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

aamc association of american medical colleges

MEETING SCHEDULE
COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD

September 12-13, 1979
Washington Hilton Hotel
Washington, D.C.

Wednesday, September 12

6:30 P.M.	COTH Administrative Board Meeting	Chevy Chase Room
7:30 P.M.	Cocktails	Dupont Room
8:30 P.M.	Dinner	Chevy Chase Room

Thursday, September 13

9:00 A.M.	COTH Administrative Board Business Meeting (Coffee and Danish)	Kalorama Room
1:00 P.M.	Joint COTH/COD/CAS/OSR Administrative Board Luncheon	Conservatory Room
2:30 P.M.	Executive Council Business Meeting	Caucus Room

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 828-0400

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

Council of Teaching Hospitals
Administrative Board

September 13, 1979
Washington Hilton Hotel

9:00 a.m. - 1:00 p.m.

A G E N D A

VIII.	Flexner and Borden Awards	Executive Council Agenda Page 24
IX.	CCME "Policy on Policy"	Executive Council Agenda Page 25
X.	Bylaws Change for LCGME	Executive Council Agenda Page 26
XI.	General Requirements Section of the Essentials of Accredited Residencies	Executive Council Agenda Page 28
XII.	Final Report - Ad Hoc Committee on Continuing Medical Education	Executive Council Agenda Page 48
XIII.	A Position Paper: The Expansion and Improvement of Health Insurance in the United States	Executive Council Agenda Page 61
XIV.	Final Report - Specialty Distribution Working Group	Executive Council Agenda Page 75
XV.	Final Report - Working Group on Quality	Executive Council Agenda Page 105
XVI.	Final Report - Working Group on Financing	Executive Council Agenda Separate Attachment
XVII.	Medical Sciences Knowledge Profile Program	Executive Council Agenda Page 129
XVIII.	Liaison Committee on Continuing Medical Edcucation	Executive Council Agenda Page 131
XIX.	Information Items	
	A. Medicare Reimbursement Policy: Primary Care Residency Programs	Page 108
	B. Medicare Payment Limitations: Impact of a Category for Teaching Hospitals	Page 110
	C. Section 223 Data Request	Page 148
XX.	Adjournment	

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

Association of American Medical Colleges
COTH Administrative Board Meeting

Washington Hilton Hotel
Washington, D.C.
June 14, 1979

M I N U T E S

PRESENT:

Robert M. Heyssel, M.D., Chairman
John W. Colloton, Chairman Elect
David L. Everhart, Immediate Past Chairman
John Reinertsen, Secretary
James Bartlett, M.D.
Jerome R. Dolezal
Kevin Hickey, AHA Representative
Mark S. Levitan
Stuart Marylander
Malcom Randall

ABSENT:

Dennis R. Barry
James M. Ensign
Robert K. Match, M.D.
Mitchell T. Rabkin, M.D.
Elliott C. Roberts

GUESTS:

John A. Gronvall, M.D.
William D. Mayer, M.D.
Charles B. Womer

STAFF:

James D. Bentley, Ph.D.
Peter Butler
John A.D. Cooper, M.D.
John Deufel
Kat Dolan
Gail Gross
Joseph Isaacs
Thomas Kennedy, M.D.
Richard M. Knapp, Ph.D.
Emanuel Suter, Ph.D.

Thomas Morgan, M.D.

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

I. Call to Order

Dr. Heyssel called the meeting to order at 8:30 a.m. in the Hamilton Room of the Washington Hilton Hotel. He welcomed Mr. Womer and Drs. Cooper and Gronvall to the meeting. He then reported several items of interest to the Board:

- The Management Advancement Program for COTH members would be held June 22-27 in Florida. Thirty COTH member executives (including nine from Veterans Administration hospitals) planned to attend.

- On May 21, Dr. Heyssel testified on hospital cost containment legislation before Representative Waxman's Subcommittee on Health and the Environment of the House Interstate and Foreign Commerce Committee. Dr. Heyssel indicated that Representative Stockman, who developed the excellent critique entitled "The Administration's Case for 'Hospital Cost Containment': A Critical Analysis" (which had been sent to the Board for review), had been a persistent and effective questioner at the hearings.

