We believe that the study should be scoped in depth in discussions between a small committee of University Owned Teaching Hospital Administrators, the Association and Compucare. The cost of the study should range between $40,000 and $50,000, plus reimbursable expenses. If all University Owned Teaching Hospitals participate in the study, the cost per hospital would be low.

As we discussed, an appropriate next step would be for the Association to employ Compucare on a per diem basis for a day or two to meet with the Association leadership and some key UOTH administrators to explore the subject in greater depth and to scope the parameters of the study.

We believe the results of such study would be of great value to your membership and look forward to your acceptance of the first step of this proposal.

Sincerely yours,

Sheldon I. Dorenfest
President

SID:kk

COTH ADMINISTRATIVE BOARD
September 13, 1973
Dupont Plaza Hotel
Gallery Room
Washington, D.C.
9:00 a.m. - 3:00 p.m.

AGENDA

I.	Call to Order	
II.	Approval of Minutes	TAB A
III.	Discussion of Sprague Committee Report	
IV.	Senior Membership	TAB B
V.	Request From Joint Commission on Accreditation of Hospitals	TAB C
VI.	COTH/AAMC Role in Labor Legislation	TAB D
VII.	Proposal from Compucare, Inc.	TAB E
VIII.	Other Business	
IX.	Adjournment	

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COTH Administrative Board Meeting
Sunday, August 19, 1973
Palmer House
Chicago, Illinois

PRESENT:

Leonard W. Cronkhite, Jr., M.D., Chairman
Robert A. Derzon, Chairman-Elect
George E. Cartmill, Immediate Past Chairman
John H. Westerman, Secretary
Daniel W. Capps
David H. Hitt
Arthur J. Klippen, M.D.
Sidney Lewine
Eugene L. Staples
David D. Thompson, M.D.
Charles B. Womer
Madison B. Brown, M.D., AHA Representative

ABSENT:

Herluf V. Olsen, Jr.
Stuart M. Sessoms, M.D.

GUEST:

Ray E. Brown, Northwestern University

STAFF:

John A.D. Cooper, M.D.
Richard M. Knapp, Ph.D.
Dennis D. Pointer, Ph.D.
Grace W. Beirne
Catharine A. Rivera

I. Call to Order:

Dr. Cronkhite called the meeting to order at 9:00 a.m. in PDR # 6 of the Palmer House in Chicago, Illinois.

II. Consideration of Minutes:

Mr. Womer requested that the minutes reflect his absence from the June 21 meeting. The minutes of the June 21, 1973 meeting were approved as amended.

III. Membership Applications:

ACTION # 1

IT WAS MOVED, SECONDED AND CARRIED THAT THE FOLLOWING APPLICATIONS FOR MEMBERSHIP IN THE COUNCIL OF TEACHING HOSPITALS BE APPROVED:

MORRISTOWN MEMORIAL HOSPITAL
MORRISTOWN, NEW JERSEY

THE CHRIST HOSPITAL
CINCINNATI, OHIO

There ensued a brief discussion regarding membership criteria for the Council of Teaching Hospitals. Several members of the board expressed the opinion that the guidelines as presently written would allow for an increasing number of hospitals with only marginal commitments to medical education to file applications for COTH membership. Given the development of a host of medical schools that either are utilizing or plan to utilize existing community based hospitals for teaching purposes, it was suggested that attention be given to the problem of how to accommodate such institutions within the Council. Although no action on this item was taken there was general feeling that criteria for membership in the Council of Teaching Hospitals should be reexamined at a future date.

IV. Cost of Living Council Health Industry Advisory Committee Deliberations Summary:

Dr. Cronkhite discussed briefly deliberations of the Health Insurance Advisory Committee of the Cost of Living Council. He indicated that the Advisory Committee has been given until October 15 to develop general policy guidelines regarding cost controls in the health services industry. The Committee was presented with data prepared by COLC staff that indicated costs in the health service industry had increased 11.6 percent during the past year; 5.9 percent was attributed to changes in service ("progress and expanded services") whereas 5.7 percent was due to increases in wages and pass through costs. Dr. Cronkhite noted that the primary policy question as put to the Cost of Living Council by the Advisory Committee was whether it was willing to halt increases in utilization and stop medical progress by limiting cost increases to 6 percent per annum. The Advisory Committee felt that if the 6 percent cost increase was accepted by the COLC, the Council must realize and declare publicly that increases in utilization and medical care progress would be halted.

