COUNCIL OF DEANS

AGENDA

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October 30, 1970
Music Room
Biltmore Hotel
Los Angeles, California

2:00 p.m. - 5:00 p.m.

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I. Roll Call

II. Consideration of Minutes of May 21, 1970 Meeting 1

III. Chairman's Report

IV. Report from Regional Groups

V. Veteran's Administration-Medical School Relationships
Marc J. Musser, M.D., Chief Medical Director, VA

VI. Innovative Programs in Medical Education
William J. Grove, M.D., University of Illinois
Glenn W. Irwin, Jr., M.D., Indiana University
Thomas D. Kinney, M.D., Duke University
Robert B. Lawson, M.D., Northwestern University
Bernard W. Nelson, M.D., Stanford University

VII. Medicare 8
John M. Danielson, AAMC

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XI. Election of Emeritus Members 58

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XIII. Other Business

XIV. Report of Nominating Committee and Election of Officers
& Administrative Board Member

XV. Installation of Chairman

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
MINUTES
COUNCIL OF DEANS

May 21, 1970

Statler Hilton Hotel
Washington, D. C.

I. Call to Order

The meeting was called to order by Dr. Sprague at 9:06 a.m.

II. Roll Call

Attendees signed in at the door; a quorum was ascertained.

III. Minutes of February 6, 1970 Meeting

The minutes of the meeting of February 6, 1970 were accepted without change.

IV. Reports from Regional Groups

Southern: Dr. Pannill reported on the topics covered at the recent meeting of the Southern Deans, which centered largly around the federal budget. There were no action items to report.

Western: Dr. Mellinkoff reported that the Western Deans discussed the proposed changes in the Health Professions Education Assistance Programs contained in today's COD Agenda. There was a general feeling within this group that the amount proposed for formula institutional support might be too low; they fear that Congress will view this amount as a maximum rather than a compromise.

Midwest-Great Plains: The Midwest-Great Plains Deans are interested in doing a regional salary study and in holding a cost allocation workshop and have instructed Dr. Grulee to confer with AAMC staff regarding these. They expressed concern regarding the Council on Medical Education's proposal concerning the confering of degrees to doctors of osteopathy but found no objection to accepting DOs as interns. The task force report on Physicians' Assistants to be discussed today was also covered.

V. Report of the Task Force on Physicians' Assistants

This report is the product of a task force chaired by Dr. Harvey Estes, which included CAS, COD, and COTH representatives. Representatives of the staff of the AMA Councils on Medical Education and on Health Manpower attended the meetings as guests.

The report deals only with the accreditation of programs for the production of the most highly trained physician support personnel who, under a physician's direction, are equipped to carry out many of the functions traditionally assigned to the doctor. In keeping with its charge, the task force has addressed itself primarily to the responsibility of AAMC institutions for the training of such personnel.

The report has been received by the CAS Executive Committee but has not been approved. At its last meeting, the LCME voted to invite representatives of the AMA Council on Medical Education, AMA Council on Health Manpower, and the AAMC to form another task force charged with taking the recommendations of this report the next step: Sufficient clarification for their presentation to the AMA House of Delegates and to the AAMC Assembly. The AAMC Executive Council accepted this report as information, but felt that it would be premature to act on the report before it was discussed by COD and COTH. "Timing" problems prompted the Executive Council to approve appointment of AAMC representatives to meet with AMA representatives, however.

After considerable discussion, the Council of Deans agreed upon the following recommendations: 1) that the AAMC-AMA task force concern itself with all three levels of physicians' assistants, but focus on Type A; 2) the task force address itself to the question of licensure; and 3) that our representatives to this task force take an active concern in the area of academic standards.

VI. Health Professions Education Assistance Program

Mr. Murtaugh presented proposals for modification of the HPEA legislation. There was extensive discussion of these proposals which concluded with general concurrence in the approach to be taken, but with the following comments and suggestions:

1. Dr. Robert Bird, Medical School of Oklahoma, emphasized the importance of including within the construction provisions of HPEA the authority to provide funds for the construction of teaching hospitals. He pointed out that many state institutions are prohibited from borrowing money and thus would not have access to the loan provisions of the Hill Burton program. He also pointed out the difficulty of gaining adequate priority for teaching facilities within the Hill Burton framework.

2. John Parks of George Washington asked that the reference to include out-patient facilities in the authorization for clinical facilities be given better definition concerning the nature of out-patient facilities to be so included. He noted that emergency-care facilities served an important teaching role and surely should be included within an out-patient facility definition.

3. Bill Mayer, University of Missouri, offered his opinion that any revision of the legislation would likely lose the authorization for construction of clinical facilities. Thus, the proposed authorizations within construction parts of the legislation ought to be reviewed so that a second set of authorizations excluding costs of teaching facilities could be developed as a fall-back set of proposals.

4. Dr. Stetton, Rutgers, asked that the revision of legislation emphasize the point that all enrollment increases should be accomplished without deterioration in the quality of the educational program.

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5. William Stone, University of New Mexico, expressed concern that the revisions were entirely an extension of the legislative structure of the past. He expressed the hope that a new legislative proposal, built around current concepts of needs, could be developed. This proposal would emphasize the need to relate the construction of teaching facilities in the health professions to regional needs, provide for participation in health-planning activities, and otherwise be related to what are now perceived to be urgent needs in medical education.

6. Ivan Bennett, New York University, suggested that the Federal matching formulas be changed to provide for 100 percent Federal funds for the construction of teaching facilities.

7. Page, of the Medical College at Toledo, suggested that the matching-funds formula be set at the 85 percent and 50 percent levels, eliminating the proposed 75 percent level of matching.

8. Hinshaw, of Loma Linda, along with Millinkoff of UCLA, questioned the adequacy of the authorizations for the basic and special improvement grants. They expressed the view that these authorizations were considerably less than those required to support the recommendations of the Kerr Commission. A discussion of this point led to a general expression of view by the deans that it might be well to provide for a separate authorization for the formula institutional grants and another authorization for the special project grants.

9. Sprague, University of Texas, questioned whether the authorization levels for the student-loan and scholarship programs were adequate to provide fot the growth in student bodies and the levels of support needed to admit larger numbers of disadvantaged students.

10. Andrew Hunt, Michigan State, raised the question of the difference between problems of private versus public schools in respect to financing. He felt that it would be desirable to avoid approaches to the legislative extension which would not involve a continuing substantial dependence upon the flow of non-Federal money. He was unable to respond to the question of where such non-Federal support would come from.

VII. Review of the Legislative Process

Mr. John S. Forsyth, General Counsel, Committee on Labor and Public Welfare, presented an overview of the legislative process as it relates to both the House and the Senate.

A bill may start in either the House or the Senate; Mr. Forsyth described the route proposed health legislation would take from its introduction by a member of Congress to the presiding office, its referral to the (Committee on Labor and Public Welfare - Senate) (Commerce Committee - House), and then to the Health Subcommittee of the (Senate) (House) where witnesses are called and hearings held. The Subcommittee in executive session with its staff then discusses the bill(s), arrives at a consensus, and refers the marked up bill back to its parent committee. The full committee discusses the proposed legislation and the subcommittees amendments, arrives at its own decision by majority vote, and then forwards the bill with a detailed explanatory staff report to the (Senate) (House) floor where it is debated and amendments offered till a final bill is arrived at. The bill must pass both House and Senate before it becomes law. If there is disagreement between these two bodies, a conference committee made up of both House and Senate Health Subcommittee representatives is charged with resolving the differences. The conference bill must then pass through both House and Senate.

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Once authorizing legislation has been passed, proposed appropriations must take the same route as described above but going through appropriations committees.

There was a question and answer period at the end of Mr. Forsyth's presentation.

VIII. Review of the Federal Budget Process

Mr. Charles S. Schultze, former Director of the Bureau of the Budget and presently with The Brookings Institution, described the steps involved in arriving at a federal budget. A simultaneous process exists, with the government on the one hand making economic and revenue forecasts, and the agencies forecasting their program needs. Through discussions and appeal mechanisms, national priorities, the economic situation, and program priorities are melded such that the BOB Director can make overall budget recommendations to the President. The President mediates any unresolved areas of contention between the BOB Director and agency heads. The budget is then submitted to the Congress where appropriations subcommittees review it in detail.

The time table for this process is: work starts on next year's budget immediately after the current budget has been submitted to Congress; early in the summer the BOB starts to prepare a tentative budget by program and agency; at the same time economic and revenue forecasts are under way by the Secretary of the Treasury, Chairman of the Council of Economic Advisors, the BOB Director, and their respective staffs; these activities are followed by the President's permission to announce tentative budgets to the agencies; by September 30th the agencies are to come up with their own proposed budget plus a plan for living with the President's proposed budget; appropriations usually lag behind the start of the fiscal year by about 3 months.

A very informative question and answer period followed.

IX. Discussion with Dr. Roger O. Egeberg

Dr. Roger O. Egeberg, Assistant Secretary for Health and Scientific Affairs, DHEW, joined the group to discuss the prospects for federal support of medical schools.

He stated that he felt that American medicine had come to a fork in the road where the alternatives offered were (a) to have the physician as the head of a group providing medical care; or, (b) individuals of the order of a physician assistant who would be the basic unit of medical service.

He felt that the former alternative was the only acceptable route to take. To do this, it would be necessary to bring into being 50,000 additional physicians as soon as possible. In discussing the considerations being given to this problem, there appeared to emerge, sort of side-wise, out of the presentation, the following kind of proposal:

Steps should be taken to double the size of the entering class into medical education in the next two years. Such a major effort was necessary to produce the physician manpower to retain the dominant role of physicians in the provision of medical care. This plan would be initiated with an additional $150 million for health manpower, which would be utilized for expansion purposes. This

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expansion would be brought about through a variety of innovative approaches to medical education, among which were consortia arrangements amongst educational institutions to provide a basic science-training and utilize clinical teaching facilities for the clinical teaching program.

This expansion would take place in a setting in which research support would be stabilized at its current levels. Thus, he hoped to be able to separate the problem of the support of research from the problem of producing physician manpower.

There was a general expression of great concern on the part of the deans over the program of expansion outlined by Dr. Egeberg. There was an appeal to him to consult broadly within the community of medical educators on the development of such a plan. There were expressions of fear that what was proposed could destroy medical education as it is now known. Another observation was made that what was being proposed was, in reality, a massive expansion of the Physician Augmentation Program. Dr. Egeberg responded by saying that that was not the case, since the Physician Augmentation Program was averaging $23,000 per additional student. It was anticipated that the new program would cost less than a third of that amount--$7,000? There was considerable shock within the audience when this statement was made.

Dr. Egeberg also stated that there would be an announcement within the next few days of the appointment of an individual whom he was not at liberty to name to the post of Deputy Assistant Secretary for Health Manpower.

