



**association of american  
medical colleges**

**AGENDA  
FOR  
COUNCIL OF DEANS**

**ADMINISTRATIVE BOARD**

**WEDNESDAY, JUNE 17, 1987  
4:00 PM - 6:00 PM  
GEORGETOWN WEST**

**WEDNESDAY, JUNE 17, 1987  
6:00 PM - 7:00 PM  
JEFFERSON WEST**

**THURSDAY, JUNE 18, 1987  
7:30 AM - 12:30 PM  
MAP AND CABINET ROOMS**

**WASHINGTON HILTON HOTEL  
WASHINGTON, DC**

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

COUNCIL OF DEANS  
ADMINISTRATIVE BOARD MEETING

Washington Hilton Hotel  
Washington, D.C.

Agenda

Wednesday, June 17, 1987

4:00 p.m. - 6:00 p.m.

Joint COD/OSR Administrative Boards

Georgetown West

6:00 p.m. - 7:00 p.m.

Joint Administrative Boards Session

Guest Speaker: James Wyngaarden, M.D.

Jefferson West

7:00 p.m. - 9:30 p.m.

Reception & Dinner

Jefferson East

Joint COD/OSR Administrative Boards Meeting

Wednesday, June 17, 1987  
4:00 p.m. - 6:00 p.m.  
Georgetown West

ITEMS FOR DISCUSSION

1. Preventive Care Education
2. Use of Animals in Education
3. Who is Really Responsible for Teaching Medical Students?

Thursday, June 18, 1987

7:30 a.m. - 9:30 a.m.

Joint Administrative Board Session

Map Room

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9:30 a.m. - 12:30 p.m.

Cabinet Room

COD Administrative Board Meeting

- I. Call to Order
- II. Report of the Chairman
- III. Approval of Minutes . . . . . 1
- IV. Action Items
  - A. Change in AAMC Statement on Medical Education of Minority Students  
(Executive Council Agenda-----p. 18)
  - B. Organizing the Group on Faculty Practice  
(Executive Council Agenda-----p. 21)
  - C. ACGME Policy Matter  
(Executive Council Agenda-----p. 25)
  - D. New Schedule for Executive Council Meetings  
(Executive Council Agenda-----p. 27)
  - E. Mandatory Health Benefits  
(Executive Council Agenda-----p. 28)
  - F. Medical Care for the Indigent. . . . . 8
  - G. Possible AAMC Activities Related to AIDS  
(Handout)
- V. Discussion Items
  - A. AAMC Activity on AIDS Legislation  
(Executive Council Agenda-----p.31)

VI. Information Items

A. Annual Meeting Program . . . . . 11

B. MEDLOANS Update  
(Executive Council Agenda-----p.41)

VII. OSR Report

VIII. Old Business

IX. New Business

X. Adjourn

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

MINUTES

April 16, 1987  
8:00 a.m. - 12:00 Noon  
Hamilton Room

Washington Hilton Hotel  
Washington, D.C.

PRESENT

(Board Members)

L. Thompson Bowles, M.D., Ph.D.  
William Butler, M.D.  
D. Kay Clawson, M.D.  
Louis J. Kettel, M.D., Chairman  
John Naughton, M.D.  
Henry Russe, M.D.  
W. Donald Weston, M.D.

(Guests)

Vicki Darrow  
Kimberly Dunn  
Edward J. Stemmler, M.D.\*

ABSENT

Hibbard E. Williams, M.D.  
Robert Daniels, M.D.  
William B. Deal, M.D.  
Richard Ross, M.D.

(Staff)

M. Brownell Anderson  
David Baime  
James Bentley, Ph.D.\*  
Paul Jolly, Ph.D.  
Thomas J. Kennedy, M.D.  
Joseph A. Keyes, Jr.  
Mary H. Littlemeyer  
Wendy Pechacek  
Robert G. Petersdorf, M.D.\*  
James R. Schofield, M.D.  
John F. Sherman, Ph.D.\*  
August G. Swanson, M.D.  
Kathleen Turner\*

\* Present for part of meeting

I. CALL TO ORDER

The meeting was called to order at 8:00 a.m. by Louis J. Kettel, M.D., Chairman.