Dr. Cronkhite indicated that the fourth meeting of the Advisory Committee will be held within two weeks. At that time further consideration will be given to discussing the advisability of instituting price, cost or expenditure controls alone, in the absence of regulations regarding capital input, patient benefits, manpower, etc. He indicated that the implementation of price, cost or expenditure controls alone, in the absence of a more systematic control philosophy is essentially self defeating. It is anticipated

that the Health Industry Advisory Committee will suggest that a committee on controls be established at the secretarial level to examine all facets of the control problem and to recommend processes whereby some integration can be achieved between separate programs.

Dr. Thompson raised the question as to the appropriate role of the Council of Teaching Hospitals vis a vis both the Health Industry Advisory Committee and the Cost of Living Council. Dr. Cronkhite indicated that it will take the Health Industry Advisory Committee approximately two months to develop its suggestions regarding hospital cost controls. He suggested that the Council of Teaching Hospitals delay any definitive action until such time as the Health Industry Advisory Committee has forwarded specific policy recommendations to the COLC.

V. Report of the Committee on Financing Medical Education:

At its last meeting, the Administrative Board of the Council of Teaching Hospitals recommended that the report of the Committee on Financing Medical Education not be published and that further distribution of the report should be discouraged at this time. The Board directed staff members of the Department of Teaching Hospitals to prepare a review of the report and to distribute the review to members of the Administrative Board at its August meeting.

Dr. Cooper opened the discussion of the report by detailing the development of AAMC efforts in the cost analysis area. He indicated that since the last meeting of the Executive Committee, staff of the Department of Operational Studies had developed and initiated numerous alterations of the draft of the report. These alterations were based on inputs from outside reviewers (Rashi Fein, Adam Yarmolinski and John Millis), Council Board members and a review of the report prepared by the staff of the Department of Teaching Hospitals. Dr. Cooper indicated that methodological inconsistencies and language problems were now in the process of being corrected. He indicated that the sixteen medical centers participating in the indepth cost analysis study might be combined and that those institutions who did not employ consistent methodology (i.e., a full identification of teaching hospital costs) would be excluded from the final report. Dr. Cooper circulated to the group tables and data breakdowns for those institutions that would form a study pool for the final report; several alterations in the format of the data presentation were indicated.

ACTION # 2

IT WAS MOVED, SECONDED AND CARRIED THAT THE ADMINISTRATIVE BOARD OF THE COUNCIL OF TEACHING HOSPITALS ACCEPT THE PROPOSED ALTERATIONS IN THE FINAL REPORT OF THE COMMITTEE ON FINANCING MEDICAL EDUCATION.

Dr. Cooper indicated that all three Administrative Boards will meet the evening of September 12, 1973 to review the amended report. The Board expressed its desire to examine the report before it is released.

ACTION # 3

IT WAS MOVED, SECONDED AND CARRIED TO COMMEND THE STAFF OF THE DEPARTMENT OF TEACHING HOSPTIALS FOR ITS EFFORTS IN PREPARING THE POINT BY POINT REVIEW OF THE REPORT.

VI. Research Memo:

Dr. Knapp and Dr. Pointer discussed briefly the methodology and results of a research memo entitled, "Selected Comparisons of Hospitals With Graduate and Undergraduate Training Only." Analysis contained in the memo indicated that for the six diagnoses studies there is no reason to suggest that hospitals with undergraduate and graduate training utilize laboratory and x-ray services more expensively than those hospitals with graduate training programs only. It was noted that the findings of this memo are indicative rather than exhaustive and as such no conclusive statements can be drawn from it. Dr. Knapp indicated that the staff is in the process of obtaining similar data on those hospitals with no training programs. There was a consensus of the Board that staff should continue its efforts in this area.

VII. Patients Rights in the Teaching Setting:

At its meeting of June 21, 1973 the COTH Administrative Board voted to accept the first two paragraphs of an AAMC Statement entitled, "The Patient in the Teaching Setting" and include in that statement a general endorsement of the patients rights policy document developed by the American Hospital Association. Dr. Knapp indicated that at their last meeting, the Council of Deans and the Council of Academic Societies Administrative Boards accepted the draft statement as presented and that a request was made for the Council of Teaching Hospitals Board to reconsider its position regarding the statement.

A general discussion ensued regarding the advisability of accepting the draft statement as originally prepared. Emphasis was placed on the fact that the policy most directly affects the Council of Teaching Hospitals and that as such the COTH Administrative Board should have a primary input regarding its acceptance.