X. Veterans Administration

Mr. Donald Johnson, VA Administrator, spoke of recent public attacks on the health delivery system and quality of VA medical care in this country, including the recent story by Life magazine "From Viet Nam to a VA Hospital: Assignment to Neglect". Mr. Johnson said that the VA is faced with funding and staffing deficiencies but that the story as presented by Life was grossly inaccurate and defaming.

Dr. Marc J. Musser, Chief Medical Director, VA, discussed the regional meetings started in February between VA hospital directors and deans of affiliated medical schools. These meetings pointed up communications problems, provided a better picture of staffing shortages, and gave insight into ways the VA could better strengthen their services. Two major areas of concern were identified: VA directive which spoke to need for ground rules for regulating supplementation of full-time VA income relating to teaching activities; proposed reduction in 1971 commitments for interns and residents.

Dr. Musser commented on the more favorable outlook for the 1971 VA budget which has allowed the VA to retract its concern for intern and residency commitments; it appears that the VA will at least be able to hold the line with relationship to this year, and in some cases even increase commitments.

Dr. Musser told of recent conversations with the AAMC Executive Council regarding establishing an advisory committee to develop a mechanism for up-dating and clarifying the functions and responsibility of the "deans committees". He also commented on meetings with Dr. Egeberg to discuss the utilization of VA hospitals in medical education expansion efforts.

Both Mr. Johnson and Dr. Musser voiced their continuing commitment to the enhancement of VA-medical school affiliations.

ACTION: On motion, seconded and carried, the Council of Deans directed the Chairman to notify the Executive Council of its displeasure with the Life magazine portrayal of the VA hospitals and to take whatever steps were deemed appropriate to refute Life's allegations.

XI. Report on the Efforts of the Association to Develop A New Base for Public Policy in Medical Education and Research

Dr. Howard introduced the subject by commenting on the growing recognition of the health care crisis and the problems of financial support for medical education and research. The Welt Committee has as its goal the delineation of appropriate expenditures for biomedical research, and the Nelson Committee has been charged with obtaining definitive information on the cost of medical education. Recently the Executive Council authorized the formation of an ad hoc group to deal with the question of expansion of medical education and to develop within the next few months an AAMC position paper relating to what we feel is needed and possible without sacrificing quality; Dr. Howard will chair this committee. Thus, there are short and long term goals here, with all three committees being interrelated and interdependent.

Dr. Nelson stated that we have entered this effort to define medical education costs in a defensive and reactionary way, which tempts one to do a hurried study. If, however, we are to have "credibility", we must attack the problem methodically and sincerely, especially in the area of baring income sources--data conspicuously absent in presently available cost studies.

Social Security has asked Secretary Finch what should be an appropriate policy for payment of sick funds for medical education; the request was passed on to NIH. Dr. Marston and his staff have met with Dr. Nelson in an effort to coordinate or combine efforts in a cost study. The foundations have been included in these discussions. To remove the study somewhat away from the special vested interest of the AAMC, more public involvement, possibly in the form of a national commission, seems warranted.

In the conviction that it would be extremely difficult to speak to the matters involved in the financing of medical education without some consensus on what constitutes the essential ingredients and attributes of medical education, Mr. Murtaugh presented an initial draft of a proposal for a national commission to examine the structure, process, and financing of present-day medical education in the United States. Some of the criticisms elicited during discussion of this proposal are as follows:

1. Bostick, University of California - Irvine, noted that while he agreed generally with the need for this kind of examination, he thought its context as expressed in the draft document was much too self critical of the problems of medical education. He questioned as to whether there was such wide-spread agreement on the set of concerns outlined in the document. He felt that the context should be changed to a much more positive statement of needs.

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2. Dr. Emanuel Suter, University of Florida, supported the proposal but felt it omitted emphasis of what he felt was the basic underlying issue: that the assertion that only through high-quality medical education can we produce the kind of physician that can provide a high level of medical care has been untested. He felt that any such study should include a major effort to assess the relationship between the quality of the educational program and the nature of the product produced.

3. Dr. George James spoke at length in opposition to the proposal. His argument basically centered upon the impossibility of eighteen men reaching useful conclusions on the broad set of issues proposed. He felt that medical education basically progressed through an evolutionary process and questioned the utility of any attempt to carry out such an examination in depth.

ACTION: On motion, seconded and carried, the Council of Deans endorsed the action of the Executive Council to investigate the establishment of such a national commission.

XII. Report on National Health Insurance

Dr. Chapman reported on the activities of the ad hoc committee on national health insurance. The committee has developed a set of principles which are now being examined and developed in detail. The ensuing source document will be available to AAMC members and will be used to develop a position paper on national health insurance, hopefully before the fall annual meeting.

XIII. Medicare

Mr. Danielson presented a chronological listing of the activities of the AAMC on the issue of Part B payments to attending physicians in teaching settings. The amendments related to this issue proposed by the House Ways and Means Committee were discussed. Efforts are continuing to clarify and rectify problem areas. A new IRS ruling relating to reporting of income from service plans adds to the complication.

XIV. Future Meeting Dates

In following a pattern of three meetings a year, the 1970-71 schedule is as follows: October 30, 1970 (in conjunction with annual meeting); February 1971 in conjunction with AMA Congress on Medical Education; May 20, 1971; at time of fall annual meeting in 1971.

A reception for the Council of Deans will follow the October 30, 1970 meeting.

XV. Adjournment

In closing, Dr. Sprague commented on the absence of Dr. Cooper, who is in Russia looking at how planning for health care needs relates to their production of health professionals. The meeting was adjourned at 4:30 p.m.

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SUMMARY OF PRINCIPAL POINTS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

TESTIMONY ON H.R. 17550

BEFORE THE SENATE FINANCE COMMITTEE

SEPTEMBER 15, 1970

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SECTION 226 - Payment for Services of Teaching Physicians Under the Medicare Program

The House Ways and Means Committee in Section 226 addressed proposed legislation to the reimbursement of teaching physicians under the Medicare program. The Association believes that, due to the wide variety of teaching arrangements, that it is imperative that the Secretary be legislatively permitted to develop and implement several optional methods of reimbursing these physicians who simultaneously practice and teach. The Association further believes that certain underlying principals which would, among other things, insure that no institutional double billing is accomplished and that the Medicare beneficiary receives a comparable level of care to that rendered by the physicians to his other patients needs to be legislatively reaffirmed. A set of approaches which, we believe, should be legislatively permitted is included as an attachment to the testimony.

SECTION 222 - Experiments and Demonstrations Projects In Prospective Reimbursement and to Develop Incentives for Economy In the Provision of Health Services

This section of the bill includes authorization for the Secretary to engage in experiments and demonstration projects which includes among other things, "alternate methods of reimbursement with respect to the services of residents, interns, and supervisory physicians in teaching settings."

The Association recommends that because of the very nature of experiments and demonstrations and the fact that they are usually of limited financial outlays that they not be impeded by the proposed requirement that such projects be initiated only after a written report of each project

has been submitted to the House Ways and Means Committee and the Senate Finance Committee. The establishment of a system of annual reports by the Secretary to the House Ways and Means Committee and the Senate Finance Committee should suffice to keep these Committees and the Congress fully informed.

SECTION 239 - Payments to Health Maintenance Organizations

This section would amend the existing law to permit the Medicare beneficiary to have a choice of continuing under the present Part A and B arrangements or electing the option to receive their health care through a health maintenance organization.

The Association believes there is a serious omission in terms of funding the developmental or "risk" financing in support of the establishment of such organizations. Evidence, which has been generated in those medical centers that have undertaken such activities, indicates that the initial "start up" costs of such programs are very substantial and well beyond the capability of the medical center to underwrite.

Additionally, the reimbursement proposal indicates that payments from Medicare, for services rendered to beneficiaries would not only be directly negotiated, but that they would be based on average payments made under Part A and B. We believe that with the development of a system of geographical "averaging" of costs, it is very doubtful that an equitable pattern of reimbursement to teaching hospitals can be obtained.

AMENDMENT NO. 851

Social Security Amendments of 1970 (Medicare & Medicaid) Title XI-General Professions and Professional Standards Review

This amendment provides that Professional Standards Review Organizations would be established in each area of the country, with the Secretary

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giving priority to designating qualified local medical societies as those review oganizations.

We believe that the implementation of this proposed amendment raises serious questions concerning the institutional responsibility for the quality of patient care. It could remove quality control and utilization review from the hospital medical staff and place it in the hands of the County Medical Society, Section 1154 (d).

Since the effective utilization of the hospital facility is an "institutional responsibility", i.e.; organized medical staff, nursing service, and administration, and since the County Medical Society represents some, not all, of the physicians concerned with medical care in the hospital, and since the County Medical Society is not held legally responsible for the quality of care rendered in any institution we respectfully suggest that serious consideration be given to the consequences of such an action on the part of the Congress.

The multiple role placed upon teaching hospitals a heavy responsibility to establish and maintain standards of excellence in the areas of patient care, education and research. One result of these facts is that patient care in a teaching hospital tends to develop greater complexity and duration than is true in a non-teaching setting. Qualitative evidence of this differential is documented in studies published by the Committee on Professional and Hospital Activities, through their Professional Activities Studies. These studies document a longer length of stay in teaching hospitals.

Additionally, we are convinced that a continued legal development which relates to the ethical, moral and legal responsibility of the hospital, for the care rendered to the patient while in the institution must be considered as a critical variable. It is becoming increasingly

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evident that the courts, in their more recent decisions are suggesting that it is the hospital that must serve, through various quality measures, as the instrument to insure that the patient receives an appropriate level of care.

We are fully in accord with the objective being sought by this amendment but feel that because it involves such a fundamental change in the provision of hospital care that further consideration of alternate approaches should be examined, particularly the provision of respresentation of all those effecting utilization.

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TESTIMONY OF THE
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ON H.R. 17550
BEFORE THE SENATE FINANCE COMMITTEE
SEPTEMBER 15, 1970

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Mr. Chairman:

I am Dr. Robert A. Chase, Chairman of the Department of Surgery at Stanford University School of Medicine and also Chairman of the Association of American Medical Colleges Committee on Medicare and Medicaid. The Association represents all of the nation's 105 medical schools, 389 of our leading teaching hospitals and 34 academic societies from both the basic sciences and clinical disciplines. Because of this broad representation, I believe we can speak effectively for the typical academic medical center which includes the medical school, the faculty and the teaching hospital.

We are very pleased to present today the Association's views on H.R. 17550, a bill amending the Social Security Act which among other things is designed to make improvements in the Medicare and Medicaid programs.

Prior to our comments and observations on specific provisions contained within that proposed legislation and its subsequent amendments, we would like to make certain broader, and more general, statements relating to the effects and implications which the Medicare and Medicaid programs have had on the nation's academic medical centers.

First, we wish to state that we believe the Medicare program has been successful in serving the purpose which the Congress intended for the program. The aged people of the country have received needed care and, more importantly, they have had access to this care in a manner never before available to them.

