cmte	1
Grass Roots	1
Others	1

7. Does your society have any other means of regular written communication with the membership?

	YES	NO
Basic	10 (58.8%)	7 (41.2%)
Clinical	51 (79.7%)	13 (20.3%)
TOTAL	61 (75.3%)	20 (24.7%)

If so, is it:

(Note: Some respondents selected more than one choice.)

Society Journal	34
President's Letters	24
Memoranda	11
Meeting Notices and Minutes	5
Legislative Info to Chapters	1

8. Does your society have a professional staff for public and legislative affairs?

	YES	NO
Basic	7 (41.2%)	10 (58.8%)
Clinical	25 (39.1%)	39 (60.9%)
TOTAL	32 (39.5%)	49 (60.5%)



**association of american
medical colleges**

→ New VP mtg

January 27, 1987

MEMORANDUM

TO: Robert G. Petersdorf, M.D.

FROM: Elizabeth M. Short, M.D. *EM*

SUBJ: CAS Services Program

A group of senior staff reviewed the CAS Services Program and recommends that it be closed. The rationale for and analysis of this recommendation are contained in the attached memo and supporting documents.

Should you support this recommendation we would then turn towards a careful analysis of how to disengage the societies currently served before taking any public actions.





association of american medical colleges

DATE: January 27, 1987
TO: Robert G. Petersdorf, M.D.
FROM: CAS Services Review Group
Sherman, Short, Swanson, Turner, Knapp
RE: CAS Services Program

Background The CAS Services Program was begun in 1977, following a proposal from the APM to establish Washington representation, promote closer ties with AAMC and create a secretariat to handle meeting arrangements and coordinate publications. The program was approved by Executive Council and the CAS Council after extended debate and was originally intended to provide office management and/or legislative tracking services for CAS chairmen's groups. Appendix I details the history of the program establishment.

Subscribing Societies have included:

1. Association of Professors of Medicine (APM) 1977 - 1984
2. American Federation for Clinical Research (AFCR) 1978 - present
3. Neurology Intersociety Liaison (NIL) 1978 - present

NIL and AFCR have subscribed to the Legislative Tracking Program; The Professors of Medicine also subscribed to the Office Management Program.

This program has never blossomed or expanded as was initially envisioned. In addition it has been beset by internal management problems which have compromised its functioning.

Demand for the Program

The Council of Academic Societies and the Division of Biomedical Research envisioned a great need for this program in the late 1970s. Many academic societies were just beginning to take an interest in legislative affairs and the AAMC was interested in kindling their involvement to increase the lobbying power of the academic community, and in educating and interacting with societies, especially the Chairmen's groups, to enhance their alignment with Association positions on a wide range of issues.

In the ensuing decade most chairmen's groups have interacted with AAMC policy formulation through the CAS and have made good use of our pink legislative alerts and WAR in developing their own positions, which are often in concert with ours. However, they have also increased their interest and involvement in public policy issues through increasingly productive interactions with other societies in their discipline including the academies or colleges representing the discipline's practicing physicians. A recent survey of 81 CAS Societies revealed that all major disciplines now have formal or informal arrangements by which they participate in legislative affairs; chairmen's groups are linked with their academies in coordinated policy formulation and many disciplines are organized with Washington-based staff, public policy committees and grass roots lobbying efforts.

It is not clear that in 1987 there is a significant segment of the academic community in need of the services of the CAS Program. Their Office Management needs are met by staff from larger societies in their disciplines and they are active in legislative tracking through multiple resources. It may be to the benefit of the Association to have our Office on Government Relations group work closely with societies and separate staff in coalition fashion to develop positions. These positions could then be lobbied by an entire community of groups that are, from the congressional viewpoint, independent. The societies in the Services Program have at times had their positions dismissed or been labeled as puppets of the AAMC.