ACTION # 4

IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD ENDORSE PREVIOUS ACTION ON ADOPTION OF THE FIRST TWO PARAGRAPHS OF THE AAMC STATEMENT, ADDING THE LAST PARAGRAPH OF THE STATEMENT AND THAT THIS REVISION THEN BE REFERRED TO THE AAMC HEALTH SERVICES ADVISORY COMMITTEE FOR REVIEW OF THE LANGUAGE AND THE PROBLEMS OF ITS IMPLEMENTATION.

VIII. Ad Hoc Committee on H.R. 1:

Mr. Derzon briefly reviewed recent activities of the AAMC Ad Hoc Committee on H.R. 1. Following the AAMC's lead, the AHA and the AMA filed letters with the Secretary of Health, Education and Welfare requesting that the comment period on Section 227 of P.L. 92-603 be extended for ninety days. Legal counsel of the three associations met in Chicago recently to discuss joint strategies regarding the filing of comments and the course of potential legal action. Legal counsel indicated that the Association would be advised not to request an injunction restraining the implementation of federal regulations regarding Section 227 before they become final. Both the AAMC and the AHA are working closely in the preparation of their formal comments regarding the regulations. Such comments will be filed before the August 20 deadline. It was noted that the Social Security Administration has recommended to the Secretary that an extension of the comment period for sixty days be granted, but that the Secretary had not yet made a final decision.

A questionnaire has been sent to all medical schools and members of the Council of Teaching Hospitals in order to identify those institutions that will experience a significant dollar loss if such regulations are implemented. Based upon the results of this survey, it is anticipated that the staff visit six to eight institutions and conduct an indepth analysis of fiscal impact. These studies should be completed within two months and form the basis for the Association's revised comments regarding the regulations if an extension is granted.

IX. COTH Research Awards:

Dr. Pointer reviewed the eight completed applications received for the Council of Teaching Hospitals Research Award Program.

ACTION # 5

IT WAS MOVED, SECONDED AND CARRIED THAT MR. ROICE D. LUKE OF THE UNIVERSITY OF MICHIGAN AND DR. MICHAEL POZEN OF JOHNS HOPKINS UNIVERSITY BE GRANTED COTH RESEARCH AWARDS FOR THE 1973-1974 ACADEMIC YEAR.

Letters will be sent to Mr. Luke and Dr. Pozen informing them of their receipt of the award. The letters will emphasize that granting of the award is contingent upon their acceptance of the condition that they will provide the Council of Teaching Hospitals with a distillation of their research suitable for publication (although publication is not guaranteed).

X. Limitations of Federal Participation for Capital Expenditures:

Dr. Knapp reviewed briefly the proposed regulations regarding Section 221 of P.L. 92-603. He indicated that the staff was able to gain an inclusion in the review criteria providing that community need should be interpreted broadly for the purposes of ruling on capital projects. It was suggested

that the staff forward a memo to the membership suggesting that they contact the Comprehensive Health Planning Service and indicate that the development, implementation and operation of manpower training and clinical research programs be taken into account when designated planning agencies consider requests for the approval of capital projects.

XI. Representation in AAMC Assembly:

Dr. Knapp noted that at its meeting on June 21, 1973 the CAS Administrative Board adopted a motion requesting that its representation in the AAMC Assembly be increased to reflect one vote for each constituent society. The board recognized the difficulties in selecting 35 representatives from 52 academic societies. No strong feelings were expressed concerning the need for such a change. However, there was a general consensus that if CAS representation in the AAMC Assembly is proposed, an equal increase should be accorded COTH representation. Additionally, there was agreement that the COTH representation to the AAMC Executive Council should be increased from three to four members to create parity with CAS representation.

XII. Proposed Seminar Regarding Organized Medical Staff and Chiefs of Staff in University Teaching Hospitals:

Mr. Westerman described to the Board a proposal by the University of Minnesota and the University of Michigan Hospitals whereby they would organize and conduct a seminar on the role of organized medical staffs and chiefs of staff in university owned teaching hospitals. Mr. Westerman requested that the COTH Administrative Board express its approval for such a project realizing that COTH would not be directly involved in its sponsorship. Mr. Westerman indicated that proceedings of the conference would be put before the COTH Administrative Board at its April meeting.