While we recognize that there have been substantiated evidence presented that frequently the way the medical staffs in academic medical centers, in which Medicare beneficiaries have received this care, are organized to provide patient care does not fit the Federally established requirements for payment as specified in existing legislation and its supporting regulations. We believe it imperative to emphasize that the majority of

medical schools and teaching hospitals in the implementation of these regulations did so in a manner which they believed to be in accord and consistent with the intent and spirit of Congress and the administration.

The prime purpose of the Medicare and Medicaid programs is to upgrade the health care provided to our elderly and indigent citizens, irrespective of economic means. Since many Medicare and Medicaid beneficiaries live in large, center city areas with few, if any, family doctors, the people are dependent on municipal hospitals for medical care. These institutions have been chronically underfinanced and the medical care provided has largely been by physicians in training, i.e., interns and residents. These trainees were supervised, to a variable degree either by medical school faculty or by physicians in private practice.

With the advent of Medicare and Medicaid, new patterns of care began to evolve in many urban hospitals. The availability of funds for medical care has provided both the incentive and financial means for instituting a variety of new systems which involve senior, attending physicians directly and continuously in the care of patients.

It is in this spirit, Mr. Chairman, that we offer the following specific recommendations on specific items contained within H.R. 17550 and its amendments.

SECTION 226 - Payment for Services Teaching Physicians Under the Medicare Program

There has been widespread recognition of the diversity which exists with respect to the organizational and financial relationships regarding attending physicians in teaching settings. The nature of this understanding is amply documented in two recent Congressional Reports.

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The Report of the Staff of the Senate Finance Committee dated, February 9, 1970 notes; "The staff is aware that the involvement of teaching physicians in direct patient care varies with respect to a given patient from none to extensive." The Report of The Committee on Ways and Means which accompanied H.R. 17550 recognized and commented specifically on the "wide variety of teaching arrangements." Additionally, the Department of Health, Education and Welfare Comments on the Senate Finance Committee Staff Recommendations For Changes in Medicare and Medicaid noted, "However, it may well also be appropriate to modify the Medicare reimbursement provisions so that they are more responsive to the unique practices and policies of some of the teaching institutions."

In reimbursing the physicians' services in the teaching setting, the fundamental difficulty has been to develop appropriate criteria to distinguish between a physicians' teaching services which can be covered only under the hospital insurance program on a cost basis (Part A) and his personal services to patients which can be reimbursed under the medical insurance program on a reasonable charge basis (Part B). We believe the criteria for distinguishing between teaching and patient care needs to be responsive to the House Committee on Ways and Means' acknowledged "wide variety of teaching settings" in which physicians both practice and teach.

At one end of the continuim there is the teaching hospital with an almost exclusively charity clientele in which the treatment of the beneficiary may substantially be the responsibility of the house staff; in such hospitals some teaching physicians have traditionally had the exclusive role of teacher and supervisor. At the other extreme, there is the community hospital with a residency program which relies, in large measure, for teaching purposes on the private patients of teaching physicians whose primary

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activities are private practice. In these latter instances, the resident or intern usually performs as a subordinate to, but may in fact substitute for, the attending physician.

An additional complicating factor relates to the pressure of private patient demand both qualitative and quantitative as a reflection of sociological, organizational and technological changes has required that physicians who formerly had substantial time available for charitable purposes, now must spend more time in their own practices. In essence, the voluntary faculty physician in the teaching setting has found it increasingly difficult to provide professional service to indigent patients without receiving some financial compensation. The effecitve utilization of the physicians' time has become such an important factor in his continued fiscal solvency that that he can no longer afford to give it away. Charitable institutions faced by rising costs from long overdue wage adjustments and inflationary pressures cannot afford to purchase the physicians' professional services and then, in turn, to make these available free to their indigent clientele. However, institutions which have evolved modern management and accounting procedures, if they have the opportunity to obtain compensation for care provided to indigent patients can purchase professional services with which to provide the care. Adequate controls might be included to monitor for the indirect costs of this essential middleman activity.

The salaried faculty members have similarly found that: because of increasing demands made by their responsibilities for administration and professional management, the demands for their time by house staff and students, the need to engage in productive research as a requisite of academic performance; coupled with a serious lack of funds on the part of

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the institution to meet the level of salary necessary to recruit and maintain a properly qualified staff, it is necessary to recognize in their compensation time devoted to the care of the indigent patient.

RECOMMENDATION

We were very pleased, Mr. Chairman, to note that the House Ways and Means Committee in Section 226 of H.R. 17550 addressed proposed legislation to the reimbursement of teaching physicians under the Medicare program. We must emphasize however, that due to the wide variety of teaching arrangements, we believe it is imperative that the Secretary be legislatively permitted to develop and implement several optional methods of reimbursing these physicians who simultaneously practice and teach. We believe that certain underlying principals which would, among other things, insure that no institutional double billing is accomplished and that the Medicare beneficiary receives a comparable level of care to that rendered by the physicians to his other patient needs to be legislatively reaffirmed. But we would urge for your consideration, the proposal of options referred to above, which we believe would provide for a resolution of the existing problems in the reimbursement of attending physicians in the various teaching settings.

We have appended to this testimony, four such options. I will not read them at this point, but I would urge that the Committee and staff seriously consider them. We would be most pleased to work with members of this Committee and its staff to provide further clarification of these proposals.

It is once again, necessary to emphasize that the Association believes, that because of the variability of circumstances and situations in differing teaching settings, each of these approaches should be legislatively

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permitted. No one of the options should be considered as being preferential endorsement by the Association. It must also be emphasized that each of these recommendations would, we believe, fulfill the intent of the law and would insure a high quality of care for each Medicare beneficiary admitted to a teaching institution where the team approach to care is a hallmark.

SECTION 222 - Experiments and Demonstration Projects in Prospective Reimbursement and to Develop Incentives for Economy in the Provision of Health Services

This section of the bill includes authorization for the Secretary to engage in experiments and demonstration projects involving negotiated rates, t he use of rates established by a State for administration of one or more of its laws for payment or reimbursement to health facilities located in such states. We were particularly grateful to note that the Report accompanying H.R. 17550 made specific mention that this section of the amendment will permit experimentation in "alternative methods of reimbursement with respect to the services of residents, interns, and supervisory physicians in teaching settings."

As we have previously testified before this Committee's Subcommittee on Medicare and Medicaid, we believe this increased authority to be imperative. In testimony of June 3rd, before that Subcommittee, we stated, "One area that shows particular promise for strengthening this access point lies in experimentation and innovation with methods of delivery of medical care, specifically with regard to the provision and reimbursement of surgical or medical services in a teaching setting." As we understand it, this section of the amendment does provide this.

We are concerned however, about another feature incorporated within this amendment which provides that such experiments and demonstration

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projects may be initiated only after the Secretary obtains the advice of specialists and after a written report containing a full and complete description of each project has been submitted to the House Ways and Means Committee and the Senate Finance Committee.

RECOMMENDATION

We would recommend that because of the very nature of experiments and demonstrations and the fact that they are usually of limited financial outlays and that they not be impeded by burdensome and restrictive requirements. The establishment of a system of annual reports by the Secretary to the House Ways and Means Committee and the Senate Finance Committee should suffice to keep these Committees and Congress fully informed.

SECTION 239 - Payments to Health Maintenance Organizations

This section would amend the existing law to permit the Medicare beneficiary to have a choice of continuing under the present Part A and B arrangements or electing the option to receive their health care through a health maintenance organization. Under such a health maintenance organization each enrollee would receive a guarantee that all services covered under Parts A and B of Medicare, plus preventive services will be available. The amendment provides for a health maintenance contract calling for payment of a fixed annual sum negotiated in ordinance at a price less than the government presently pays for Medicare benefits in the locality.

RECOMMENDATION

The AAMC is extremely concerned about the following features of this proposal:

1. There is a serious omission in terms of funding the developmental or "risk" financing in support of the establishment of such organizations.

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Evidence, which has been generated in those medical centers that have undertaken such activities indicates that the initial "start-up" costs of such programs are very substantial and well beyond the capability of the medical center to underwrite.

2. The reimbursement proposal indicates that payments from Medicare, for services rendered to beneficiaries would not only be directly negotiated, but that they would be based on average payments made under Part A and B. We believe that with the development of a system of geographic "averaging" of costs, it is very doubtful that an equitable pattern of reimbursement to teaching hospitals can be obtained.

AMENDMENT No. 851

Social Security Amendments of 1970 (Medicare and Medicaid)
Title XI - General Professions and Professional Standards Review

This amendment provides that Professional Standards Review Organizations would be established in each area of the country, with the Secretary giving priority to designating qualified local medical societies as those review organizations. The ongoing review, which these organizations would undertake, would involve maintenance and regular examination of patient, practitioner and provides profiles of care and services. Additionally, the Professional Standards Review Organizations would be responsible for approval in advance of all elective admissions to hospitals and nursing homes. There would be subsequent review and need for further approval by the Professional Standards Review Organizations where a physician desires that his patient remain in the hospital beyond the average stay for patients of a specific ailment and condition. A National Professional Standards Review Council would publish norms of care by region based on readily available data on average length of hospital stay and treatment by age and diagnosis in all areas of the country, for use by the local Professional Standards Review Organizations.

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RECOMMENDED POSITION

Mr. Chairman, we believe that the implementation of this proposed amendment raises serious questions concerning the institutional responsibility for the quality of patient care and most particularly its effect on teaching hospitals. It will remove quality control and utilization review from the hospital medical staff and place it in the hands of the County Medical Society, Section 1154 (d).

Maintenance of quality of care and effective utilization of the hospital is a responsibility of that institution. The County Medical Society represents some, not all, of the physicians concerned with medical care in the hospital, and since the County Medical Society can not be legally responsible for the quality of care rendered in any institution, we respectfully suggest that serious consideration be given to the consequences of such an action on the part of Congress.

Teaching hospitals because of their concentration of highly developed professional talent and specialized equipment found in them, accept referrals of patients who present difficult problems of diagnosis or of treatment from many other hospitals.

Teaching Hospitals provide essential facilities for the education of students in medicine and the allied health professions. They also offer opportunities for clinical research. This multiple role places upon teaching hospitals a heavier responsibility to establish and maintain standards of excellence in all three areas of endeavor and they tend, therefore, to be regional rather than local resources.

Courts hold currently that the hospital through various quality measures must insure that the patient receives an appropriate level of care.

Mr. Chairman, we believe that this amendment if enacted would have a profound impact on the management of patient care in the country.

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We agree with the objectives of better utilization being sought by this amendment, but it involves such a fundamental change in responsibility for the provision of hospital care that we believe further consideration of alternate approaches must be examined.