Management Problems

- A. The Services Program has never been able to take advantage of economies of scale which might accrue if more societies subscribed. The service was envisioned as most helpful to Chairmen's groups which have small budgets and few activities. The interests of the AAMC were believed to be served by the close liaison and while the service was not seen as a moneymaker it was expected to break even by pooling support staff for a number of societies. The few societies participating rapidly wanted more service than was reflected in the fees and the APM was soon a loss leader. AFCR & NIL fees were raised to reflect costs in 1984.
- B. The Office Management services were provided by AAMC only to APM. Staff who were capable of legislative analysis and lobbying and who dealt with issues in biomedical research did not relish secretarial, bookkeeping and meeting management duties.
- C. Legislative Liaison staffing has been performed for NIL and AFCR. Staff in this role provide information and analysis of bills and regulation, track issues of interest to the society, prepare testimony and letters to Congress and write newsletters for the society's members. Difficulties have included:

- 1) Congressional staff dismissing the society's positions when it is in their interest as "puppets of AAMC";

- 2) As each society has become more active it has increased its demands that its staffer lobby Congress directly;
- 3) The BMK Division has had to duplicate the activities of the DPPD legislative Liaison Staff because that Department has not directly supported the Services Program with written analyses or investigation tailored to their issues;
- 4) Societies have occasionally taken positions at variance with that of AAMC which their staffer must support. Societies have at times been suspicious that they were not receiving fully objective information from AAMC. This possible conflict of interest and loyalties has led all the participating societies, despite assurances from us, to repeatedly consider the use of other lobbying services;
- 5) Chairmen's group are interested in tracking a wide range of issues especially in clinical practice. These issues are not central to the missions of the Division, but despite support from DUTH, fulfilling the service obligation has required DBMR staff to become fluent on issues of PRUs, physician payment, etc., often from a viewpoint divergent from that of teaching hospitals.
- 6) Services Program staff have been stressed by conflicting loyalties. They have staffed these societies without sufficient recognition or credit within the AAMC and have been tempted to transfer their entire loyalty to the client society. Despite recent improvement in this situation, the divided loyalty issue remains.
- 7) Societies participating in the Services Program ironically have been less active in the formal AAMC Governance structure through the council. They have had spotty attendance at Council and their CAS representatives have not been integrated into their Services Program activities.

Summary and Recommendations

Some of the management problems outlined (B and C 3,5 above) would be amenable to correction by an internal Association realignment so that the specific tasks needed by the clients were performed by the Association staff usually dealing with those issues. Others are inherent in the nature of this program and should be seriously evaluated by the Association in terms of its desired relations with academic societies, its view of our appropriate roles in lobbying, and a realistic estimation of the demands which are placed on Association resources by this program.

I. The Review Group recommends that the CAS Services Program Legislative Tracking Service be discontinued at the time that the yearly contracts of the participating societies are up for renewal. The contract year runs from July 1.

The conflicts of interest and interdivisional complications already experienced are inherent in this service and its continuance does not benefit the Association. The political ramifications of disengagement from the currently subscribing societies should be carefully reviewed and every effort made to achieve a smooth closure, avoiding the strains which surrounded the APM decisions to leave the program.

A) Relations with CAS as a whole would probably not be affected by closing the program since most current CAS reps do not know it exists. A quiet closure would not be seen as a blow from AAMC, especially if we increased coalition building and issue-oriented meetings with Chairmen's Groups in lieu.

B) The NIL would probably withstand Program closure without a rupture with AAMC. It would turn for legislative tracking to its academy which has this service and wants to provide it to other NIL members. The secretarial service of keeping minutes for their intersociety conference calls could be performed by any number of persons.

C) The AFCK has actively sought an alternative service in 2 of the last 4 years. They have interviewed other lobby groups and been wooed by us to remain with AAMC. If we closed the program, they would probably go with ACP-APM although they were not entranced by a bid from ACP last year. It seems they want to preserve their autonomy within the senior power structure of their profession (active AFCK members must be under 41 years of age), and they are not concerned with the clinical or practice activities of ACP. They were courted by FASEB, but were not impressed with the quality of that staff and were concerned that physician-oriented research interests would be submerged to those of basic scientists. The company which staffs their office and meeting management service has other clients who use John Gruppenhoff's company and might put him forward as an alternative.