II. CHAIRMAN'S REPORT

Dr. Kettel reported that the Executive Committee met on April 15 and discussed the budget for the upcoming fiscal year. The committee spent a considerable amount of time on the AAMC's investment strategy, which has been studied by AAMC's investment committee and by a private consulting firm, which will present recommendations later. The decision was made to increase annual registration fees to \$125 for those who preregister and to \$150 for those who register at the door. These fees are still less than those assessed by similar professional organizations whose meetings are of comparable size. Several general sessions speakers have been confirmed, and the AAMC will host a big reception this year on Sunday evening.

III. APPROVAL OF MINUTES

The minutes of the January 22, 1987 meeting of the COD Administrative Board were approved as submitted.

IV. REPORT OF THE PRESIDENT

Dr. Petersdorf reported on the first AAMC/AAHC forum, which he described as extremely cordial. AAHC declined cosponsorship of the telephone survey to key Congressional members. In view of the AAMC's recent reorganization and the creation of the Office of Governmental Relations, unilateral sponsorship of the survey at a cost of \$50,000, was deemed to be an option of insufficient promise for pursuit at this time. A meeting with the Deputy Chief Medical Director of the Veterans Administration was productive. AAMC testifies before both houses on the FY88 budget for the VA Department of Medicine and Surgery within a few weeks. Among many issues discussed with the Deputy CMD were conflict of interest of faculty in VA hospitals; closure of six VA cardiac surgery units; AAMC's study of medical education in the ambulatory care setting; distribution of funds under the resource allocation method formula; foreign medical graduates; a VA Circular that relates to the appointment of clinical clerks only to VA residency programs that are accredited; the budget cycle and residency and fellowship matches; new VA fellowship programs in support of psychiatric research and clinical pharmacology that are peer reviewed, national competitions. Dr. Petersdorf reviewed the membership of the Task Force on Physician Supply in the agenda. To effect a balance in the membership, another person will be added from a public medical school. Also, another basic scientist is being sought. Another public member may be added as well, but a concerted effort is being made to keep the group small. Recruiting is under way for three AAMC vice presidents. Also, the retirement of Dr. James R. Schofield as AAMC Secretary to the Liaison Committee on Medical Education leaves an important vacancy to be filled.

V. ACTION ITEMS

The COD Administrative Board considered the following action items:

A. Final Report of AAMC/AAHC ad hoc Committee on Strategies for Promoting Academic Medical Centers

The report of the joint AAMC/AAHC committee was considered at the first forum, described by Dr. Petersdorf. As he reported, AAHC did not wish to sponsor the telephone survey, but the basic findings of the report were approved. It was agreed by representatives of both organizations that the issue of promoting academic centers should be explored and that liaison between the academic centers and their congressional delegations should be strengthened.

ACTION: On motion, seconded and carried the Board unanimously agreed to support the body of the report, which cites the need to focus on the importance of academic medical centers in generating new knowledge and in advancing technology in patient care needs. Ways in which to do this will require continuing examination.

B. International Medical Scholars Program

Dr. Swanson reported on this program, which has as its primary purpose the provision of a system to permit physicians sponsored by agencies or institutions in their countries to obtain educations tailor-made to meet their specific needs in the United States. The program would function under a board comprised of representatives from AAMC, AHA, AMA, ABMS, and CMSS. ECFMG would most likely function as the operating agency but without any participation in policy making. Several members described extant international programs in their institutions. Dr. Bowles commented that conceptually one cannot oppose this idea, but its implementation is complex. Those in GWU's programs participate largely as observers. Financing scholars is another problem. Collecting from foreign governments that have assumed responsibility for scholars' support can be difficult in that one has no legal leverage. Dr. Russe described the rigorous process in his institution to ensure that international scholars not be involved in patient care. They are essentially treated as special students. Dr. Weston raised the question of possible conflicts that might result in cases where universities have linkages with colleges other than medicine, such as agriculture. Dr. Clawson suggested that since almost all universities have such relationships, such a program should proceed slowly. Dr. Swanson reported that AAMC is cooperating with ECFMG in surveying all U.S. medical schools to determine the number and types of international projects under way at these institutions. Survey findings will be published in a directory that will be available in the near future. At the May meeting of the organizing committee he will suggest a thorough assessment of the programs in existence. Also, the problem of using international scholars in service settings in lieu of providing educational opportunities to them must be addressed.