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- ATTACHMENT -

Association of American Medical Colleges Recommendations on Alternate Methods of Reimbursing Attending Physicians in Teaching Settings:

Alternate #1 - All Costs of Teaching Program Included in Part A (Hospital Insurance Program)

All reimbursement to attending physicians, including the imputed cost of voluntary faculty, as well as house staff would be based on a cost related formula as a part of hospital costs. It is suggested that under this alternative the cost of attending physicians and house staff be set out separately in order to avoid misleading comparisons with those situtations in which the other alternatives are being applied.

Alternate #2 - Major Costs of Teaching Program Included in Part B (Supplemental Medical Insurance Program)

Under this alternate, the services of all licensed physicians in a teaching setting,including attending physicians, residents and licensed interns would be paid under the Part B component of the Medicare program. Unlicensed interns would continue, as now, under the Part A cost related portion of the program.

Alternate #3 - Continuation of Existing Social Security Regulations

This alternate recommends the continuation of existing regulations as contained in the 1967 Federal Register.

Alternate #4

Under this alternate interns and residents would continue under Part A. Attendings would charge the established professional fee less some predetermined percentage which recognizes that care in a teaching setting is rendered by a team and not solely by an individual physician.

A recommended variant of this approach is as follows:

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- ATTACHMENT -

The prevailing professional fee less fifteen percent would be billed for those patients admitted to a teaching service. The reduction of fifteen percent in the prevailing professional fee would be in recognition of the fact that the documentation of the quality of care and the care rendered is completed by the team and not necessarily by a single practitioner. Documentation of the existence of the team act, the fact that its service was rendered would continue. Satisfactory institutional evidence of this would eliminate the necessity for documentation now requested by Intermediary Letter #372 and the fifteen percent reduction in the established professional fee would in no way indicate a lesser quality of professional care but would rather be an indication of the time and effort saved by this method. We also recommend that this formula relate to a maximum of 35 patients assigned to any one team with at least one attending physician responsible.

We believe this proposal provides the necessary incentive for the institution to provide attending physicians involvement in the care of patients and would serve to enhance the quality of care.

MICHIGAN STATE UNIVERSITY EAST LANSING • MICHIGAN 48823

COLLEGE OF HUMAN MEDICINE • OFFICE OF THE DEAN • GILTNER HALL

July 7, 1970

MEMORANDUM

TO: Deans of New and Developing Medical Schools

FROM: Dean Andrew D. Hunt

SUBJECT: Retreat held at Schuss Mountain, Michigan, June 18-20, 1970

In attendance were Monty and Mrs. DuVal, Sherman and Mrs. Kupfer, Dick and Mrs. Moy, Bob and Mrs. Page, Lamar and Mrs. Soutter, Bob and Mrs. Stone, Donn Smith and Pierre Galletti.

The meeting was conducted in an informal way, with the distributed agenda being roughly followed. While, in general, the meeting took the form of general "group process" with elements of psychotherapeutic benefit, general consensus was reached on five points which, we feel should be transmitted to the AAMC Executive Council.

These were as follows:

1. Two-year medical schools seem no longer to be viable entities. The old concept of two years of basic science taught qua science, followed by two years of clinical medicine has long gone. The majority of the new two-year schools have either transformed themselves into complete degree-granting medical schools, or are struggling to accomplish this transformation. Hence, we strongly recommend that institutions contemplating the development of medical schools be urged not to embark upon establishment of two-year schools. Furthermore, we feel that the Liaison Committee should consider taking action which would strongly discourage the formation of new two-year medical schools.

2. Special Improvement Grant mechanisms are unsuited to and usually inappropriate for medical schools, largely because of the decisions which have been made concerning priorities. Indeed, the failure rate of new and developing schools to obtain Special Project Grant funding leads us to feel that further efforts in this direction may well be fruitless.

The Basic Improvement Grant, on the other hand, is exceedingly useful. It is our feeling, furthermore, that the Basic Improvement Grant program could be developed so that its application is universal and applicable to all medical schools, especially if certain flexibility can be built into it. Hence, it was the strong consensus of the group that the Special Improvement Grant Program might well be abolished, and superseded by an expanded, more uniformly developed Basic Improvement Program.

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3. The group was most concerned about the current changes developing in mechanisms for financing university hospitals, in which most such funding might come under the aegis of the Hill-Burton legislation.

The group was especially concerned about the Hill-Burton formulas for funding, which, generally, are based exclusively on bed requirements of communities. The group feels that, in the case of community hospitals being used for teaching through affiliations with medical schools, such funds could be exceedingly well used on construction of facilities other than beds, such as classroom space, libraries, laboratories, development of comprehensive out-patient facilities and the like.

The consensus of the group, then, was that medical schools and their affiliated hospitals obtain permission to bypass in some way the current Hill-Burton formulas and encourage expansion of community hospitals in a way which contributes to their educational programs, exclusive of the mathematics of beds.

4. Great interest was shown in the phenomenon of medical school maturation. Problems confronted by the dean of a new medical school are almost totally different from those for which he must be prepared once the school has stabilized in size, and entered the ranks of established institutions. History seems to indicate that the individual who is a successful dean of a school in its earliest years, may need to yield to others as the institution becomes more mature. It was the consensus of the group that much information has not accrued about such matters as the process of maturation and ways in which anticipated changes can be planned.

Hence, it was the sense of the group that a two-day seminar on the maturation of medical schools might be a most worthwhile project for the future. This will be discussed at the meeting of the deans of new and developing schools at the AAMC meeting in Los Angeles next fall.

5. The group felt that new medical schools should perforce develop individualized arrangements and agreements with community hospitals in which educational programs occur. There is, indeed, much room for innovation and experimentation in the field of community-based medical education. Furthermore, the process through which accommodations are reached between community hospital staffs and medical school faculties vary greatly both in style and in time required for success. It was the feeling of the group that at times the Liaison Committee site visiting teams seem somewhat rigid, establishing requirements and standards for affiliating agreements which are compatible with the accreditation process rather than with existing community variables.

The group, therefore, enters a plea to the Liaison Committee that it be somewhat more flexible and understanding of the issues involved in new medical schools working with their communities, so that they may be judged by their goals and eventual probabilities rather than by the actual state of affairs at the time of the accreditation visit.

While these points need further discussion and elaboration at the Los Angeles meeting, the group felt that they should be transmitted to John Cooper now so that he might be aware of our thinking.

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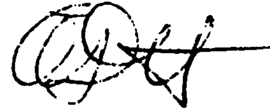
Hence, a copy of this memorandum is being sent to him. Also, for information, I am taking the liberty of sending a copy to Bill Ruhe, in the Office of the Council of Medical Education of the AMA.

It was, we felt a useful and pleasant meeting, and the idea of an annual event of this kind seemed popular. Donn Smith indicated his willingness to host a similar event in Florida early next spring. This, also, will be discussed in Los Angeles.

6. Bob Stone distributed some materials connected with the issue of medical service plans. I attach copies of the materials for those who did not attend the meeting.

ADH:ck

Attachments



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ELECTION OF INSTITUTIONAL MEMBERS

The Executive Council has approved the recommendations of the Survey Teams that the following Provisional Institutional Members be elected to Institutional Membership in the Association:

1. The Mount Sinai School of Medicine of the City University of New York

2. The University of Texas at San Antonio

Brief progress reports by these schools are attached.

RECOMMENDATION:

The election to Institutional Membership of the above named schools be recommended to the Assembly for Action at the Annual Meeting.

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Progress Report for Association of American Medical Colleges

MOUNT SINAI SCHOOL OF MEDICINE
OF THE CITY UNIVERSITY OF NEW YORK

1969-70 PROGRESS REPORT

Students

In 1969-70, its second year of operation, Mount Sinai School of Medicine again admitted a new first-year class and a new third-year class, while the previous year's classes moved up to a second and fourth year. Thus, the school had, for the first time, a full complement of four classes, as follows: first year, 40; second year, 38; third year, 35; fourth year, 23. All members of the fourth year class completed their work satisfactorily and were granted the M.D. degree at the school's first commencement exercises on May 27, 1970.

Applications for admission in 1969-70 were considerably more numerous than the previous year. A total of 3,160 requested application forms, as compared with 1,498 in 1968-69, and applications received total 1,401, compared with 767 in 1968-69. The undergraduate student body for 1970-71 will total 160.

Sixteen full-time doctoral students were accepted into the Biomedical Sciences program of the Graduate School of Biological Sciences. One of the students was granted the Ph.D. in June, 1970, by the Graduate Division of the City University of New York, under whose authority the Biomedical Sciences program is conducted. 1970-71 graduate enrollment will be approximately 25.

Faculty

Growth of the faculty continued, in the basic science, clinical science, and other areas. Major new appointments included: Alfred N. Brandon, formerly head of the Welch Medical Library of Johns Hopkins University, as Professor and Chairman of the newly-created Department of Library Science, and Dr. George C. Cotzias, a pioneer in the development and use of L-Dopa ln the treatment of Parkinson's desease, as

Professor of Neurology.

In addition to Library Science, two other newly-created academic departments were Biophysics and Biomedical Engineering, with Dr. Solomon A. Berson, Chairman of the Department of Medicine, as Acting Chairman, and the Department of Medical Education, with Dean George James as Acting Chairman. The Medical Education department replaced the former Laboratory Education department, with increased emphasis on educational research and development.

Facilities

Construction began on the Annenberg Building, with completion expected in 1972 or early 1973. Cost of construction will substantially exceed the original estimates; accordingly, the school's fund-raising goal -- to meet startup and operating costs, as well as building costs -- has been increased from $107,000,000 to $152,000,000.

Educational Program

The undergraduate curriculum of the School of Medicine underwent some changes in content, sequence and timing. Basic science teaching occupies the first two-thirds of the first year's work; integrated study of organ systems begins during the last part of the first year, and continues through the second year. Throughout the first and second years, students take the "Introduction to Medicine" course, an interdepartmental program designed to integrate the biomedical sciences with the clinical care of patients.

The graduate school offered four graduate courses -- Biochemistry, Biophysics and Cell Physiology, Cell Biology and Functional Morphology, and Physical and Organic Chemistry of Biomacromolecules. The courses were taken not only by Mount Sinai graduate students, but also by students from other senior components of the City University. Additional courses have been added for 1970-71.

The graduate and undergraduate faculties developed a combined M.D. - Ph.D. program, which requires a minimum of six years' study and research.

The research and teaching programs of the school's five affiliated hospitals were further strengthened. The Bronx

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Veterans Administration Hospital became fully affiliated with the School of Medicine.

Programs with City University

The affiliation with The City University of New York was expanded in scope and made substantial progress toward the University's goal of offering "the entire spectrum of health-related training in one coordinated system." In addition to continuation of the Biomedical Sciences doctoral program noted above, two new programs in which Mount Sinai plays a major role were started: the two-year master's degree program in Health Care Administration at Baruch College, and the Institute of Health Sciences at Hunter College, with baccalaureate and master's programs in various medicine-related fields.