II. The review group recommends that the AAMC close the CAS Office Management Program which currently has no subscribers. The only way to offer this service properly would be to organize an efficient service function and aggressively market it to all Chairmen's Groups. Presumably, the goal would be to increase Association hegemony since these groups are not seeking our help and seem to have adequate support elsewhere. Offering client services to only a few disciplines might prejudice our abilities to work multidisciplinary coalitions where these would best serve AAMC interests.

1) We should consider whether coalitions are not the more effective way to achieve AAMC political goals and whether our staff energies would be better directed towards efforts at coalition-building (e.g. the Ad Hoc Research Funding group and coalitions assembled by DUTH around specific issues) than secretarial services.

2) Are not the present close relationships of Chairmen's Groups with their academies of benefit to AAMC in fostering support of academic interests within the medical community?

VI. Liaison with CAS Member Organizations

The Executive Council reviewed a proposal which had been presented by the Association of Professors of Medicine to establish an APM office within the administrative framework of the AAMC. Dr. Bennett reviewed the Executive Committee's discussion of this proposal, which had generally favored a positive response with several cautions. The Committee warned that the Association must operate at the congruence of the educational issues confronting the medical centers, and could not compromise this institutional view for disciplinary interests. However, the Committee recognized the AAMC's special responsibility to the small "chairmen's" societies and the desirability of fostering closer relations and the AAMC's institutional perspective within each of these groups.

The APM proposal reflected a desire to establish Washington representation, closer ties to the AAMC, and a secretariat to handle meeting arrangements and coordinate publications. It was agreed that the staff should pursue possible arrangements with the APM to achieve the latter two objectives. The concept of Washington representation was to be handled through regular contacts with the professional staff of the Association.

It was agreed that the APM should serve as a prototype of future liaisons with CAS chairmen's organizations. The Association would try to arrange a package of services and interactions at a cost which was within the reach of the APM. The Council asked that the staff carefully track the investment of Association resources so that the cost-effectiveness of the arrangement could be assessed after an initial period of time.

The Council members specifically cautioned that this arrangement must clearly differentiate the provision of secretarial and logistic support from the expectation of a special entree into AAMC policy deliberations. It was agreed that the staff would negotiate this carefully circumscribed arrangement with APM officers and report back to the Executive Council in June.

NOTE especially P 3

ACTION: On motion, seconded, and carried, the CAS Administrative Board recommended that the AAMC oppose establishment of any type of emergency medicine board; however, the Executive Council should instruct the representatives to the ABMS that should this position fail, the next alternative is to support the establishment of a conjoint board; and the third alternative would be establishment of a representative board. This motion was approved by five Board members, opposed by one, and one member abstained.

H. Draft Response to the GAO Report

The report by the General Accounting Office on "Problems in Training and Appropriate Mix of Physician Specialists" has been received by the Association for comment. The basic recommendation of the report was that the CCME be contracted by the Secretary, HEW to develop and implement a system which would assure the training of the optimal number and mix of specialists.

Dr. Cooper reported on the discussions at the last meeting of the CCME and on the letter which has been drafted by the AAMC. In essence, while there was acceptance of the concept that CCME should attempt to better relate residency training to national needs, several disadvantages of the CCME undertaking this effort were discussed, including the difficulty of accomplishing this without regulatory mechanisms and the reality that acceptance of funding from DHEW would convert the CCME into a quasi-government organization. The abolishment of GMENAC was recommended if the CCME were to accept this challenge. Dr. Swanson commented that an effort is being made to develop a modus operandi between the public and private sector in order to have appropriate deliberation by the private sector regarding manpower needs.