ACTION # 6

IT WAS MOVED, SECONDED AND CARRIED THAT THE COTH ADMINISTRATIVE BOARD ENDORSE THE PROPOSED SEMINAR TO BE SPONSORED BY THE UNIVERSITY OF MINNESOTA AND THE UNIVERSITY OF MICHIGAN.

XIII. Adjournment:

There being no further business the meeting was adjourned at 2:15 P.M.

SENIOR MEMBERSHIP IN THE AAMC

At the June meeting of the Council of Deans Administrative Board, the AAMC staff was asked to explore the possibility of utilizing the Senior membership category to provide continued participation of individuals once active in the Association who no longer are members of any Council. The Executive Council, meeting the following day, considered this matter and approved a motion to:

1. direct the staff to prepare a proposal based on the recommendations discussed;

2. place this item on the agenda of the three administrative boards at their September meetings.

In accordance with the Executive Council directive, AAMC staff has developed the following Guidelines:

1. Senior members shall henceforth be called Distinguished Members.

2. Distinguished Members shall be elected by the Assembly on recommendation of the Executive Council and one of the constituent Councils.

3. The principal criterion for selection of Distinguished Members shall be active and meritorious participation in AAMC affairs while a member of one of the AAMC Councils. Additional criteria may be established by the Executive Council or constituent Councils responsible for nominating Distinguished Members.

4. Each Distinguished Member shall have honorary membership status on the Council which recommended his/her election, i.e., he/she would be invited to all meetings and would have the privileges of the floor without vote.

5. Distinguished Members shall meet as a group once a year at the Annual Meeting and elect a Chairman and/or Chairman-Elect.

6. Distinguished Members shall be eligible for Emeritus Membership at age 65; Emeritus Membership would be mandatory at age 70.

7. AAMC Bylaws shall be modified to incorporate these changes and to provide Distinguished Members with voting representation on the Executive Council through a 21st member of that Council. This position shall be filled by the Chairman of the Distinguished Members.

Bylaws changes necessary to meet the requirements listed above are under review by the Association's legal counsel and will be available for consideration by the September meetings. A copy of the current AAMC Bylaws appears on the following pages.

RECOMMENDATION

It is recommended that the Executive Council:

1. recommend to the Assembly approval of the Bylaws revisions proposed;

2. approve the proposed Guidelines for Distinguished Membership, to become effective if the Assembly approves the necessary Bylaws revisions.

PROPOSED AAMC BYLAWS REVISIONS

1. Some change may be necessary in Article 7 of the Articles of Incorporation. Is this subject to change? Does the single vote on the Executive Council justify or require any modification of the statement, "Other classes of members shall have no right to vote and no action of theirs shall be necessary for any corporate action?"

2. Title I, Section 2, Paragraph B:

   Delete the existing paragraph B and insert:

   B. Distinguished Members - Distinguished Members shall be persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any members described under Section 1.

3. Title I, Section 3

   Add Paragraph E:

   E. Distinguished members will be recommended to the Executive Council by either the Council of Deans, Council of Academic Societies or Council of Teaching Hospitals.

4. Title VI, Section 2

   Add the words, "and the Chairman of the Distinguished Members," on line 4 after the word, "Representatives".

Joint Commission on Accreditation of Hospitals
875 North Michigan Avenue Chicago, Illinois 60611

July 25, 1973

John D. Porterfield, M.D.
Director (312) 642-6061

Richard M. Knapp, Ph.D.
Director
Division of Teaching Hospitals
Association of American Medical Colleges
Suite 200, One Dupont Circle
Washington, D.C. 20036

Dear Dr. Knapp:

When the Board of Commissioners of the Joint Commission on Accreditation of Hospitals adopted the new hospital accreditation standards in December, 1970, it had already determined certain characteristics that should be maintained. These included a flexibility which would provide for continuing timeliness of the standards. Advances in clinical knowledge, improvements in the "state of the art," and developments of new methodologies to enhance and preserve the quality of patient care, all call for regular review and appropriate amendment of the standards if they are to continue to reflect both the optimum and the achievable in hospital organization and practice.

To maintain this characteristic, the Board had adopted a resolution that it would at least biennially formally seek the counsel of those associations and groups with knowledge and experience in what hospitals are and what they ought to be. Certain amendments and expansions in the standards have already been adopted as they were earlier indicated, but it is now the time for the first comprehensive review.