- The COTH Nominating Committee would shortly be selecting its slate of nominees for the coming year. COTH Board members are invited to make any suggestions or recommendations for nominees as soon as possible to Mr. Everhart.

XI. Educational Commission for Foreign Medical Graduates

Dr. Heyssel introduced William Mayer, M.D., Director of Medical Education, Veterans Administration Central Office, who was accompanied by Dr. Suter. Dr. Suter then reviewed this issue for the Board. He explained that the Educational Commission for Foreign Medical Graduates (ECFMG) was created to provide a mechanism for screening foreign medical graduates seeking graduate medical education in the United States, thereby protecting the public from those FMGs who proved to be unqualified to practice medicine here. It has however evolved into an advocacy role for the recruitment of foreign medical graduates over the past 10 years. Functions of the ECFMG are essentially: (1) to certify foreign medical graduates who apply for graduate medical education in this country; (2) to sponsor a visitor exchange program for graduate medical education; and (3) to administer the Visa Qualifying Examination (VQE) on behalf of the National Board of Medical Examiners. (A foreign physician has to pass this examination in order to qualify for an entrance visa to this country as a physician). The ECFMG also maintains extensive records on all foreign medical graduates, which includes background information, their original applications, and information on their arrivals in this country.

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

Dr. Suter pointed out that several developments in recent years have reduced demands on ECFMG services, particularly amendments to the Naturalization and Immigration Act which have made it more difficult for foreign physicians to enter this country as physicians. Over the past two years there has been a tendency by the ECFMG to try to influence legislation by seeking to remove some of the more stringent aspects of these amendments. The AAMC feels that there is not enough data on the real consequences of these amendments and that only after such data is accumulated should possible changes be made. Dr. Suter suggested that the Board consider the AAMC position statements, as set forth on page 71 of the Executive Council Agenda, as as expression of opinion.

Following Board discussion, the following action was taken:

ACTION: It was moved, seconded and carried to approve the AAMC position with regard to the ECFMG as set forth in numbers 1-4 on page 71 of the Executive Council Agenda.

XII. Report of the Ad Hoc Committee on Continuing Medical Education

Dr. Heyssel invited Dr. William Mayer, Chairman of the Ad Hoc Committee on Continuing Medical Education, to review the Committee's report (as presented on pages 72-81 of the Executive Council Agenda). Dr. Mayer indicated that a much more comprehensive report on continuing medical education would be forthcoming as a result of the Committee's compilation of the most pertinent information available on the subject. He then discussed the milieu in which the committee operated and the preliminary report was derived. The Committee felt that the ultimate outcome of continuing medical education should be improved patient care and improvement in the health of the patient. In order for continuing medical education to be effective in achieving this, it must enhance the competence (skills and knowledge) of the physicians involved. In addition, the Committee believed that: (1) the current data on CME has yet to demonstrate that it improves patient care; (2) individual systems of accreditation and certification can be modified to support CME; and (3) teaching hospitals and medical schools can do much to enhance the position of CME. Dr. Mayer noted that two research projects on CME are currently being funded -- (1) the development of a computer model for CME and (2) the AAMC/VA effort to develop a CME system for the VA. He then summarized the three sections of the Committee report -- (1) trends and issues, (2) statement of principles, and (3) conclusions and recommendations -- and invited Board comment.

Mr. Colloton asked Dr. Mayer to elaborate on recommendation #2 on page 81 of the Executive Council Agenda. Dr. Mayer felt that this recommendation was poorly worded but in effect says that continuing medical education programs should be considered a part of the responsible institution's operating costs and that these education costs should be reimbursable because of their direct link to the quality of care being provided within that organization.