Mount Sinai Hospital School of Nursing became the Mount Sinai School of Nursing of The City College, which offers a bachelor's degree program in nursing and plans to introduce master's degree programs in the near future.

Curriculum planning continued for Hostos Community College, a two-year institution scheduled to open in September, 1970. A major part of the college's curriculum will be devoted to a broad range of allied health technologies. The college will offer both two-year career training programs and programs leading to further study at the senior college level.

The University has formed a Health Curriculum Advisory Committee, with Dean James as Chairman. The committee's function is to provide guidance in the development of all phases of the University's health sciences complex.

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UNIVERSITY OF TEXAS MEDICAL SCHOOL AT SAN ANTONIO

PROGRESS REPORT

The University of Texas Medical School at San Antonio will begin its third academic year in September, 1970 with the following medical student enrollment:

1st Year Students	104
2nd Year Students	100
3rd Year Students	71
4th Year Students	31

On June 14, 1970 the first M.D. degrees were awarded to 33 fourth-year students in ceremonies that marked the first award of such degrees in San Antonio's 252-year history.

Faculty strength is as follows:

Full-time	176
Part-time	12
Clinical	465

These are assigned to eighteen instructional departments and in addition to the medical students are responsible for the instruction of 161 interns and residents as well as 15 graduate students in the biomedical sciences.

Activation of the 516-bed Bexar County Hospital, constructed in 1968, is in progress with a total of 469 primary teaching beds currently available. Expansion of the scope of ambulatory care programs has begun with attention devoted to improvement in the methods of delivery of medical care to the indigent on an outpatient basis.

The current financial support for the medical school operation is derived from an appropriation by the Texas Legislature in the amount of $6,939,000 for the fiscal year beginning September 1, 1970.

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REELECTION OF PROVISIONAL INSTITUTIONAL MEMBERS

The Bylaws of the Association state that:

"Provisional Institutional Members will be elected for one-year periods upon the recommendation of the Council of Deans at an annual Assembly by a majority vote. Reelection each year will be based upon an acceptable progress report that has been received by the Executive Council sixty days prior to the next annual meeting."

The Executive Council has approved the Progress Reports of the following schools and recommends their reelection to Provisional Institutional Membership in the Association:

1. The University of Arizona College of Medicine
2. The University of California, Davis, School of Medicine
3. The University of California, San Diego, School of Medicine
4. The University of Connecticut School of Medicine
5. The Louisiana State University Medical Center at Shreveport
6. The University of Massachusetts Medical School
7. The Medical College of Ohio at Toledo
8. The Pennsylvania State University College of Medicine
   The Milton S. Hershey Medical Center

Brief Progress Reports by these schools are attached.

RECOMMENDATION:

The reelection to Provisional Institutional Membership of the above named schools be recommended to the Assembly for Action at the Annual Meeting.

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UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE

PROGRESS REPORT

Satisfactory progress continues to be made at the developing medical school at the University of Arizona. This progress can be best summarized under the following headings.

(1) Construction.

The Basic Medical Sciences Building is now completely occupied and equipped. The Clinical Sciences Building and 300 bed Teaching Hospital will be occupied progressively beginning in September, 1970 with full occupancy expected by approximately March 1, 1971. Appropriate interim housing for the clinical scientists is available. We expect to admit our first patients to the Hospital on July 1, 1971.

(2) Three classes are now enrolled. The first class of 32 students will be seniors in the 1970-71 year. Currently, we are admitting a full class of 64 students.

(3) Faculty Recruitment.

The total full-time faculty numbers approximately 75. The roster of the basic medical sciences indicates that there are no unfilled positions. Leadership has been identified, and is on the campus, for all of the clinical departments although there is substantial variation in the depth to which each department is filled at this time. Recruiting has continued in a most satisfactory manner, however. We have also activated a Division of Data Processing and this year, for the first time, we have added an Assistant Dean for Student Affairs and an Assistant Dean for Academic Affairs to provide staff assistance for the Office of the Dean.

Working relationships with the administration of the University of Arizona have continued to develop in a very satisfactory manner. Similarly, we have enjoyed very comfortable working relationships with our colleagues who are practicing medicine in the community. This past year, we were subjected to a revisit by the Liaison Committee on Medical Education and were accredited.

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UNIVERSITY OF CALIFORNIA, DAVIS

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SANTA BARBARA • SANTA CRUZ

OFFICE OF THE DEAN

SCHOOL OF MEDICINE
DAVIS, CALIFORNIA 95616

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

Dear John:

This is in response to your recent communication requesting a progress report for the University of California School of Medicine - Davis Campus.

Probably one item that singularly will have the most impact on development of the school is the plan to double the enrollment in the M.D. program. We well realize the dire need for additional physician manpower. The faculty, by more than a 95% majority, has voted in support of this plan which will be put into effect in Fall of 1971, if appropriate federal funds are awarded. Currently, an application for funds is being prepared. This move was considered very cautiously and only after long hours of discussion relative to program quality, space utilization, curriculum, medical center facilities, and necessary renovation, was the decision made to pursue such an increase.

Regarding our progress during the past year, please find categorical reviews listed below.

Faculty:

Faculty recruitment continues to progress exceedingly well. Of our total 109 state funded FTE for the 1970-71 year, we are maintaining only three open positions for priority appointments. In the "other academic category," we have added, effective September 1, 1970, an Associate Dean for Academic Affairs. Also, chairs have been filled in 22 of the 26 departments, and some eight section chiefs have been appointed.

The faculty projections through 1975 are shown below:

Year	Faculty	Other Academic	Total
1970-71	105.6	3.4	109.0
1971-72	128.6	5.4	134.0
1972-73	145.0	6.0	151.0
1973-74	165.0	6.0	171.0
1974-75	175.0	6.0	181.0

In addition, we will continue to have a number of extramurally funded research appointments.

Student Enrollment:

Fifty-two students will begin their first year of medical school training in the latter part of September. We have another 52 who entered their second year this summer, along with 49 juniors who began their clinical clerkship at the Medical Center on July 13.

The 1970 entering freshmen were selected from nearly 1400 qualified applicants and have an overall grade point average of 3.21, with a science gpa of 3.24. Their MCAT average is 59-63-56-57.

Construction:

Failure of the Health Sciences Construction Bond Issue in California in June of 1970 has delayed progress toward our permanent buildings. The University is now reevaluating its Statewide health science capital construction program. We are expanding our semi-permanent and temporary facilities in order to continue growth and development in the interim.

New Developments:

Extramural funds, including research and training grants, total $4,400,000. This includes a third year institutional award from the Health Sciences Advancement Program in the amount of $532,000 to continue major program studies in comparative medicine.

In addition, increases should be noted in the intern and residency program from a 1969-70 total of 95 to a 1970-71 total of 140.

This summarizes major activity since our last report in September of 1969. Please let me know if there is any additional information you would like to have.

Sincerely yours,

C. J. Tupper, M.D.
Dean

CJT/bmg

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SIXTH PROGRESS REPORT
to the
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

DEVELOPMENT OF UCSD SCHOOL OF MEDICINE

This sixth progress report will summarize progress made at the University of California, San Diego, School of Medicine since the submission of the fifth progress report in September, 1969.

Administrative and Academic Staff

Attached is a list of all academic appointments made to date.

There have been relatively few changes in the Office of the Dean of the School of Medicine. Dr. Michael Shimkin, who is Coordinator of Area VII, Regional Medical Program, and Professor of Community Medicine, was appointed Associate Dean for Health Manpower. In this role he will have responsibility for the development of the School's program in continuing education and for working with other educational institutions and clinical facilities in the development of allied health and nursing educational programs.

The faculty has continued to expand with the development of subspecialties and the appointment of Dr. Kenneth J. Ryan as first chairman of the Department of Obstetrics and Gynecology and Professor of Reproductive Biology. Dr. Ryan comes to San Diego from Case Western Reserve School of Medicine where he was Professor and Chairman of the Department of Obstetrics. He has recently received a one and a half million dollar Rockefeller Foundation grant for reproduction and population research. Dr. Ryan brings with him Dr. Samuel C. Yen.

Other new faculty appointments include Dr. Kurt Benirschke, renowned pathologist from Dartmouth College, Professor of Obstetrics and Pathology; Dr. Wayne H. Akeson, formerly of the University of Washington, Professor of Surgery and Chief of the Division of Orthopedics; Dr. Mehran Goulian, who comes from the University of Chicago to assume the position of Professor of Medicine and Chief of the Division of Hematology; Dr. Aaron Penn, Professor of Psychiatry, formerly Professor of Psychology at the University of Michigan and Assistant Director of the Counseling Center; and Dr. Lawrence Schneiderman, who has joined us from Stanford to spearhead the development of a Family Practice Training Program.

Dr. Robert Livingston retired as first chairman of the Development of Neurosciences to devote full time to teaching and research. He has been succeeded by Dr. John O'Brien, Professor of Neurosciences, recently acclaimed for a major breakthrough in Tay-Sachs disease. Dr. James R. Nelson, until recently Head of the Division of Neurology at Harbor General Hospital, has been appointed Vice Chairman of the Department, Associate Professor of Neurosciences and Chief of Clinical Neurology.

The adjunct professorial series has expanded to 30. In addition, the clinical professorial series has grown to include 290 community physicians.

Student Enrollment

The charter class, which now numbers 49 with the acceptance of two transfer students, began its third year in July, 1970. The class of 1973 will number 50 when the fall quarter commences in September. One regular student who entered in the fall of 1969 will be repeating the freshman year and three students, enrolled in July of 1969 in the experimental extended curriculum program for educationally disadvantaged students, will still be considered freshmen in the fall quarter of 1970. The freshman class, which will be entering in September, will be composed of 50-52 new admittees in addition to the four previously mentioned students. An additional eight students will be enrolled in an early admission program.

One hundred and ninety-nine interns and residents are being trained in the University Hospital house staff programs. In addition, approximately 71 graduate academic students and 31 postdoctoral fellows will be studying during the coming academic year under the aegis of the School of Medicine faculty.

Curriculum Development

The ability to give tutorial courses, relevant laboratory experiences, and instruction in basic learning skills especially designed to alleviate academic deficiencies, will be greatly enhanced during the coming year as a result of receipt of a special project grant under the Health Professions Education Assistance Program of NIH.

The ultimate purposes of the previously mentioned early admissions program are to encourage the development of innovative combined medical and premedical curricula, to recruit and hold some of the most promising undergraduate students for training in a medical career at this school, and to allow such students much greater latitude and boldness in planning of their undergraduate curriculum, because of the elimination of the necessity to compete in medical school on the basis of standard premedical accomplishments. Eight students have been accepted in this program. It is anticipated they will take a combination of undergraduate and medical school courses for at least two years of the anticipated five year program leading to the baccalaureate and MD degrees. Continuation and any expansion of this program will depend upon the success of the present effort.