The Joint Commission wishes to extend an invitation to your organization to create, or to identify, an existing committee which will review the Accreditation Manual for Hospitals (1970) critically and forward any recommendations for change it deems proper. Reports should be forwarded to Dr. Walter W. Carroll, Associate Director, Research and Standards, who enjoys the responsibility of collating all material for consideration by the Standards Committee of the Board. There is no deadline for receipt of recommendations, but we will be grateful for your response at as early a date as is reasonable.

Your organization's contribution can be substantial and the Joint Commission is appreciative of your valued advice.

Sincerely,

John D. Porterfield, M.D.
Director

JDP:jm
enclosure

American Hospital Association

Washington Service Bureau

TELEPHONE: AREA CODE 202 393-6066
CABLE ADDRESS: AMERHOSP

August 13, 1973

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

Dear John

Knowing of the interest of the Association of American Medical Colleges in the proposed legislation (S.794 and H.R.1236) to extend coverage of the National Labor Relations Act to nonprofit hospitals, I thought it would be helpful to give you an update on the latest developments occurring just prior to the Congressional recess.

At the Senate Labor Subcommittee hearings July 31 and August 1 & 2, in addition to testimony by AHA (a copy of which you should have received last week) opposing the bills and suggesting specific amendments to protect the continuity of patient care, several individual groups plus representatives of organized labor made strong presentations favoring early passage of the measure by the Congress.

On July 31 Congressman Frank Thompson (D-N.J.) introduced a new bill, H.R.9730, the purpose of which is to provide that employees of state and political subdivisions will be subject to the provisions of the National Labor Relations Act. As you know, Congressman Thompson is the author of H.R.1236. It would appear that if H.R.9730 is considered and passed that all public hospitals would be included under the NLRA.

The two most significant new developments, however, were (1) a major change in the Administration's position from

last year (when it fully endorsed the legislation without any amendments) to its present position of continuing to support the "concept" of the bill, but with the addition of "special provisions" designed to offer "safeguards to protect the public interest in the delivery of health care services" in all health care institutions, and (2) the introduction on July 31 of Senator Taft's bill, S.2292, proposing a series of amendments which include procedures for impasse resolution, limitations on the number of bargaining units, and an expedited means of obtaining injunctive relief against unfair labor practices. Senator Taft's bill is similar to AHA's proposed amendments and would apply to all health care institutions.

We at AHA were encouraged by both these new developments, because they illustrate a growing recognition that hospitals perform a unique and essential community service, and, for that reason, it is becoming increasingly accepted that all health care institutions -- private hospitals, convalescent hospitals, health maintenance organizations, nursing homes, extended care facilities, and other institutions devoted to the care of the sick or aged, whether proprietary or nonprofit -- should be provided special protection against work stoppages caused by labor disputes.

It is anticipated that the House and Senate Committees will move to act soon after the August recess to mark-up the legislation, in the hope of getting a bill to the White House by the end of the current session. The Senate Committee staff have assured us that the hearing record will be kept open until after Congress reconvenes in September.

Since there will be time before the record is closed, therefore, if you have not already made your views known to the Committee on this matter, we would urge you to take advantage of this opportunity to submit your concerns for the official record in order to have an impact on the Committee's considerations of the important issues involved.

In addition, of course, personal contacts and direct correspondence from your Association and its members to the Senators and Representatives in Congress would be of major importance in the consideration of this legislation.

As we anticipate action on this legislation after Congress reconvenes September 5, this will probably be the last opportunity to obtain the kinds of labor-management protections

for America's health care institutions advocated by AHA and Senator Taft. As you know, NLRA is infrequently amended and should S.794 be enacted without inclusion of amendments to better protect the continuity of patient care, it will be most difficult, or virtually impossible, to add those essential safeguards in the future.

For your information, I'm enclosing copies of the Administration's testimony at the Senate hearings, Senator Taft's bill, S.2292, the Taft Congressional Record statement on S.2292, a one-page AHA summary of this issue, and a list of Senate and House Committee members dealing with this issue.

Best personal regards.

Sincerely

Leo J. Gehrig, M.D.
Vice President

kmb

enclosures

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

August 31, 1973

Sheldon I. Dorenfest
President
Compucare
8550 W. Bryn Mawr
Chicago, Illinois 60631

Dear Shelly:

As I'm sure you are aware, based on the luncheon discussion, your proposal was thoroughly reviewed by those individuals who were present at the meeting on Wednesday, August 29.