ACTION: The CAS Administrative Board concurred with the recommendation that the Executive Council review the position of the AAMC and make the recommendations as outlined in the Executive Council Agenda.

III. Discussion Items

1. Implementation Steps for CAS Services Program

Dr. Swanson presented a brief summary of the steps taken to develop the program and the rationale behind this action. It had been the consensus of the Executive Committee that this program would provide a unique opportunity to resolve some of the problems which are developing regarding interactions with constituent societies as evidenced by the rapid escalation of hiring lobbyists.

There were many concerns raised by the Board Members, particularly the feeling as expressed by Dr. Hill that there had not been a mandate from the Executive Council to actually proceed with the program, but rather an expression of interest in exploring possibilities and carefully considering a number of cautions that had been raised by the CAS Administrative Board in previous discussions. The motivation behind the APM's request was questioned by Dr. Clemente, and several other Board Members agreed that this step might well be perceived as another example of the strong influence that internal medicine is believed by many to have on the AAMC. Another concern raised was that this program might create divisiveness among the societies if it appeared to be targeted at the special interests of one particular group, or appeared to be giving an advantage to that group by virtue of the close proximity and access to Association staff.

In responding to these concerns, Dr. Cooper indicated that the APM at the time was waiting for a decision and the financial considerations had to be reviewed by the Executive Committee. (The Minutes of the Executive Committee on this issue are shown in Attachment II.) Dr. Bollet expressed the feeling that the concept as it had been developed by the staff was to use the APM proposal as a prototype in an experimental project to establish a mechanism for promoting more faculty participation in the AAMC. It was pointed out that the access and information exchange in the program was a distinct advantage for the entire CAS because it can strengthen the relationship between the CAS and its constituents. Regarding the concern about lobbying activities, Drs. Sherman and Swanson emphasized the statement in the proposal that the staff associate would not contact members of the Congressional staff without prior consultation with AAMC staff, and that any AAMC lobbying activities would have to be limited to generic issues rather than categorical interests.

Dr. Thier proposed a tentative solution of recommending to the Executive Council that the AAMC proceed with the program as developed with the APM; however, the other half of the funds already committed should be allocated to extending the program to one or two basic science societies who would pay only the direct costs for the services.

The general consensus of the Board was that the main problem is one of image, specifically that the AAMC is perceived as an internal medicine group; and that if the program is to be implemented, the faster these services can be extended to involve other societies, the sooner that image can be dispelled. Dr. Freedman commented that if this experiment produces results that the other societies can relate to, it will be a successful ex-

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perience that would provide benefits for everyone. Some questions were raised regarding the addition of a basic science society to the program, including how the additional society would be selected, whether this society would have the same commitment to the program and if they would be compatible to the APM, and what the next step will be when the experimental phase is completed as regards funding for the program.

ACTION: After a thorough discussion of the many concerns raised by the Board Members, it was the consensus of the CAS Administrative Board that if this experiment is to be successful, and in order to dispel the perception that the AAMC is an internal medicine group, the services program should proceed for the experimental phase as directed; however, it should be extended to other societies (particularly a basic science chairmen society) as rapidly as possible.

2. Resolution Concerning the Death of Thomas Kinney

ACTION: On motion, seconded, and carried, the CAS Administrative Board concurred that a resolution be forwarded expressing the AAMC's regret on the death of Thomas Kinney, who played a major role in the formation of the CAS and the activities of the AAMC,

3. Status Reports

A report on the Liaison Committee on Graduate Medical Education prepared by Dr. Swanson for the April COD meeting was distributed to the Board Members (Attachment III).

Dr. Morgan gave a brief summary on the legislative activities in Appropriations, Recombinant DNA, and the Clinical Laboratory Improvement Act.

4. CAS Interim Meeting

A discussion of the CAS Interim Meeting, which was held on Wednesday, June 22nd at AAMC Headquarters, indicated that the meeting was a success; 43 societies being represented at that meeting. Several options for future meetings were discussed and ideas on continuing these types of meetings were expressed for the staff to further develop.

