

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
Tuesday, April 13, 1982
9:00 am - 12:30 pm
Grant Room
Washington Hilton Hotel

AGENDA

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I. Call to Order	
II. Report of the Chairman	
III. Approval of Minutes	
IV. Action Items	
A. Consideration of Minutes	1
B. Report of the National Health Planning Committee (Executive Council Agenda - separate enclosure)	
V. Discussion Items	
A. Renewal Legislation Concerning NIH (Executive Council Agenda)-----	(18)
B. Programmatic Implications of the NIH Budget (Executive Council Agenda)-----	(23)
C. Update on Budget and Appropriations (Executive Council Agenda)-----	(29)
D. Health Care for the Aged: Challenges and Accomplishments of the Medicare Program (Executive Council Agenda)-----	(33)
E. Student Financial Assistance (Executive Council Agenda)-----	(78)
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

MINUTES

Thursday, January 21, 1982
9:00 am - 12 noon
Independence Room
Washington Hilton Hotel
Washington, D.C.

PRESENT

(Board Members)

Steven C. Beering, M.D.
Arnold L. Brown, M.D.
John E. Chapman, M.D.
D. Kay Clawson, M.D.
William B. Deal, M.D.
John W. Eckstein, M.D.
Richard Janeway, M.D.
William H. Luginbuhl, M.D.
Richard M. Moy, M.D.
Leonard M. Napolitano, Ph.D.
M. Roy Schwarz, M.D.
Edward J. Stemmler, M.D.

(Staff)

Robert Boerner
John A. D. Cooper, M.D.
Debra Day
Charles Fentress
Joseph Isaacs
Thomas J. Kennedy, Jr., M.D.
Joseph A. Keyes, Jr.
Mary McGrane
James Schofield, M.D.
Emanuel Suter, M.D.
Kathleen Turner

(Guests)

Grady Hughes
Julius R. Krevans, M.D.
Ed Schwager

I. Call to Order

The meeting was called to order at 9:05 am. Dr. Luginbuhl began by adjusting the agenda to accommodate speakers for selected topics.

II. Report of the Chairman

- The Executive Committee selected as the theme for the 1982 Annual Meeting "Academic Values in a Changing Environment." Presentation topics and speakers were suggested.
- The Executive Committee reviewed the work plan developed by staff after the December Officers' Retreat. It was decided that each Administrative Board should be asked to review the plan with the thought of reaffirming or developing new priorities for Association action.

- Dr. Claude Migeon had suggested that the Association consider sponsoring a National Biomedical and Behavioral Research Month as a method of stimulating public awareness of and support for research. It was agreed that the idea merited the further consideration of the Administrative Boards, and was added to their morning agendas.
- Following up on a brief discussion at the retreat, the Executive Committee considered methods by which the Association could increase housestaff involvement in its activities. It was agreed that an appropriate method would be to encourage the Association's Group on Medical Education to develop more interest among its membership in graduate medical education issues. It was further suggested that the next AAMC sponsored residents meeting be held in conjunction with its annual meeting.
- Dr. Oliver announced that the Executive Committee would meet that evening with Dr. Donald Custis, Chief Medical Director, VA Department of Medicine and Surgery, to discuss several issues, including the Medical District Initiated Planning Program, the Long Beach VA decision before the Federal Labor Relations Authority, and long-range plans for dealing with VA entitlements.
- Mr. Deufel reported on salary increases being given by Washington, D.C. nonprofit associations and by medical centers throughout the country. The Executive Committee authorized staff to develop an AAMC FY 1983 budget with salary increases in the 8-10% range.

III. Approval of Minutes

The minutes of the January 21, 1982 meeting of the Administrative Board were approved with noted corrections as submitted.

IV. Action Items

A. GSA Recommended Changes in Traffic Rules

The GSA recommended that each school should agree not to notify its applicants (except those applying via EDP) of acceptance prior to October 15th of each admission cycle. This proposal would move notification of acceptance to applicants back a month since our current policy was not being observed. Many schools send notifications of acceptance prior to the established date of November 15th. A survey conducted by the AAMC in the fall of 1981 indicated that only eight schools advertised admission notification prior to October 15th. This date was chosen as representing a feasible compromise.