Action: On motion, seconded, and unanimously approved, the Board approved AAMC's participation in the International Medical Scholars Program with the several caveats that were mentioned.

C. Revisions of General Requirements Section of Essentials of Accredited Residencies

Action: On motion, seconded, and unanimously approved, the Board approved the following revisions to the General Requirements:

(1) In Section 3 -- to preclude graduates from non-LCME accredited medical schools located in U.S. jurisdictions from entering ACGME-accredited residencies.

(2) In Section 5 -- to add subsection 5.4, Professional Liability Insurance, that states trainees in graduate medical education should be provided professional liability coverage that includes legal defense against awards for claims filed after the completion of graduate medical education. The coverage is limited to incidents occurring within the scope of the educational program.

(3) In Section 5 -- an addition to subsection 5.1.4: "Institutions should make special provision to inform residents of (a) the problem of chemical dependence among medical students, residents, and physicians in practice, and (b) specialized resources for treatment and rehabilitation for chemical dependence accessible to the resident in that institution or program."

D. Committee on Faculty Practice Report

Action: On motion, seconded, and unanimously approved, the Board unanimously accepted the Report of the ad hoc Committee on Faculty Practice and commended the Chairman of the committee, Dr. Edward J. Stemmler, and the committee, for their excellent work.

E. Timing of Release of Deans' Letters

Action: On motion, seconded, and unanimously approved, the Board unanimously approved November 1 as the date for the release of Deans' letters and recommended that this date be widely publicized to residency programs as the earliest date that complete evaluations of student performance will be available.

F. Replacement of Walter F. Leavell, M.D., on the Executive Council

Action: On motion, seconded, and unanimously approved, the Board recommended that Dr. Henry Russe serve until the November election the seat on the Executive Council created by the resignation of Dr. Walter Leavell.

G. Tulane Commendation

Action: On motion, seconded, and unanimously approved, the Board enthusiastically endorsed the commendation to Tulane University and its Delta Primate Center for its outstanding service to the research community in accepting custody last fall of the 15 so-called "Silver Spring" monkeys at the request of the National Institutes of Health.

VI. DISCUSSION ITEMS

The COD Administrative Board discussed the following items:

A. JCAH Study of Academic Medical Center Accreditation

Dr. Bentley reviewed the background for this effort and the JCAH focus on quality assurance. The nine-member committee responsible for the report included two medical school deans, a former dean, an executive associate dean, two department heads, and a director of a university hospital. The committee recommended that the JCAH conduct a thorough study of the accreditation and quality assessment activities of academic medical institutions. The committee asked the JCAH to explore the area and gather data.

ACTION: On motion, seconded, and unanimously approved, the Board supported the AAMC's cooperating with the JCAH in assisting medical schools and their teaching hospitals as they elevate the importance of quality in patient care.

B. Organizing the Group on Faculty Practice

Dr. James Bentley, director of AAMC's new Division of Clinical Services, led this discussion of a matter that was presented only to the COD Board for discussion. The many complexities of how to organize and constitute the Group on Faculty Practice were discussed at length. Dr. Bentley said ideally the first meeting of the Group on Faculty Practice would be in conjunction with the AAMC Annual Meeting this fall. The COD Board's consensus was that each Dean be invited to appoint one policy-making representative to the Group, and at the organizational meeting indicate that the representative can invite a manager to attend meetings. Voting in the Group will be vested in the Dean's designee to the Group.