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

Mr. Marylander asked why only limited discussion is given in the report to the role of the teaching hospital in continuing medical education. Dr. Mayer indicated that the Committee recognized the increasing role of teaching hospitals in CME, but perhaps did not state it well in the report. Mr. Marylander believed this to be a deficiency in the report. He felt that better representation should be given to those activities which are not done in concert with a medical school curriculum but are of major value in continuing medical education. Dr. Mayer asked if Mr. Marylander was referring to the specific role of the teaching hospital as opposed to the non-teaching hospital. Mr. Marylander expressed unfamiliarity with the specific role of the non-teaching hospital, but suspected that in many areas of the country the only effective continuing medical education was being conducted through the community hospitals where local physicians practice and there is no relationship with a medical school. He felt that failure to recognize and discuss this in the fabric of the report would be a major defect.

Dr. Suter pointed out that there were attempts to relate continuing education of the community hospital to the AHEC program in many states. He said that the accreditation documents of some of these community hospitals made clear that they were attempting to borrow on the resources of the major medical center in the region in order to conduct their own local programs. It is believed that the most effective programs are those conducted in and addressing themselves to the setting in which the physicians and other personnel actually work.

Dr. Heyssel mentioned that Mitch Rabkin was the COTH representative on the Ad Hoc Committee. He then noted the lack of discussion in the report of the role of PSROs in CME, quality care evaluation and appropriate needs assessment. Dr. Mayer responded that the report does address the PSRO role but that the data is limited in this area. He stated that further discussion will be presented in the later report, after current attempts to assess the PSRO role have been completed. He also noted that the committee recognized that adequate needs assessment is one of the key missing pieces in the continuing medical education effort and intends to elaborate on it in the comprehensive report.

Dr. Cooper expressed concern that the report is directed at the continuation of a system about which there is a growing amount of data which shows that CME, as carried out currently, has little or no effect on quality of care. He said that studies have clearly shown that the problem lies not with the lack of physician knowledge, but with the failure of the physician to apply the knowledge gained. He felt that there was no effective peer review system in place and that $5-7 billion could be saved if CME were made more effective, yet its revamping is avoided. Dr. Cooper suggested that the Committee report provided the opportunity to deal with this issue by confronting CME and quality control. Dr. Mayer indicated that the Committee is aware that most of the CME now being undertaken is of limited effect and not cost effective. However, it was felt that it would be better to refine the existing system than to take on the "gargantuan" task of recreating a new system entirely.

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

Mr. Marylander reiterated that the role of the teaching hospital, where the bulk of continuing medical education is conducted, is not clearly defined in the document. Mr. Reinertsen agreed. Dr. Bartlett felt the "financing" portion of the Committee paper should be rewritten to reflect that hospitals feel that they should not have financial responsibility for educational programs. Dr. Heyssel disagreed, stating that institutional responsibility for such programs must be recognized to a certain extent. Mr. Colloton then asked Dr. Mayer whether the addition of a section in the paper on the role of teaching hospitals would present problems and set back Committee efforts. Dr. Mayer did not believe this would be a problem. However, he reminded the Board that the Committee's charge was CME and that the largest real dollar costs to hospitals is in the area of continuing training of allied health professions.

Following additional discussion with Drs. Mayer and Suter, Mr. Colloton proposed adding a section (following Section A on page 78 of the Executive Council Agenda) which would summarize the role of the teaching hospital. In addition, as Dr. Bartlett had suggested, he called for the rewriting of Item E.2. on page 81 to more clearly reflect the financial responsibility of the hospital. Mr. Reinertsen recommended that the report also include a clearer definition of goals than is presented in Item 4 on page 75 of the Executive Council Agenda.

ACTION: It was moved, seconded and carried to approve the report of the Ad Hoc Committee on Continuing Medical Education with the following modifications:

- A section should be added following Section A of the report (as presented on page 78 of the Executive Council Agenda) which would describe the role of the teaching hospital in continuing medical education;

- Item E.2. of the report (as displayed on page 81 of the Executive Council Agenda) should be rewritten as follows: "Professional education organized as an integral element of a hospital's patient care and educational programs should be considered an operation cost of such institutions, and reimbursed through regular patient care financing mechanisms."