The faculty continues to improve the curriculum for the first two years based on the experience of the two classes to date. Further, the core curriculum for the third and fourth year has been approved and the number of elective offerings has expanded (attached is a recent announcement of the School of Medicine).

Facilities

The first major construction project at the School of Medicine, the Basic Science Building, is complete and the building is now fully occupied. In addition to faculty and classroom space, the building includes the administrative offices, the Office of Learning Resources, the Office of Animal Resources, and the Biomedical Library.

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The 811-bed Veterans Administration Hospital, located on the La Jolla campus, is now well underway. Dr. Turner Camp has recently been appointed administrator and an active search is now underway for medical director of that hospital, which will function as a Dean's Committee hospital.

Community facilities are being used in the postgraduate medical training program. House staff affiliations are in effect with four community hospitals and the Naval Hospital. In addition, with help from the Office of Economic Opportunity grant, an outreach clinic has been developed in the predominantly Mexican-American community of San Ysidro. The clinic is being used for patient care and student training. In the next few years there will be expansion of programs of this type.

Three major building projects of the School of Medicine have been approved by the National Advisory Council on Education for Health Professions. These include a Clinical Science Building, which will be located on campus, a new outpatient wing at the University Hospital and clinical faculty addition at the University Hospital, and a project for extensive improvements to accommodate the teaching program at the University Hospital.

Financial Status

The annual report of medical school financing will be submitted to the Association of American Medical Colleges before September 1, 1970. Please refer to that report.

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UNIVERSITY OF CONNECTICUT
SCHOOL OF MEDICINE

ANNUAL REPORT
1969-70

The year 1969-70 has been one of growth and consolidation for the program of the School of Medicine, and, at the same time, it has been one of delays and frustrations. The basic programs of the School are well underway and were described in the last annual report. The delays and frustrations relate to the slow progress that is being made in the construction of the main facility. This, in turn, results in slower recruitment of faculty and in a lower productivity in terms of service to the state.

In developing this report it would be possible to describe the increments of progress that have been made in each of the activities which were described last year. It would also be possible to dwell on the temporary setbacks which have prevented a maximum development of the program. Either approach, however, would emphasize a transient situation. Therefore, in making this report, an attempt will be made to outline the contributions evolving from the development of the School of Medicine and indicate the current status of progress against this background.

Physicians for Connecticut

National and state studies in the late 1950's indicated that Connecticut was a debtor state in medical education. Of the approximately 4,000 physicians practicing in the state, over 85% received their medical education in schools outside the state. Therefore, in response to a national need for more physicians and in response to a desire to offer an opportunity for Connecticut residents to receive their medical education within the state, the University of Connecticut School of Medicine was started with its first class entering in 1968. Inasmuch as the planned facilities were not ready, the class size was limited to 32 students and the program was started in temporary facilities. When the program reaches its first equilibrium, there should be approximately 50 graduates per year. Therefore, in less than ten years, approximately one out of every ten physicians in the state should be a graduate of the University of Connecticut.

The quality of the care rendered by the graduates of the School of Medicine is of utmost importance inasmuch as these graduates will be responsible for life and death decisions affecting many individuals who make up the population of the state. Thus, in developing the School of Medicine, the state administration, the legislature, and the Board of Trustees have supported the concept of developing a school of excellence in order to attract the best students and offer an opportunity for an optimal educational experience.

The third class, which will start in the fall of 1970, has now been selected. Over 85% of the students in the three classes are residents of Connecticut. The

quality of the students is indicated by the fact that they have an average Medical College Admission Test score of 600, which is at the 84 percentile level.

A primary factor in the attraction of good students is the quality of the faculty.

The Faculty as a Resource

During the past 25 years the provision of federal support for research, research training, and research construction, and the gradual acceptance of an average of four years of post-M.D. training as part of the desirable education for medical practice has resulted in the conversion of medical schools into medical centers, centers where the undergraduate program leading to an M.D. degree accounts for only 16-40% of the total effort of the faculty. In developing a new school of medicine that is competitive in the recruitment of faculty one must think in terms of developing the total program of a medical center. Thus, in addition to the M.D. program, it is necessary to develop advanced programs for the education of medical scientists, interns, residents, post doctoral fellows and practicing physicians. Most faculty members are attracted to an institution on the basis of the resources that are available and on the basis of the opportunity which is offered to participate in advanced programs.

At the present time six out of the seven of the basic science department heads have been appointed, and all nine of the clinical department heads have been appointed. The faculty has grown from 80 to 100 during the past year. It is difficult to provide a quantitative measure of the quality of the faculty, but it is interesting to note that three were department heads at other institutions before coming to Connecticut and at least one has turned down an opportunity to become the head of a department at another institution. Three of the department heads were appointed during the past year.

Dr. Jack Norman Blechner has been appointed as Professor and Head of the Department of Obstetrics and Gynecology. A native of New York City, Dr. Blechner received his baccalaureate degree from Columbia College in 1954 and his M.D. degree from Yale University School of Medicine in 1957. Dr. Blechner is a diplomat of the American Board of Obstetrics and Gynecology, having received his post graduate professional education at Columbia Presbyterian Medical Center. He had three years of graduate training in physiology at Yale as a Josiah Macy, Jr. Foundation fellow. Most recently, Dr. Blechner has been on the faculty of the University of Florida where he was an Associate Professor in the Department of Obstetrics and Gynecology. His research interests are concerned with intrauterine transfusion and experimental intrauterine surgery as well as fetal and placental physiology.

Dr. Jacob I. Fabrikant has been appointed as Professor and Head of the Department of Radiology. Dr. Fabrikant is a native of New York City and received his baccalaureate degree (magna cum laude) in chemistry from McGill University. He received his M.D., C.M. degree from the same institution in 1956. Later, he received a Ph.D. degree in biophysics from the University of London. Dr. Fabrikant is a diplomat of the American Board of Radiology, and has been a member of the faculty of Johns Hopkins University for the past six years. Since 1968 he has been an Associate Professor of Radiology. He has published over 100 research papers in the general field of radiobiology.

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Dr. T. Joseph Sheehan has been appointed as Professor and Head of the Department of Research in Health Education. Dr. Sheehan obtained his baccalaureate degree from St. Johns Seminary in 1958. Subsequently he received a masters degree from Boston College Graduate School and a Ph.D. from the University of Chicago. Dr. Sheehan has been a member of the faculty at the University of Illinois and at Case Western Reserve University. Most recently he was Associate Director of the Division of Research in Medical Education of the School of Medicine of Case Western Reserve University. He has published and has a special interest in the field of educational measurement, evaluation, and statistical analysis. Dr. Sheehan replaces Dr. Edwin Rosinski, who left to accept a position as Executive Vice Chancellor of the Medical Center of the University of California in San Francisco.

Finding offices and laboratories for the faculty has been challenging. The main facilities for the School of Medicine program are under construction. It is hoped that occupancy will start before the end of the current calendar year, with final occupancy of the faculty and student laboratories in 1972 and of the hospital and clinics in 1973. In the meantime, the programs have been started and continue in temporary facilities.

The advanced programs which are essential for recruting of faculty are also of great value to the community. This relationship will be described in the next few sections.

Advances in Patient Care

Educational programs for medical scientists who are seeking a Ph.D. degree or post doctoral training are intimately related to medical research. A major portion of the student's time is spent in investigation.

The findings of research programs are of value on a national and local level. Findings that lead to the prevention of illness such as a vaccine for polio myelitis, and those which cure illness such as drugs for the treatment of tuberculosis, pneumonia, and other infectious diseases, and procedures which alleviate disabilities such as congenital anomalies, improve the quality of life for many individuals and decrease the cost of medical care by millions of dollars by changing invalids into productive citizens.

There is a considerable time lag between the development of new findings and procedures and their application on a national basis. This is due to the fact that it may take a matter of years to substantiate findings, additional months before they are published, and additional years before they are generally instituted. Certain developments require a team effort on the part of individuals who are competent in different fields. Thus, the availability of faculty members who are active in research, who are knowledgeable about the activities in other research laboratories, and who work together as members of a team, make it possible for medical centers to introduce new developments much sooner than they would be under ordinary circumstances.

At the University of Connecticut Health Center research activities have increased by about one-third during the past year, with a total of $2,500,000 being attracted from federal and private sources to support faculty research. The program for medical scientists includes 16 students. The research activities are highly varied and range from fundamental studies of cell metabolism to the study of disease and its treatment, and, further, to the application of laboratory findings to patient groups.

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If cells from various organs of the body are grown in tissue culture, these cells may multiply but this process eventually stops as the cell population becomes crowded and cells are in contact with each other. This is known as contact inhibition. The mechanism of this phenomena is being studied as a fundamental research project. It is interesting to note that cancer cells grow wildly without contact inhibition and that new discoveries may be useful in the treatment of cancer. This is just one example of the studies being conducted at a basic level. The potential importance of these studies is obvious.

Individuals with mental health problems, unfortunately, represent a fairly large segment of our population. A study of the chemistry of the transmission of nerve impulses plus a consideration of the chemical mechanisms underlying the action of drugs which alleviate psychological difficulties as well as those that induce psychotic-like states suggest correlations that will lead to new understandings and treatments for this serious disorder. Studies in this area are underway and represent only one of a number of disease entities which are under investigation.

At the applied level, an example of faculty activity involves the study of a new vaccine for the prevention of meningitis. Most vaccines depend on developing antibodies to killed or attenuated organisms. In this study the substance used is the isolated chemical that is responsible for the antigenic activity of the organism. This may be a prototype for a whole series of new vaccines with fewer side effects. This vaccine is being field tested on a group of children in the Hartford area.

The Delivery of Patient Care

Following the granting of an M.D. degree, the University no longer controls the destinies of a physician. Two other groups, however, play an important role. State licensing boards are responsible for granting a license to practice, and organized professional groups determine the criteria, set examinations, and certify individuals for practice in various specialty areas. The importance of this additional training is indicated by the fact that since World War II post graduate professional education has increased from an average of approximately one and one-half years to an average of four years per medical school graduate. Thus, the granting of an M.D. degree represents a half-way point in terms of total professional education. Medical centers, however, are intimately involved in this process inasmuch as most of the graduate professional education, in terms of internships and residencies, is conducted at university hospitals or hospitals affiliated with universities.

Programs associated with the University of Connecticut School of Medicine have now been developed and approved in the general areas of medicine, pediatrics, surgery, and obstetrics and gynecology. Approval for a program in psychiatry is pending, and plans are being evolved for a program in the newly approved field of family practice. Programs are also in effect in the more special areas of anatomical pathology, clinical pathology, urology, otolaryngology, and ophthalmology. Programs in orthopedics and neurosurgery are expected. The more specialized programs are conducted in cooperation with affiliated hospitals. All of these programs have evolved in the last two years,

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and, in some instances, represent educational opportunities which are available in the Hartford area for the first time. The number of individuals enrolled in these programs has increased from 30 to 60 during the last year.