5. Annual Meeting Program

The tentative agenda for the CAS/COD/COTH Joint Program was presented and suggestions were solicited for program participants.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM

July 28, 1977

TO: CAS Constituent Societies
FROM: John A. D. Cooper, M.D.
SUBJECT: Announcement of CAS Services Program

On August 1, 1977 the Association of American Medical Colleges will initiate a new program of increased services to member societies of the Council of Academic Societies (CAS). This program will be experimental in nature for the next two years. The purpose is to provide to CAS member societies services they need to accomplish their missions and goals and to develop a closer relationship between the member societies and the AAMC.

A staff associate has been appointed to provide the support needed. It is estimated that one staff associate will be able to handle the requirements of 2 or 3 societies. As the program grows additional personnel will be added. The focus of the Services Program is in the Division of Biomedical Research under the direction of Thomas E. Morgan, M.D. Kathleen Dolan has been appointed to the staff associate position. The Association of Professors of Medicine is the first society to embark on the program and is supportive of the AAMC's plan to extend the program to other societies.

Staffing Costs: Staffing costs will to a degree depend upon the amount of services required. By sharing staff costs 2 or 3 societies can achieve their needs efficiently. During the experimental 2 years, the AAMC will charge no overhead costs (e.g., rent, heat, contributions to the effort by other AAMC staff) and will provide the funds needed to support the direct staff efforts which are not covered by participating societies.

Direct Costs: Examples of the type of services which can be provided on a direct cost basis:

1. Meeting arrangements: Meetings of the entire membership of societies or executive groups may be arranged.
2. Membership rosters: The maintenance and updating of membership lists can be provided using the AAMC computer facility.
3. Publications and mailings: Mailing labels can be generated and AAMC publications (e.g., Weekly Activities Reports, CAS Briefs and Alerts) can be mailed directly.

MEMORANDUM

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4. Special publications: Newsletters, reports, summaries and analyses can be prepared, edited, assembled and mailed as necessary.
5. Telecommunication links: Telephone and other rapid communication systems can be installed and manned.
6. Special services: As desired special services tailored to the needs of societies can be furnished. These could include, for example,
 - a) accounting services,
 - b) dues billing,
 - c) maintenance of financial records,
 - d) arranging for external audit,
 - e) filing of tax returns,
 - f) computer programming,
 - g) conduct of special surveys, and
 - h) creation of data bases.

Whether the program will extend beyond the two-year experimental period will be based upon judgment of the satisfaction of the societies with the services provided and of its effectiveness in strengthening the accomplishment of the Association's responsibilities to all of its constituents, including those represented in the Council of Deans and the Council of Teaching Hospitals. These judgments will be made in context of the costs. The AAMC is anxious to extend this program to other societies. Therefore, the AAMC invites all interested societies to contact Tom Morgan or Gus Swanson for further details.

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CAS SERVICES PROGRAM

On August 1, 1977 the Association of American Medical Colleges initiated a two-year experimental program of increased services to member societies of the Council of Academic Societies. Its purpose is to provide to CAS member societies services they need to accomplish their missions and goals and to develop a closer relationship between the member societies and the AAMC.

The Services Program is administered through the Division of Biomedical Research of the Department of Academic Affairs. It was prompted by the AAMC's desire to initiate more effective communications with CAS societies and their members. The range of policy interests of the sixty CAS societies is extensive, and AAMC wishes to be more aware of the particular concerns of individual organizations. AAMC will then be able to report on legislative and executive branch actions which will affect society interests. Hopefully, better two-way communication will result which will strengthen AAMC's representation of CAS societies as well as improve individual societies' policy-making functions on behalf of their own members' interests.