C. Assessment of Outcomes of the 1987 Spring Meeting

The Board members were high in praise of the Hawaii meeting. Several, however, noted the difficulty in having the Board meeting follow so closely the spring meeting and expressed hope that such scheduling can be avoided in future years. Board members expressed great interest in the papers that were presented in Hawaii. These are being prepared and will be distributed to all Deans. Physician supply and quality were

discussed. Dr. Kettel expressed concern that, while the issue of quality is not debatable, no one has defined what quality is. He said students think too many are graduated who should not be. How the issue of quality relates to accreditation was also discussed. Dr. Clawson made a plea for the uncoupling of issues of physician supply from quality. Other issues that relate the quality in medical education are patient mix and number of cases per student. Dr. Bowles indicated a discomfort in using the accreditation process to homogenize the way in which medical schools educate their students since the issues of quality are so ill defined. Ms. Dunn cited one major concern in clinical education is that those who know the least (the interns and residents) are responsible for most of the teaching. How can quality be judged if the faculty are never there?

D. COD 1987 Annual Meeting/Social Event

Dr. Swanson has explored several possibilities for the social meeting and will have a site located to report at the next meeting. Themes suggested for the Sunday afternoon COD meeting were AIDS and medical education, which Dr. Naughton supported as definitely related to physician supply because the AIDS victims are a part of an underserved population. Outcome assessment was another topic named. Dr. Kettel asked Dr. Naughton and Dr. Weston to discuss meeting plans with him by telephone. He will have a report for the June meeting.

E. Indigent Care

Portions of a paper relating to indigent care were distributed to the Board. This was from a paper, "Major Changes in State Medicaid and Indigent Care Programs, January-December 1986," compiled by the Intergovernmental Health Policy Project at George Washington University. Dr. Bentley indicated that some useful innovations being done at the state level are described in the paper. This issue will appear on the June agenda.

F. Use of Animals in Research

Ms. Darrow said that OSR view themselves as medical scientists and support the use of animals in research and education. As individuals they tend to object to the redundancy in the use of animals in education. Students are asking for the opportunity to exercise moral and ethical decision making. They would like to encourage schools to address the moral and ethical concerns of their students. This item will be discussed in June.

VII. OSR REPORT

Ms. Darrow reported on the appointment of Ms. Wendy Pechacek to staff OSR, succeeding Ms. Janet Bickel. The OSR has planned its annual meeting and has attracted some exciting speakers. OSR will be working with Dr. Swanson in generating information about discriminatory or offensive practices in residency applications and interviews. The OSR Report, "Success or Failure: Silent Questings About Medical

School," is out. OSR is trying to increase communications with the Group on Medical Education.

VIII. ADJOURNMENT

The meeting adjourned at 12:00 noon.

## MEDICAL CARE FOR THE INDIGENT

At the January, 1987 meeting of the Administrative Board, there was extensive discussion of a paper on health care for the medically indigent that had been forwarded by the Midwest/Great Plains deans (see following page). There was a consensus that financing medical care for indigents involves complex, interrelated, national, state and local issues and policies. The Association has been a strong proponent of a more adequate Medicaid Program and has supported more equitable distribution of uncompensated care among all types of institutions. However, the four statements in the Midwest/Great Plains document call for academic medical centers to take proactive measures to cultivate indigent patients, assume leadership in modeling and evaluating innovative approaches to providing and financing their care in one class systems at their institutions (note underlining).

### RECOMMENDATION

Considering the diversity of our institutions and the local variations in the burden of uncompensated care, the Board should decide whether mounting a program to accomplish these measures is a viable AAMC position.

HEALTH CARE FOR THE MEDICALLY INDIGENT  
POSITION PAPER  
MIDWEST/GREAT PLAINS DEANS

At its meeting in September, 1986, members of the Midwest/Great Plains Section of the Council of Deans and invited representatives from the AAMC and its governance structure addressed the issue of the role academic institutions might play in improving the health care provided to the medically indigent. During the first half day of the meeting, deans from four separate areas of the country described unique approaches that have been tried in their communities to address the problem. The second half day was spent discussing the following:

- a. What issues concerning quality and access should be addressed by academic institutions?
- b. How should academic medical centers integrate missions in education and research into a system of health care for the medically indigent?
- c. What are options for financing a better level of health care for the medically indigent; is capitation the best approach?
- d. What are the political ramifications of academic institutions taking a more active role in addressing the problem of improving the delivery of health care to the medically indigent?