The recommendation of the group was that we do have an interest in providing Compucare with the opportunity to design a survey instrument as set forth in your proposal at no cost to the AAMC. The AAMC Department of Teaching Hospitals would then undertake the survey giving Compucare proper credit in a cover letter for its assistance in designing the questionnaire. Results of the survey would then be published, preserving institutional confidentiality, and made available to anyone who has an interest in the data.

If this approach is to be undertaken the project will need approval by the COTH Administrative Board. I shall look forward to hearing from you.

Sincerely,

Richard M. Knapp, Ph.D.
Director
Dept. of Teaching Hospitals

RMK/sd

July 27, 1973

Richard M. Knapp, Ph.D.
Director
Department of Teaching Hospitals
Association of American Medical Colleges
One DuPont Circle
Washington, D.C. 20036

Dear Dr. Knapp:

It was a great pleasure talking with you on Wednesday, July 18, 1973. As we discussed, Compucare is aware of a significant problem area affecting most University Owned Teaching Hospitals (UOTH's) which we believe can be examined most effectively through a joint effort of your Association and Compucare. Compucare helps hospitals to increase the productivity and effectiveness of computer and systems improvement programs. Through management service and consulting arrangements with some UOTH's and through occasional contact with many other UOTH's, we have observed two major common problems in the computer programs of these hospitals as described below:

1. It has been our experience that the cost of UOTH's computer and systems development programs are extremely high in relation to productivity of these programs. While modest success has occurred in computerizing business office applications, a typical UOTH has had great difficulty in achieving benefits from computer technology in the patient care areas of the hospital. Our judgement has been that this group of hospitals does not receive the benefit payoff, even in business office applications, that hospital management should reasonably expect from its computer investment.

2. In most UOTH's, organizational relationships affecting university and hospital personnel cause conflict concerning hospital computer program management. Some feel that centralization of hospital and university computer activities is the most cost effective way to manage computer programs. Others favor various levels of decentralization in order to properly recognize the

potentially differing priorities of the university and the hospital. In most UOTH's some or all of the computer hardware and people related resources are centralized and these UOTH's are asking the questions:

a. "Is centralization of computer hardware good or bad?"

b. "If centralization is good, how can it be made more effective?"

While these hospitals have vague feelings that their computer programs are not cost effective, they do not have the proper supporting data and are not certain of their position; thus, they are hesitant to conflict with the university computer program management on this issue. Yet conflict is unavoidable because hospital priorities are not being met.

While some UOTH's computer programs are more successful than others, all of these hospitals ask some version of the following questions:

1. "How can the productivity of our computer program be increased?"

2. "How can we successfully use the computer more extensively within the framework of current organization relationships?"

3. "Are there reasons for concluding that certain organizational relationships provide better chance for success than other organizational relationships?"

4. "How can these organizational relationship conclusions be substantiated and justified?"

5. "Are there certain criteria for successful computer programs in UOTH's which can be defined?"

PROPOSAL

We propose that Compucare, with Association support and participation, undertake an effort to provide certain kinds of background data, analysis and conclusions to help UOTH's handle this problem area more effectively. Compucare feels that a study of the approximately 60 UOTH's on the parameters listed below would yield useful analytical data by which UOTH's could make better judgements on more effective future management of their computer programs. The study would include the following:

1. Survey participating UOTH's utilizing specific questions to gather data in the following areas of the computer and systems improvement program:

   - Organizational Relationships
   - User satisfaction and/or concern
   - Staff size and allocation of effort
   - Budgets
   - Status of present program
   - Cost effectiveness of on-going activities
   - Productivity of investment in systems development
   - Status of present and planned development effort
   - Management goals and future plans

   The objective of the survey would be to gather adequate and similar data from UOTH's surveyed to make certain comparisons amongst the group.

2. Field survey a sample of UOTH's after questionnaires are returned to validate the comparability of the responses and to learn more about certain aspects of the surveyed hospitals' computer programs.

3. Integrate the responses to the questionnaires and field surveys with Compucare's general knowledge of the industry to make observations on the criteria for successful UOTH's computer programs and to determine some of the steps necessary to make these programs more effective.

4. Summarize these observations in a report to each of the participating hospitals (without disclosure of individual hospital data). This will permit each hospital to compare its performance to others.

5. Make recommendations in the report to participating hospitals on how to make future computer efforts more effective.

Compucare believes this program should be jointly undertaken by the Association and Compucare with financing provided either by the Association or by modest individual contributions from participating UOTH's.