- A more clear definition of goals in Item 4 of the report (as shown on page 75 of the Executive Council Agenda) should be presented.

XIII. Health Sciences Promotion Act of 1979

Dr. Cooper reviewed this legislation proposed by Senators Kennedy, Javits, Schweiker, Williams, et al., and summarized Titles I, II, and III contained in the Act. Title I adopts an approach unsuccessfully taken in the National Cancer Act and would establish a "President's Council on the Health Sciences." Dr. Cooper stated that, while it is

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

generally agreed that Congress should have an independent mechanism for gathering information and developing policy on research, there are many other ways to do this besides creating a Presidential Council. Alternatives to this approach might be an Advisory Committee on Research at CBO or the holding of oversight hearings. Title II poses serious problems in that it attempts to gain control over NIH through provision of a statutory base, raising attention in political arenas about an agency which should remain non-political. Title III would reduce the paperwork load related to research grant applications, but this could be achieved administratively without the need for new legislation. The bill would also call for three-year re-authorizations for research support.

Dr. Cooper indicated that nothing is happening with the bill at the present, but wanted to alert the Board of its existence and invite comments. In response to a question from Mr. Randall, Dr. Cooper said he felt this was a staff bill that could disappear without further action.

III. Membership: Information and Discussion Items

A. Dues Increase

Dr. Knapp called attention to a letter (on page 11 of the COTH Administrative Board Agenda) from Roy House of the Wesley Medical Center in Wichita, Kansas, who requested clarification and analysis of the COTH dues increase of $500. Dr. Cooper had responded and provided just such an analysis. Dr. Knapp noted that dues notices went out on May 1 and 50 percent have already paid.

B. Membership Termination

Dr. Knapp informed the Board of a letter (on page 13 of the COTH Agenda) received from Peter Sammond of the Mt. Sinai Hospital, Minneapolis, Minnesota, in which he withdrew his hospital's COTH membership because of the recent dues increase. Dr. Knapp noted that some institutions like Mt. Sinai are marginally involved in medical education and will join COTH for a certain period of time and then drop their membership. He didn't feel this represented a particular problem or trend, but thought the Board should be informed of Mr. Sammond's decision.

C. Corresponding Membership

Dr. Knapp drew attention to the letter from Robert Nicholson, M.D., Executive Director of the Southwestern Michigan Area Health Education Center, on page 14 of the COTH Agenda. In the second paragraph, Dr. Nicholson expressed disappointment that corresponding members are not listed in the COTH Directory. Dr. Knapp explained that he had made a decision some time ago not to list such members in the Directory to avoid confusion over the definition of a teaching hospital. Mr. Everhart indicated that corresponding members should be listed in the back of the Directory next year. The Board generally agreed and Dr. Knapp said that staff would comply with the Board's request by including the corresponding members in a separate section of the 1980 Directory.

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

Dr. Knapp also pointed out that Dr. Nicholson questioned the classification and criteria used for qualification as a full COTH member. Dr. Knapp explained that he felt the major purpose of COTH is to represent the interests of major hospitals who have characteristics and problems which need to be addressed as a result of their major commitment to education, research and essentially tertiary care. He felt that broader membership criteria would make it more difficult to represent the entire constituency. Mr. Marylander concurred and stated that there should be no attempt to change the membership criteria. The Board generally agreed.

D. Membership Applications

1. St. Mary's Health Center
   St. Louis, Missouri

Dr. Bentley reviewed this application and pointed out that the residency positions filled are in the Department of Medicine (page 17 of the COTH Agenda), which is St. Mary's only identified free-standing residency program. He indicated that he had spoken with the Director of Medical Education at the hospital and was told that all of the affiliated, integrated programs are fully staffed on a rotational basis. Therefore, requirements for full membership are fulfilled and Dr. Bentley recommended approval for full COTH membership.