The discussion of these questions led to several points of agreement. For example, the term medically indigent should include not only the traditional public aid recipients but also those who are uninsured or underinsured. A high proportion of the approximately 40 million people in these categories are employed but either cannot participate in group insurance programs or cannot afford the premiums. There also was general agreement that there are few acceptable measurements of the quality of health care. An early requirement is to work with other entities in organized medicine to define quality and defend it in all components of the delivery system.

A multitude of problems relating to financing health care to the medically indigent were discussed. Suggestions for funding this care include expanding government programs such as Medicare/Medicaid, dismantling Medicaid and reorganizing reimbursement for nursing home care, etc., developing a risk pool for commercial insurance companies to be reimbursed by government for care rendered, pursuing a federal or state capitation system. The issue is complex, but many feel there is enough money in the system, if it is utilized to emphasize health education and prevention of illness rather than crisis intervention.

The political implications of a more proactive role of academic medical institutions in focusing attention on this issue are extensive. It is imperative to clarify and communicate our motives, help increase the power base of and advocacy for the medically indigent, and work with other organizations such as the AMA. The latter could be facilitated by working with state associations and supporting the activities of the Section on Medical Schools in the AMA.

The following represents a statement of positions the Midwest/Great Plains Deans suggest for adoption by the Administrative Board of the Council of Deans:

1. A diverse population of patients from all socio-economic, cultural and ethnic groups in our society is an important element in the educational experience of today's medical students and house staff, and should be cultivated by academic medical centers. \*
2. Academic medical centers must include within their research missions not only the typical clinical and epidemiological study of medical problems among economically disadvantaged populations, but must be leaders in developing, modeling and evaluating innovative approaches to delivering and financing medical care for the poor and medically indigent. \*
3. The system of medical care in which our students and residents learn must increasingly reflect the system in which they will practice medicine. Thus, appropriate ambulatory care programs must be incorporated into those educational experiences. That same system of care must be provided in our academic medical centers for the poor and medically indigent. \*
4. Academic medical centers and their leaders must be strong advocates for methods of financing health care for the poor and medically indigent that will ensure viability of this linkage between our academic mission and our commitment to providing care in a modern, relevant system of care.

By taking a stance on the issue of health care for the medically indigent, the AAMC may serve as a catalyst for beneficial change and can begin the process of improving its image with those who think it traditionally only takes positions that are self-serving.

\* Emphasis added

COUNCIL OF DEANS ANNUAL MEETING PROGRAM

With the advice of Don Weston and John Naughton the following program is planned for Sunday, November 8 at the AAMC Annual Meeting.

2:00 pm      **The State of the Art in Clinical Competency Evaluation**

*Stephen Abrahamson, Ph.D.  
Chairman, Department of Medical Education  
University of Southern California School  
of Medicine*

*Jack L. Maatsch, Ph.D.  
Director, Office of Medical Education  
Research and Development  
Michigan State University College of  
Human Medicine*

3:00 pm      **The Status of the AIDS Epidemic**

*June Osborne, M.D.  
Dean  
University of Michigan School of  
Public Health*

4:00 pm      **Adjournment**

FUTURE MEETING DATES

1987 Meeting Dates:

*Executive Council/COD Admin. Board -*

September 9-10

*AAMC Annual Meeting -*

November 7-12  
Washington Hilton Hotel  
Washington, DC

1988 Meeting Dates

*Executive Council/COD Admin. Board -*

January 13-14  
April 6-7  
June 22-23  
September 7-8

*AAMC Annual Meeting -*

November 12-17  
Hilton Hotel  
Chicago, Illinois

*COD Spring Meeting -*

March 19-23  
Inter-Continental Hotel  
Hilton Head Island, So. Carolina