Robert Boerner of the Association staff pointed out that the perception of some schools that getting there the "fastest with the mostest" was valuable in terms of attracting candidates. However, there has been a diversity of opinion on that subject.

Dr. Clawson suggested that some schools may have adopted the policy of early notification because of a perception that this would free the students choice of courses in their senior year.

It was noted that by moving the dates earlier, the gap between early decision program notification and regular admission notification had narrowed to 15 days. Unsuccessful EDP candidates are not rejected until October 1st and schools that were accepting by October 15th would already be well into their regular application process. Thus, moving the dates earlier would undermine the EDP program since EDP students would consider themselves uncompetitive with the remainder applicant pool.

Dr. Luginbuhl requested that there be an effort to bring the eight schools that advertised admission notification prior to October 15th into compliance with the new policy. He requested a follow-up on this process and report back the results next year.

The Board recommended that the Executive Council approve the GSA recommended changes in Traffic Rules.

B. Proposed Health Planning Bill

It was recommended that the Board review the documents of the AHA and AHPA to determine whether the AAMC should support all or any portion of either of these proposals.

Joe Isaacs addressed the Board summarizing the pro's and con's of the proposals. He maintained the only certainty was that the health planning program's future was seriously in doubt. Its critics contended that the role of health planning in the program was giving way to an excessive and inefficient regulatory apparatus that was wasting the taxpayers' money. On the other hand, its supporters contended that the concept of community-based health planning was a reasonable and necessary approach to directing and monitoring the course taken by the health care system. In Isaac's view, the outlook is not promising for planning programs as they are currently structured.

In concluding, he explained that the AAMC's current position is a series of criticisms of an apparently defunct program. The basic question is whether the Association is supportive of the continuation of health planning activity at all, and if so, in what form.

Dr. Chapman stated that the AAMC should have a separate statement regarding the planning and maintenance of Academic Health Centers rather than an endorsement of either the AHA or the AHPA statements.

Dr. Luginbuhl recommended a statement be drafted for the April Board meeting and that the Board not endorse either statements at this time.

C. ACGME Consensus Statements

Dr. Luginbuhl explained that these consensus statements related to the procedures by which the graduates of non-LCME accredited schools could enter accredited graduate medical education programs. The recommendation was to endorse the language of the CMSS for statements #1 and #4 and direct the AAMC representatives to the ACGME to support the adoption of these changes at the February 22nd meeting.

Board members discussed whether we could get the three groups-- AHA, ABMS, and CMSS to incorporate our language rather than the language already used in #4.

On motion, seconded and carried, the Board endorsed the motion to support the language of Consensus #1 and #4 as adopted by the Assembly of the Council of Medical Specialty Societies.

D. Biennial Report of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research

Dr. Cooper explained that the President's Commission is an outgrowth of the previous national commission on biomedical research. Primarily because of the interests of an aggressive staff, it has gone way beyond the mandates of the statute establishing the commission. The position that was circulated though labeled "draft" is final having been approved by the Commission on December 30, 1981.

The Board on motion, seconded and carried, agreed to approve the proposed Association response to the Commission's recommendations contained in the Executive Council Agenda.

E. Special Request for Assistance in Providing Clerkship Experiences-- Current Status of Meharry Medical College

A recent LCME consultation team visit to Meharry Medical College recommended that the school seek assistance of the Council of Deans in placing approximately 50% of Meharry's third-year students some or all of their required clerkship experiences in other institutions.

Dr. Johnson, Acting Dean at Meharry followed this suggestion by writing to Dr. Luginbuhl as Chairman of the COD. Dr. Luginbuhl, in turn referred the matter to the Board.

The Board concluded that this matter would be best resolved by requesting the President to alert all Council members of Meharry's request for assistance via a Pink Memo. While the schools should be encouraged to be responsive, all other communications and arrangements should be directly between Dr. Johnson of Meharry and the individual deans.