ACTION: It was moved, seconded and carried to approve St. Mary's Health Center, St. Louis, Missouri for full COTH membership

2. Milwaukee Children's Hospital
   Milwaukee, Wisconsin

Dr. Bentley noted that, though this hospital does not have the full spread of residencies, it is a specialty hospital and could be accepted for full membership on the basis of the special consideration stipulated for specialty hospitals in the COTH membership criteria. He added that this hospital was very consistent with other COTH children's hospital members and recommended approval for full membership, recognizing the Board's authority to waive normal residency distribution.

ACTION: It was moved, seconded and carried to approve Milwaukee Children's Hospital, Milwaukee, Wisconsin, for full COTH membership.

IV. JCAH Activities

Dr. Knapp reviewed the correspondence with JCAH as set forth on pages 29-35 of the COTH Agenda. He said that at Mr. Womer's suggestion a letter had been sent to JCAH by Dr. Cooper regarding the possibility of having an AAMC representative to JCAH's newly established Professional

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

and Technical Advisory Committee (PTAC). He noted that the JCAH response indicated that a representative from the Council of Teaching Hospitals would be welcome. Dr. Heyssel recommended Mr. Everhart for this post.

Referring to Dr. Affeldt's letter of May 16 to Dr. Cooper, Dr. Knapp indicated that he did not quite understand Dr. Affeldt's intent and called Dr. George Graham at JCAH for clarification. Graham explained that the American Group Practice Association, the Medical Group Management Association and the Group Health Association of America have formed the Association for Accreditation of Ambulatory Health Care. Its primary objective is to look at free-standing enterprises (clinics), while the JCAH will remain responsible for accreditation of hospital-based out-patient departments. Dr. Graham indicated that instead of having five councils with separate sets of standards, evaluation teams and visits to hospitals, the objective of the JCAH is to have a single evaluation team and a core set of standards so that only one accreditation visit would be necessary. Dr. Knapp requested information on this in writing; Dr. Graham suggested writing to JCAH, indicating interest and requesting to see the reorganization plan for discussion at the COTH Board's September meeting.

Dr. Bartlett said he was concerned with what he perceived to be a fragmentation of the accreditation process. Dr. Knapp responded that he thought this was an attempt by JCAH to correct that situation in that their objective is to have a single site visit in an "all or nothing" situation.

Dr. Heyssel voiced concern about the JCAH getting involved in the accreditation of ambulatory care and about the implications for hospitals of having to be the focus of ambulatory care accreditation. Mr. Marylander felt that since (1) hospitals are surveyed for ambulatory care accreditation anyway, (2) such surveys are numerous and fragmented, and (3) the JCAH is probably better than the other visitation teams that come into hospitals, the AAMC should support the JCAH with one caveat -- that if the JCAH indeed does become designated as the sole accrediting agency, it must ensure that its single visit will not be followed by other surveyors. He insisted that the JCAH must be given authority to be the only surveyor if it is to be supported by the AAMC.

Dr. Bentley suggested that if COTH wanted to push for hospital-wide accreditation then a specific action by the Board could lend credence to the JCAH approach. Mr. Colloton emphasized that the JCAH should recognize that it may face varying corporate accountability responsibility with the approach and believes the newly-formed Ambulatory Care Group will probably establish stiffer standards and receive HEW recognition.

Responding to a question from Mr. Everhart regarding his nomination to the PTAC, Dr. Knapp explained that a letter would be sent to Dr. Affeldt in June announcing Mr. Everhart's selection as the COTH nominee to the Panel.

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

V. Regulations Issued for 1122 and Certificate of Need Review of CT Scanners

Mr. Isaacs reviewed this item for the Board. As reported on pages 36 and 37 of the COTH Board Agenda, HEW published interim final regulations on April 25 governing the review of CT scanning services under Section 1122 and Certificate of Need (CON) programs. Under 1122, the regs essentially incorporated the provisions of a Program Policy Notice which was issued in February of last year by HRA. Mitch Rabkin had expressed concern about the possible implications of this notice at a COTH Board meeting around that time. He objected that HEW, in its interpretation of what constitutes a new service, was rendering an essentially clinical decision on purely economic terms and had not previously treated services of a diagnostic nature in the "new service" review category.