In addition to the policy issue activities, there are a number of other services which can be offered on a direct cost basis: (1) Meeting arrangements - Meetings of the entire membership of societies or executive groups may be arranged; (2) Membership rosters - The maintenance and updating of membership lists can be provided using the AAMC computer facility; (3) Publications and mailings - Mailing labels can be generated and AAMC publications (e.g., Weekly Activities Reports, CAS Briefs and Alerts) can be mailed directly; (4) Special publications - Newsletters, reports, summaries and analyses can be prepared, edited, assembled and mailed as necessary; (5) Telecommunication links - Telephone and other rapid communication systems can be installed and manned; (6) Special services - As desired special services tailored to the needs of societies can be furnished. These could include, for example, accounting services, dues billing, maintenance of financial records, arranging for external audit, filing of tax returns, computer programming, conduct of special surveys, and creation of data bases.

Staffing costs to individual societies depends upon the amount of services required, but by sharing staff two or three societies can achieve their needs efficiently. During the experimental two years, the AAMC will charge no overhead costs (e.g. rent, heat, contributions to the effort by other AAMC staff) and will provide the funds needed to support the direct staff efforts which are not covered by participating societies. Whether the program will extend beyond the two year experimental period will be based upon judgment of the satisfaction of the societies with the services provided and of its

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effectiveness in strengthening the accomplishments of the Association's responsibility to all its constituents. After June 1979, participant societies will be expected to meet overhead costs as well as staff and other direct costs.

The Association of Professors of Medicine is the first CAS organization to embark upon this special program. The AAMC has received formal inquiries from seven other organizations, and hopes to extend the program to one or more other organizations in the near future.

6. Status Report on CAS Services Program

Kat Dolan reported that she has now been working with the Association of Professors of Medicine for six weeks, with the major activity involving administrative functions. As a result of the announcement of initiation of this new program, six societies (one of which is a basic science) have expressed an interest in exploring the services this program has to offer. It was decided that the Program would not offer only one or two services that societies might request because it would not enhance either the society or CAS in improving communications.

1/78

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CAS Ad Board Minutes

CAS SERVICES PROGRAM

The CAS Services Program was initiated in August, 1977, to strengthen the liaison between the AAMC and CAS member societies. The first organization to join the program was the Association of Professors of Medicine.

A consortium of neurological organizations--the Association of University Professors of Neurology, the American Academy of Neurology, and the American Neurological Association--has also decided to participate in the CAS Services Program. These organizations have requested only the legislative "tracking" portion of the services package, and each will continue to provide its own administrative services. Under our agreement, which is in the final stages of negotiation, the AAMC will monitor Congressional and executive branch activities in areas which have been identified by the organizations as of interest to their constituencies. A twice monthly status report on these areas will be prepared. Additionally, AAMC will provide the Weekly Activities Report to the executive committees of each of the organizations. The CAS Brief will be mailed in bulk to each society.

We have also met several times with representatives from three pediatric societies, with the Society of Teachers of Preventive Medicine and with the Association of Anatomy Chairmen. We continue to seek ways to implement the program during the 24 month trial period.

CAS Services Program

In August of 1977, AAMC initiated a two-year experimental program of increased services to member CAS societies which desired support and services over and beyond the level routinely provided to all CAS societies. The purpose of the CAS Services Program is to provide subscribing societies the services they need to accomplish their goals and to develop a closer relationship between the societies and AAMC.

The Services Program is administered through the Division of Biomedical Research of the Department of Academic Affairs. It was prompted by the AAMC's desire to initiate more effective communications with CAS societies and their members. The range of policy interests of the sixty-seven CAS societies is extensive, and AAMC wishes to be more aware of the particular concerns of individual organizations. Hopefully, better two-way communication will result which will strengthen AAMC's representation of CAS societies as well as improve individual societies' policymaking functions on behalf of their own members' interests.