V. Discussion

A. Strategies for the Future: An AAMC Work Plan

Dr. Luginbuhl requested comments on this Work Plan. He suggested that the Board identify several high priority items and that the Executive Council establish priorities for the Association to determine as a guide for the investment of staff time and Association resources.

It was suggested that the three major issues facing the Association in the view expressed by the constituency were 1) financial aid, 2) research financing and research training, and 3) on the service side, medicare and medicaid. The Board concurred in this priority listing. Dr. Clawson suggested the use of a mini-delphi survey as a mechanism for involving the whole COD in establishing priorities.

B. Request of the Society of Medical College Directors of Continuing Medical Education

Dr. Suter of the Association staff presented an overview of the relationship of the SMCDCME to the COD. He requested that the Board respond to the two documents submitted for review as work products of the Society.

Dr. Beering raised the issue as to whether there really was a need for such a group. He pointed out that there are already two other groups who stimulate and represent medical educators and feels this group an extravagance we should re-evaluate.

After much discussion, Dr. Luginbuhl recommended that the COD leadership not meet with the SMCDCME this year as they had for the past two-years; and that, in general, the AAMC make every effort to assure that all legitimate continuing medical education concerns be given adequate attention by the Group on Medical Education.

On motion, seconded and carried, the Board agreed to discuss the AAMC relationship to the SMCDCME at the COD Spring Meeting.

VI. OSR Report

Grady Hughes, OSR Chairman, reported that at this meeting they tried to identify issues and priorities in which to devote attention. In doing so they recognized that there was a dual goal, one to represent opinions and interests of students and policy decisions at the national level and also to attempt to institute and expand the programs which were of tangible benefit to students at individual institutions.

The OSR also provided nominations to various groups including the GSA Committee on Financial Aid, the Flexnor Award Committee, and the NRMP Board.

VII. New Business

The COD Administrative Board was asked for its views on a proposal to initiate a National Biomedical and Behavioral Research Month. The idea was supported by a majority of the Board, several of whom suggested that instead of just a month, a whole year ought to be devoted to the topic. Others cautioned that we should not give too narrow a focus on research; that what was really important was to get before the public a better understanding of the societal contributions of the Academic Medical Centers.

Joseph Keyes took this opportunity to distribute AAMC ties to the new members of the Board--Dr. Brown, Dr. Clawson, and Dr. Deal.

VIII. Adjournment

The meeting was adjourned at 12:35 pm.



THE UNIVERSITY OF ROCHESTER
MEDICAL CENTER

601 ELMWOOD AVENUE
ROCHESTER, NEW YORK 14642
AREA CODE 716

SCHOOL OF MEDICINE AND DENTISTRY • SCHOOL OF NURSING
STRONG MEMORIAL HOSPITAL

Frank E. Young, M.D., Ph.D.
Dean, School of Medicine and Dentistry
Vice President for Health Affairs
(716) 275-3407

March 24, 1982

Dr. John A.D. Cooper
President
Association of American
Medical Colleges
Suite 200
One DuPont Circle, N.W.
Washington, D.C. 20036

Dear John:

I write to tell you that I cannot attend the Spring Meeting of the Council of Deans. I have repeatedly urged that our Association not select such opulent settings for their meetings and that the meetings be more intense rather than an R&R for deans. It would appear that it is possible for us to have these meetings in association with the Annual Meetings or in a more central place like the Chicago Airport hotels. At a time when I am decreasing budgets for the School of Medicine and Dentistry, worrying about student support, and strongly supporting increased government appropriations, it would be hypocritical for me to indulge myself in such a posh surrounding. I realize that these meetings are a relaxation for the deans and a major drawing card, however, I am also concerned that you would be compromised in your testimony before Congress if it was widely appreciated how gorgeous our settings really are. Therefore, I urge you to bring my concern to the Council of Deans Meeting. I must state that I will no longer attend the Spring meeting if it is under such luxurious conditions. I profoundly regret this, John, because I enjoy the meetings, am highly supportive of the Association and believe that we need to work together vigorously, more now than ever before.