The development of advanced programs for medical education must be associated with programs for patient care. It is essential that doctors in training be exposed to exemplary methods of providing care so that good habits will be established. It is also necessary because of the learning situation in university hospitals to make more complete studies of patients' problems than would be the case in community hospitals. Thus, the patients who receive care at a university hospital receive care of the highest quality. When basic high quality care is enhanced by the presence of highly competent faculty members versed in the various specialties, knowledgeable in the most recent developments from research, and organized for team care, the university hospital becomes an important resource for the care of individuals with difficult problems who may be referred to the Health Center from various parts of the state.

Pending the completion of the university hospital in Farmington, the Veterans Administration Hospital in Newington and McCook Hospital in north Hartford are serving as an interim university hospital. During the past year 50,000 visits were made to the outpatient clinic and emergency room at McCook Hospital. An additional 35,000 patient days of care were provided on an inpatient basis. Patients are beginning to be referred for specialized care and with the help of the Department of Laboratory Medicine, which has been designated as a reference laboratory for the federal government, unusual problems are being diagnosed with subsequent benefit to the patient.

In addition to direct patient care associated with the educational programs, the university faculty is also concerned with exploring new ways of meeting community problems. Successful demonstration programs can be used as models for starting others, as needed, in other localities. As examples of this type of effort, the faculty has started services for the care of adolescent drug addicts, and also a study to find and treat victims of lead poisoning.

The interest of faculty members in meeting statewide patient care needs is also apparent in their participation in leadership roles. Thus, the School of Medicine is participating with other hospitals, the Hartford Medical Society, and consumer representatives from north Hartford in developing a program under the sponsorship of the Office of Economic Opportunity for the provision of better patient care for the disadvantaged of Hartford. One of the faculty members is serving as Medical Director of the Connecticut Red Cross Blood Bank. Faculty members are active on the executive committees and boards of voluntary health agencies and planning groups such as the Connecticut Hospital Planning Commission, the Comprehensive Health Care Planning Program, the Regional Medical Program, and the Connecticut Council for Planning Hospital and Medical Facilities. The Head of the Department of Pathology serves as chairman of the Commission on Medicolegal Investigations.

Thus, the School of Medicine is already making strides in participating in the three areas of patient care which are appropriate for an educational institution: 1) the delivery of patient care in conjunction with the education program; 2) the initiation

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and evaluation of demonstration programs in patient care; and 3) cooperating with other groups in providing leadership for health care within the state.

Improved Care for All

Because of the fact that medical knowledge is doubling approximately every ten years, the fact that some states are now requiring periodic recertification of physicians, and the fact that busy physicians wish to keep up with current developments, there is a need for continuing education of physicians. This, in turn, results in better care for all of the people in the state.

The University of Connecticut is involved in developing a new approach to continuing education. It is based on the view that most continuing education should be based at the community hospital level. Thus, an effort is being made to relate all community hospitals in the state to one or the other of the two medical schools. The goal is to create an educational environment in each community hospital by having full-time chiefs of clinical services who are members of the university faculty. A portion of the time of each of these individual's time will be spent at the Health Center in Farmington and, in turn, faculty members from the Health Center will visit community hospitals. Thus, there will be a two-way bridge associating community hospitals with the Health Center. In addition, it is planned to develop refresher courses lasting approximately three months and providing an opportunity for physicians to spend this time at the Health Center while residents cover the physicians' practice on a locum tenens basis.

During the past year Dr. Richard Gaintner, Assistant Professor in the Department of Clinical Medicine and Health Care, was appointed as an Associate Dean with special responsibility in the area of continuing education. Potentially seventeen hospitals will be related to the Health Center. The larger hospitals will have affiliation agreements with the University and have full-time chiefs of service. There are five such affiliations at the present time. The smaller hospitals, and those which are not yet prepared to assume the responsibilities of an affiliated hospital, will have a much more flexible allied relationship with the Health Center.

The Department of Biomedical Communications is starting to develop a television network to link hospitals together. The Department of Data Processing is evolving and will be concerned with the use of computers in patient care. The Library is already serving as a resource for hospitals in the state. Existence of these service departments will maintain the School of Medicine in a position where it can take advantage of expected new developments and introduce them within the state for the benefit of physicians and patients.

Other Health Manpower

The development of a university hospital provides a facility for the education, at a clinical level, of other health professions. Although all of the programs in these fields

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will not be located at the Health Center, the key university programs can provide experience and leadership which will be of benefit to the state as a whole.

With this concept in mind, the Director of Nurses, the Director of Nutrition, and the Director of the Pharmacy at the university hospital were appointed with the approval of the deans responsible for educational programs in the same areas. The Director of Clinical Laboratories will have a close relationship with the program for laboratory technicians and the new Director of Social Work will be appointed with the help of the Dean of Social Work.

In addition to established programs of education in the fields that have been mentioned, the Departments of General Pediatrics and Clinical Medicine and Health Care are also exploring with the Director of Nursing the possibility of nurses taking on new responsibilities and serving as physician assistants.

Summary

Although another two or three years will pass before the School of Medicine of the University of Connecticut occupies the main building which is now under construction, the programs of the School are already well underway and making an important contribution to health care in the state. In addition to the education of individuals who will be involved in providing services for the people of the state, the Health Center also represents a resource for the delivery of quality health care to local residents, and specialized health care to individuals who are referred from elsewhere in the state. The discoveries resulting from the research program will be of benefit to all people. The knowledge and "know how" associated with the research effort will make it possible to bring the latest developments in the prevention of disease, its diagnosis and treatment, and the alleviation of disability to the people of the state as soon as they are established.

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LOUISIANA STATE UNIVERSITY MEDICAL CENTER
SCHOOL OF MEDICINE IN SHREVEPORT

1969-70 PROGRESS REPORT

STUDENTS

The initial class of 32 students which was enrolled in September, 1969 began their second year, and 32 new first-year students began classes on September 14, 1970, in temporary but adequate and attractive facilities, leased from the affiliated Shreveport Veterans Administration Hospital. The same number will be admitted each year until new construction on the grounds of Confederate Memorial Medical Center has been completed, at which time at least 100 entering students can be accommodated.

FACULTY

Full-time heads of all basic science departments and pathology, pediatrics, surgery, medicine, radiology and orthopedics are actively engaged in teaching and planning, and modest research programs are underway. Ophthalmology, otolaryngology and urology are headed by part-time appointees. Faculty committees are seeking full-time heads for anesthesiology, obstetrics and gynecology, and psychiatry. The full-time basic science faculty now numbers nineteen, the full-time clinical faculty forty-seven. There are five library professionals on the full-time staff. Substantial increases in the full-time faculty, library staff and supporting personnel have been made during the year, and will continue.

The library now contains 35,000 volumes and subscribes to 900 periodicals.

FACILITIES

Federal matching funds for the $30.5 million building project were approved in December, 1969 and announcement of funding was made in August, 1970. The complex will include an eleven story basic science and research building, a comprehensive health care teaching facility, a library building, and support facilities. Construction will begin in early 1971 and the facilities are expected to be available for full usage by mid-1975. The buildings will connect with Confederate Memorial Medical Center, the school's principal teaching hospital. Teaching and research will also be continued at the Veterans Administration Hospital after the new facility is in operation. In addition a $1.35 million addition to Confederate Memorial Medical Center Out-Patient Department has been approved and funded.

OTHER

The Stonewall Research and Animal Farm facility has been substantially remodeled and refitted and is in full operation. A student union was opened in the spring within the university owned student housing complex. With the aid of a Special Project Grant from the Public Health Service we are engaged, in cooperation with the academic branch of LSU in Shreveport, in planning a six year combined premedical-medical curriculum for selected students.

The budget of the school for the current fiscal year is $2.5 million of which $2.2 million is derived from state appropriations.

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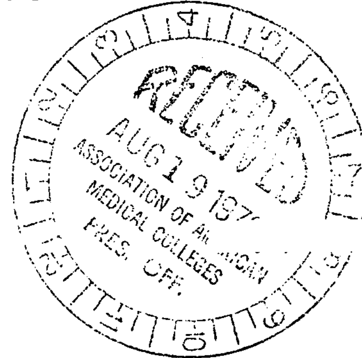
UNIVERSITY OF MASSACHUSETTS
AMHERST • BOSTON • WORCESTER



MEDICAL SCHOOL
OFFICE OF THE DEAN
419 BELMONT STREET
WORCESTER, MASSACHUSETTS 01604

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

Dear John:

Here is our report of progress.

Money for Construction

1. Last year we reported that the total money for construction of our Medical Science Building and the Power Plant was available from Federal and State sources. When the bids on the two buildings were received, they were higher than estimated. Site-work at the time of completion was also over cost. We have, however, received an increase of $9,200,000 from the legislature covering these extra expenses.

2. Money for completing the renovation of the building in which we expect to teach for three years, starting this fall, is in hand.

3. In early July, 1970, the legislature voted the necessary money for construction of the 400 bed teaching hospital, contingent upon the H.E.W. Division of Health Manpower funding an approved grant of $16,547,000. We are ready to go out to bid on the hospital. The refusal of the federal government to honor its just debts in regard to support of construction of teaching hospitals is now a matter of record. Until we can obtain its share of the cost of our hospital, this project is held up. The escalation of this project is at the rate of $8,000,000 per year, so that prolonged delays are both costly and inflationary.

Budget

We have this year (1970-71) received adequate financial support for opening a school with sixteen students in a class. Our budget is about $1,950,000.

Schedule

(See last years report. There have been great delays on the part of the architects and their engineers, over whom we exercise no supervision)

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	Starting Date	Completion Date
Site-work	October, 1969	July 1, 1970
Renovation of Present Teaching Facility	January, 1970	September, 1970 (for first year class) March, 1971 (for second year class)
Power Plant	August 10, 1970	January, 1973
Medical Science Building	August 17, 1970	May, 1974 (Partial occupancy for a class of 64 students fall of 1973)
Hospital	Winter, 1971	September, 1974

Entering Class

An initial class of sixteen students was selected to enter this fall from among 292 Massachusetts applicants. Their average MCAT scores are about 600, their grade point averages 3.5. An anatomy laboratory, multidisciplinary laboratory, study area, library, locker room, conference room, and supporting facilities are ready. Housing has been found for the class. Ample parking is available next to the school. Some scholarship and loan money has been obtained, but not enough.

Faculty

We now have three faculty members each in Anatomy, Biochemistry, and Physiology. We are actively recruiting in Microbiology and Pharmacology. Dr. Richard A. MacDonald, formerly professor of Pathology at Boston University and previously at Colorado, has been appointed Chairman of that department. He has recruited a faculty of three members. Recruitment of clinical faculty is proceeding despite the obvious handicap that our hospital is not assured.