Staffing costs to individual societies depends upon the amount of services required, but by sharing staff two or three societies can achieve their needs efficiently. During the experimental two years, the AAMC is not charging overhead costs (e.g. rent, heat, contributions to the effort by other AAMC staff) and is providing the funds needed to support the direct staff efforts which are not covered by participating societies. Whether the program will extend beyond the two year experimental period will be based upon judgment of the satisfaction of the societies with the services provided and of the program's effectiveness in strengthening the accomplishments of the Association's responsibility to all its constituents. After June 1979, participant societies will be expected to meet overhead costs as well as staff and other direct costs.

Subscribers to the CAS Services Program at this time are the Association of Professors of Medicine, the American Federation for Clinical Research, and three neurological societies--the Association of University Professors of Neurology, the American Academy of Neurology, and the American Neurological Association. The Association of Professors of Medicine has contracted with AAMC to receive a broad level of support services including meeting arrangements, maintenance of membership rosters and financial records, preparation of newsletters, and keeping the officers and membership abreast of issues related to their specific interest. The American Federation for Clinical Research and the neurological societies have subscribed to the CAS Services Program to receive continual information about legislation and national activities pertinent to their interests. The AAMC has received formal inquiries from twelve other societies and may extend the program to one or more organizations in the near future.

association of american medical colleges

202: 828-0460

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

MEMORANDUM

June 27, 1979

TO: Subscribers to the CAS Services Program

- Association of Professors of Medicine
- American Academy of Neurology
- American Neurological Association
- Association of University Professors of Neurology
- American Federation for Clinical Research

FROM: John A. D. Cooper, M.D. *JAC*

SUBJECT: CAS Services Program Renewal

As you know, the experimental period for the CAS Services Program ends on June 30, 1979. During individual discussions with each subscriber, the AAMC has indicated its willingness to continue the Program. The Association believes that the Services Program has strengthened our communication and interaction with our faculty constituency, and we are prepared to renew our contracts with you for July 1, 1979 - June 30, 1980.

The enclosed contracts reflect a change in the method of calculating the charges for the services provided. In the past, the cost of the Services Program has been based upon a specific percentage of time expended by a staff associate and a secretary in providing the services requested by each subscriber. Because we have now had sufficient experience with the program to accurately judge the amount of staff resources required to provide the various services, we will, in the future, provide services on a flat fee basis. The two categories of services currently being rendered and the cost of these services for the next fiscal year are as follows:

1. Legislative Tracking--AAMC provides information about and assistance in responding to legislation, regulations, national policies, and other developments of interest to the constituents of a CAS society. Mechanisms for providing information are arranged to fit the specific needs of a society but might include conference calls, periodic newsletters, attendance at society meetings, etc. The cost of this service for July 1, 1979 to June 30, 1980 will be \$10,000.

2. Office Management--AAMC provides office management and administrative support services. Typical services provided in this category include maintenance of membership lists, meeting arrangements, and maintenance of financial records. The cost of this service for July 1, 1979 to June 30, 1980 will be \$15,000.

Direct costs such as printing, computer usage, supplies, xerox, postage, telephone calls, etc. will be charged in addition to the base fees.

Since virtually all segments of the AAMC contribute to the CAS Services Program, a flat fee for services rendered is a more accurate means of assessing charges. The cost of these services is based on actual experience over the past two years in terms of staff support costs plus an increment to cover approximately half of the other costs which were not charged by the AAMC during the initial experimental period. AAMC recognizes that the relationships fostered by the CAS Services Program are mutually advantageous and, in recognition of this fact, has decided to absorb the other half of the support costs.

Diane Plumb will continue to be the primary staff contact for the Services Program and you should feel free to contact her (202-828-0482), Gus Swanson (828-0430), or Tom Morgan (828-0480) with questions about this matter.



association of american medical colleges

MEMORANDUM

TO: All Professional Staff

March 27, 1980

FROM: August G. Swanson, M.D.