I am sorry to upset the apple cart.

Sincerely,

FEY:eb



April 6, 1982

Frank E. Young, M.D., PH.D.
Dean, School of Medicine and Dentistry
Vice President for Health Affairs
University of Rochester
601 Elmwood Avenue
Rochester, New York 14642

Dear Frank:

I have your recent letter explaining why you did not feel you could attend the spring meeting of the Council of Deans. We were sorry that you were not there and missed your contributions.

I hope that you received my letter of March 22 in which I tried to explain the circumstances surrounding the choice of sites for this and other meetings of the Association.

I am sorry that you were not able to present your views to the deans at the meeting. We will bring your correspondence to the attention of the COD Administrative Board when it meets next week.

Sincerely,

John A. D. Cooper, M.D.

bcc: Joe Keyes (with incoming)



association of american medical colleges

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

March 22, 1982

202: 828-0460

Frank E. Young, M.D.
Dean, School of Medicine and Dentistry
Vice President for Health Affairs
University of Rochester
601 Elmwood Avenue
Rochester, New York 14642

Dear Frank:

Your March 4 letter arrived while I was out of the country, and I apologize for the delay in replying. I can appreciate your concern about the public image that the Association and its medical schools present, but I cannot agree that these meetings are, in any way, contrary to society's interest.

The Association has five groups, which traditionally have met regionally. For the first time, this year the Group on Business Affairs and the Group on Institutional Planning are holding national meetings. These are the two groups referenced in your letter, and I thought I would take some time to explain specifically why we are trying this new approach.

We have surveyed some of our group members concerning the factors that attract them to a meeting. Location was the second most important factor in a decision to attend an AAMC meeting; program was ranked third and speakers fifth. Seventy-one percent of the respondents ranked location as either "extremely important" or "important." Since only half the time at a meeting is spent in program sessions, we believe it essential to offer an environment that is attractive to participants. We learned this at a cost last year when we had to cancel a special professional development meeting in Kansas City because only 25 persons had pre-registered.

When the groups meet regionally, the AAMC staff that support the groups are required to plan, coordinate and attend four meetings a year. This is necessary since so much of the information we are conveying must be presented to all group members. Needless to say, this imposes a substantial burden on the Association both financially and in terms of staff time. We have also found that we are able to put together a much stronger

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March 22, 1982

program when we can promise a speaker a national audience. For groups that have a membership with diverse institutional responsibilities, the national meeting format with a larger group of participants allows us to offer several program tracks so that registrants can gain the most benefit from the meeting. I am sure that you will agree that to spend time, effort and money on a meeting that does not meet the professional needs of our constituents is not a cost effective way to manage the groups.

Although the Association is using the national meeting approach for two groups, the other groups and other meetings of the Association are still held regionally. We have not found, however, that holding meetings in airport hotels necessarily provides a cost savings for participants. A Chicago airport hotel is charging us \$69 per room for an April meeting compared to the \$60 rate in San Diego and \$58 in Tucson. Also, we have discovered that discount air fares are more likely to be available to vacation-type destinations. Our staff is flying to the west coast for these meetings for less than it will cost me to attend a meeting in Boston in May. We have tried to alert our constituents to these cost savings by providing a special phone number for discount airfare services.

I know that you also have concerns about the site of the COD spring meetings. As you know, the site selection process involves the Administrative Board and, on occasion, the entire membership. The 1983 selection of Scottsdale was by a vote of the entire Council. The vast majority of deans prefer the present structure and choice of resort sites for that meeting. If you are firmly persuaded that a change is in order, I think you should take the matter up with your colleagues at the spring meeting of the Deans.

I hope that this letter has been useful in explaining some of the factors taken into consideration by the Association as it plans the many meetings it sponsors each year. We, too, are sensitive to our public image, but believe that we have a responsibility to our membership to offer meetings that are effective as well as economical.

Sincerely,

John A. D. Cooper, M.D.

bcc: Joe Keyes