Hospital Agreements

These have been worked out with the four major hospitals in Worcester, for affiliation on a partnership basis. The initial affiliations will be on a service to service relationship, arranged by our departmental chairmen with the heads of the hospital departments. Correlative clinical teaching in the first year is now being arranged.

Accreditation

The Liaison Committee of the AAMC and the Council on Medical Education of the AMA paid us a visit in the form of Dr. George Harrell and Dr. William Ruhe

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in early August. They said that accreditation would be forthcoming.

With best regards,

Sincerely yours,

Lamar Soutter, M.D.
Dean

LS:kd

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TELEPHONE: 385-7461 (AREA CODE 419)

MEDICAL COLLEGE OF OHIO
AT TOLEDO

P. O. BOX 6190, TOLEDO, OHIO 43614

OFFICE OF THE DEAN

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Dr. John A. D. Cooper
President
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D. C.

Dear John:

Mrs. Barbara Bucci recently telephoned while I was on vacation and asked for a report concerning the progress of this medical college. Let me divide my report into three parts; curriculum and students, faculty, and capital improvements.

1. Curriculum and Students - In the fall of 1969, thirty-two students were admitted to the medical college. Thirty-two additional students will enter in September of this year. Most of these students come from the State of Ohio, although there are out of state students and in the first class, one student from abroad. We received over 400 applications for our first year class and this year we have received over 1,000 applications. With the year's experience that we have had, I would say that these students appear to be well qualified and we expect that they will graduate with no difficulty. As I write this letter, I understand that only one of the first thirty-two students is in academic difficulty.

As far as the curriculum is concerned, we have instituted a three year curriculum here which is permissive in that students can graduate in three years if they are able to maintain a rather rapid academic pace. Other students will take longer to finish the course. As yet we have no idea what the proportion of students is that will graduate in the three year period. A brief summary of this program appeared in the JAMA August 10th issue.

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Faculty - The full-time faculty has grown greatly in the last year. The number of full-time faculty by department is as follows:

Anatomy - 6, Anesthesiology - 1, Biochemistry - 6, Mathematical Medicine - 3, Medicine - 4, Microbiology - 6, Neurology - 2, Obstetrics-Gynecology - 3, Pathology - 5, Pediatrics - 2, Pharmacology - 5, Physiology - 8, Psychiatry - 10, Radiology - 1, Social Medicine - 3, and Surgery - 6.

The faculty has been recruited from all over the United States. Canada is also represented as are a few other foreign countries. Volunteer faculty have been appointed. Most are practitioners in the community of Toledo, many of whom have contributed extensively to our educational projects to date. There are twenty-three adjunct appointments. These are primarily from the neighboring institutions, the University of Toledo and Bowling Green State University.

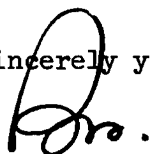
3. Capital Improvements - As I believe you are aware, we are currently housed in The William Roche Hospital, a tuberculosis hospital, the patients of which are gradually being moved to the Maumee Valley Hospital. We have added a building to the Roche Hospital in which there are class rooms and offices and laboratories of three departments.

Our Board has recently approved the contracts for the first building on our permanent campus. This building will be built from funds from the State of Ohio since the Federal picture for funding is so bleak. Two other buildings are designed and working drawings are being prepared. They have been approved but not funded by the Federal Government.

For clinical facilities, we primarily use the Maumee Valley Hospital which will be run by the Medical College pending approval from the Board of Regents after the passage of special legislation at the last session of the State legislature. We also use for our teaching programs and for our combined residency programs, Mercy Hospital, St. Vincent Hospital and Medical Center, The Toledo Hospital, and the Toledo State and Receiving Hospital. I believe that everything is going along as smoothly as possible.

If there is any further information you need, please let me know.

Sincerely yours,



Robert G. Page, M.D.
Dean
Professor of Medicine
and Pharmacology
ih

THE PENNSYLVANIA STATE UNIVERSITY
COLLEGE OF MEDICINE
THE MILTON S. HERSHEY MEDICAL CENTER

Progress Report 1969-70

The physical facilities are rapidly nearing completion. All of the facilities in the Medical Sciences Building are in use and are functioning as designed. Less than $5,000 of remodeling has been done in this $23,000,000 structure. The Animal Facilities have been in use nearly three years and have functioned as designed; no epidemics or cross infections have been detected. The Hospital is approximately five months behind the contract schedule, but the lowest four floors are expected to be occupied September 9, and the first patients to be admitted October 14, 1970. The remaining upper floors will be occupied at approximately two month intervals with final completion expected by June 1971. Students were placed in the first 10 apartments of the student house officer complex in July 1970. The remainder of the first phase of 88, all two bedroom apartments, will be completed and ready for occupancy by September 1970. An additional 160 units are under construction and scheduled for occupancy in September 1971. A laundry, not previously programmed, has been completed and will be placed in operation in September 1970 with the opening of the hospital.

The rising fourth year class of 34 students is scheduled for graduation in June 1971. The rising third year class contains 47 students and the rising second year class 63 students. The class selected for

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entrance in the fall of 1970 comprises 70 students selected from 2,429 applicants. Originally only 64 places were planned but the faculty was unusually successful in recruiting disadvantaged students who accepted in larger numbers than anticipated, so that currently 70 students are scheduled to matriculate. Seven students, including three girls, have dropped out for personal reasons. Several students are repeating a year. One has been dropped for academic reasons.

The Basic Science faculty is essentially complete. The full-time faculty in residence as of July 1, totaled 99. Recruitment of the full-time clinical faculty to fill budgeted positions continues. The Chairmanships of the Departments of Psychiatry and Radiology as well as the Assistant Dean of Students remain unfilled. A number of candidates have been interviewed.

The curriculum is continuously evolving. Students have been active members of the Curriculum Committee during the past year. Physical diagnosis was taught in a number of community hospitals in the area in an apprenticeship fashion by volunteer physicians with overall supervision by our full-time faculty. The basic clerkships for the third year were taught in the Harrisburg Hospital by members of the staff of that hospital with teaching rounds and direction done by our faculty. Scheduled time for elective work has been provided for each class. A high proportion of students, particularly in the first and second year classes, participated

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in summer research projects. Approval for Ph.D. programs in Pharmacology and Microbiology has been received.

Senior residents have been appointed in Obstetrics, Pathology, and Surgery beginning July 1, 1970.

Expenditures for the operating budget for the 1969-70 fiscal year were $4,854,843. The operating budget approved by the University for the 1970-71 fiscal year, which includes $7,610,021 for the operation of the Hospital, is $15,944,053.

Research and training grants were funded at the level of $2,083,128 for the fiscal year.

The M.S. Hershey Foundation has completed the transfer of land, buildings, and other assets to the University as Trustee.

A cordial relationship has been maintained with the Pennsylvania Medical Society. The Dean serves on the Executive Committee of the Regional Advisory Group of the Susquehanna Valley Regional Medical Program.

GTH/dlf

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ELECTION OF EMERITUS MEMBERS

The Bylaws of the Association state:

"Emeritus Membership shall be reserved for those faculty members, deans, other administrative officers of medical schools and universities, foundation officers, and government officers, who have been active in the affairs of the Association, who have demonstrated unusual capacity and interest in dealing with the problems, and in contributing to the progress of medical education, and who, because of the retirement policies of their medical schools, universities, foundations, or government agencies, are no longer active in medical education."

"After approval by the Executive Council, Emeritus Members shall be elected in the same manner as Institutional Members."

The Executive Council has approved the following for Emeritus Membership in the Association:

1. Dr. Granville Bennett
2. Dr. Clayton B. Ethridge
3. Dr. John Field
4. Dr. Tinsley R. Harrison
5. Dr. Robert S. Jason
6. Dr. Matthew Kinde
7. Dr. J. Wendell Macleod
8. Dr. Hymen Samuel Mayerson
9. Dr. H. Houston Merritt
10. Dr. Emory Morris
11. Dr. Paul Reznikoff
12. Dr. Andrew H. Ryan
13. Dr. Richard H. Young
14. Dr. Edward L. Compere

RECOMMENDATION:

The election to Emeritus Membership of the above named men be recommended to the Assembly for Action at the Annual Meeting.

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ELECTION OF INDIVIDUAL MEMBERS

The Bylaws of the Association state:

"Individual Members may be any persons who have demonstrated over a period of years a serious interest in medical education. After their qualifications have been approved by the Executive Council, they shall be elected in the same manner as Institutional Members."

The Executive Council has approved the following names for Individual Membership in the Association.

RECOMMENDATION:

The election to Individual Membership of the following names be recommended to the Assembly for Action at the Annual Meeting.

Dr. Milton H. Alper
Boston Hospital for Women
Boston, Massachusetts

Dr. Everett Anderson
Duke University Medical Center
Durham, North Carolina

Gary T. Athelstan
American Rehabilitation Foundation
Minneapolis, Minnesota

Neal R. Bandick
Whitemore Lake, Michigan

Sam A. Banks
University of Florida
Gainesville, Florida

Dr. Ann Bardeen
Marquette School of Medicine
Milwaukee, Wisconsin

Dr. Alan J. Barnes
Michigan State University
East Lansing, Michigan

Dr. Francis F. Bartone
University of Nebraska Medical Center
Omaha, Nebraska

LeRoy E. Bates
New York, New York

James A. Batts, Jr.
Philadelphia, Pennsylvania

Yvon C. Beaubrun
Brooklyn, New York

Dr. Ian C. Bennett
N. J. College of Med. & Dentistry
Jersey City, New Jersey

Mark Berger
Philadelphia, Pennsylvania

Lionel M. Bernstein
Veterans Admn. Central Office
Washington, D.C.

Brian Biles
University of Kansas Medical School
Kansas City, Kansas

Albert Oriol Bosch
San Pablo Hospital
Barcelona, Spain

Dr. Charles D. Branch
Peoria, Illinois

Dr. Peter P. Brancucci
Yonkers, New York

Thomas C. Brown
Orange, California

William H. Brown
New Brunswick, New Jersey

Dr. Chester R. Burns
University of Texas Medical Branch
Galveston, Texas

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George James Camarinos
New York, New York

Josephine M. Cassie
University of Minnesota
Minneapolis, Minnesota

Morton Chalef
State University Hospital
Brooklyn, New York

Dr. Edward W. Ciriacy
Elyn, Minnesota

Dr. David W. Cline
Minneapolis, Minnesota

Steven Lee Collins
Aurora, Colorado

Dr. Egidio S. Colon-Rivera
Rio Piedras, Puerto Rico

Dr. Rex B. Conn
The Johns Hopkins Hospital
Baltimore, Maryland

Dr. William R. Crawford
Office of Research In Med. Educ.
Chicago, Illinois

Dr. William G. Crook
Jackson, Tennessee

Dr. Vincent J. DeFeo
Honolulu, Hawaii

Dr. Myron S. Denholtz
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