SUBJECT: CAS Services Program

This is a reminder that operation of the CAS Services Program is dependent upon assistance and support from a number of staff with particular expertise in areas in which the subscribing societies have an interest. As you know, three neurology societies (the University Professors, the Academy, and the Association); the Association of Professors of Medicine; and the American Federation for Clinical Research contract with the AAMC to receive information about national issues, legislations, etc. of interest to their constituents. Diane Plumb is the primary staff person for the Services Program, and it is obviously difficult for her to keep track of all of the issues of interest to each of the five groups. It would be extremely helpful if you would send informational copies of Federal Register notices, internal memos about legislation and regulations, and any other materials which deal with subjects of interest to these groups. Also, when feasible, she should be included in meetings related to these topics.

Listed below are some issues in which these societies have a continuing interest.

Professors of Medicine:

General Internal Medicine Grants
Section 227; Medicaid/Medicare Reimbursement
Housestaff Unionization
Clinical Laboratory Improvement
Health Manpower
Drug Reform Legislation
Clinical Research (NIH Budget,
Research Regulations, Training, etc.)
VA Programs and Budget (Housestaff Positions,
Medical Research, etc.)

Neurology Societies

Anything related to NINCDS & NIH
Housestaff Unionization
Clinical Laboratory Improvement
Health Planning (particularly
regulation of CAT scanners, etc.)
Health Manpower
Drug Reform Legislation
Clinical Research (especially
regulations & legislation with
direct effect on neurological
research)
Section 227

AFCR:

All legislation, regulation, national policies, and position statements related to research support and training with special emphasis on clinical research (S.988 and H.R. 6522, NIH Budget, NRSA Program, research laboratory regulation, carcinogens, VA research programs, compensation, IRBs, to name a few).

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Membership in the AAMC entitles all CAS societies to representation in AAMC, participation in meetings that focus on faculty interests, and to a variety of newsletters and other informational publications. The officers of several member societies suggested that a program be developed for those societies wishing to augment the general services they already received as AAMC members. In response, the Association developed the CAS Services Program in 1977 on a two-year experimental basis. The program proved quite successful and now is a major function of the AAMC Division of Biomedical Research and Faculty Development. The program has served to assist participating societies in the accomplishment of their missions and goals as well as to enhance their liaison with AAMC. Six academic societies currently participate in the program.

Services provided fall into two categories: office management and legislative tracking. Societies may elect to participate in the program under one or both of these categories.

Office Management

Administrative and office management services that can be provided by AAMC to CAS societies on a contractual basis include: meeting management, maintenance of membership records, financial management, staffing of society committee and membership meetings, coordination of membership surveys, and handling of routine society correspondence and mailings. This category of services allows societies to establish a central Washington office without the often prohibitive expense of rent, full-time staff salaries and fringe benefits, and the purchase of office furniture and equipment.

Legislative Tracking

The range of services that AAMC can provide in this category includes: preparation of legislative newsletters on issues of special interest to a society,

1982 Attachment to Letter to Douglas Kelly, Ph.D.
re: CAS Services Program

staff participation in policy discussion conference calls, preparation of testimony and Congressional letters, arranging for meetings with Congressional staff and Executive Branch officials, and arranging legislative seminars for society members. The legislative tracking services are designed to enable societies to become much more informed on issues that directly affect their members and to respond in an effective and timely manner to legislative and regulatory proposals. Societies that subscribe to the legislative tracking services provided by AAMC have found the program to be a cost-effective approach to becoming involved in the public policy/legislative arena.

Cost of the Program

The cost of the program is determined on an individual basis taking into consideration such variables as the desired level of activity and the size of the society. It is possible for several societies from within the same discipline to jointly participate in the program and share the associated expenses.

How Can a CAS Society Participate in the Services Program?

CAS societies that are interested in either the legislative tracking or office management services offered by AAMC should contact Dr. Seymour Perry, Director of the AAMC Division of Biomedical Research and Faculty Development (202-828-0480). Since the AAMC attempts to tailor the Services Program to the specific requirements of societies that wish to participate, Dr. Perry and his staff can work with society officers to design a scope of services that fits their particular needs.