Mr. Isaacs explained that the 1122 regs deal with the purchase or lease of CT Scanners costing less than $100,000 and requires their review in all cases (for either fixed or mobile units) except where the scanner is an addition to or replaces an existing scanner of the same type (head or body). The new CON regs would require review of all CT Scanning Services proposed to be offered in, at, through, by, or on behalf of a health care facility or HMO, regardless of cost or whether the unit represents a new service, or an addition to or replacement of an existing scanner.

Although these regs became effective with their publication, Mr. Isaacs noted that comments have been invited by June 25th and requested the Board's guidance with regard to whether the AAMC should submit comments and if so, what direction they should take.

Mr. Randall said that it wasn't clear to him how the mobile scanner would come under the Certificate of Need Requirement. Mr. Isaacs indicated that it would be under the definition of a new service.

Mr. Everhart felt the regs were a blatant impostion on management. CT Scanners are in fact replacing a lot of other diagnostic procedures and he felt the point could be made that CT Scanning is new technology that has great potential for reducing costs. Mr. Marylander suggested that any comments should avoid, if possible, specific discussion of CT Scanners and get at the principles of allowing new technologies to become available.

Dr. Heyssel indicated that at Hopkins the full costs of CT scans have been offset by a reduction in the costs of other procedures. He pointed out that it all came down to defining the role of the teaching hospital once again in the regionalization of care and the distribution of expensive technological equipment. Following additional discussion Mr. Womer suggested that staff time would be better spent on more critical issues and that the AAMC need not comment on the regs at this time. The Board generally agreed.

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

X. Clinical Laboratory Improvement Act (CLIA)

Dr. Morgan reviewed this item for the Board. He noted that such a bill had been defeated twice in the past, but was again introduced on March 1. He said that the AAMC influenced the shape of the current legislation through an ally in Senator Schweiker's office. Portions of the Talmadge bill regarding restrictions on reimbursement of pathologists have been included in CLIA this year. The initial thrust of the bill was to control fraud and abuse, however the Administration has stated that it can control such fraud and abuse under present authority. He indicated the bill probably would not have the pressure to be passed that it had several years ago. Though it is unsure what will happen in the House, Dr. Morgan has been informed that Representative Waxman is taking a dim view of the need for this legislation. The AAMC will do everything to support this attitude. Dr. Morgan reviewed the recommendation on page 61 of the Executive Council Agenda which calls for the AAMC to oppose the Clinical Laboratory Improvement Bill and discussed a 14-point alternate position (pages 61-63 of the Executive Council Agenda) should action be taken on the legislation in the House.

Mr. Levitan, a member of the Ad Hoc Committee on the Clinical Laboratory Improvement, concurred with Dr. Morgan's summary. Mr. Everhart moved the approval of the recommended position and alternative positions as reviewed by Dr. Morgan.

ACTION: It was moved, seconded and carried to approve the recommendations of the Ad Hoc Committee on Clinical Laboratory Improvement as set forth on pages 61-63 of the Executive Council Agenda.

VI. Medicare Routine Service & Malpractice Reimbursement Regulations

Dr. Bentley indicated that the COTH Agenda (page 42) contined a comparison of the mailgram survey on the impact of the Section 223 draft regulations proposed on March 1. He passed out a handout which compared the mailgram survey data with the final regulations as they were enunciated on June 1. In summarizing the handout he pointed out that many of the impacts were not all that different and concluded that teaching hospitals would be hit hardest in either case. However, he said that the data used for the tables have two shortcomings: (1) the questionnaire did not specifically address the 8½% nursing differential and staff can't be sure if the data includes it or not and (2) staff was unable to take out the indirect capital costs (therefore, those over the ceiling are probably over by a somewhat smaller amount than shown and those under the limit probably have more room between where they are shown and the ceiling). Dr. Bentley reviewed Tables 1-6 of the handout, as well as the California Hospital Association's position on the 223 regs impact, and invited the Board's comments and guidance for future AAMC action. (Copies of the tables distributed to the Board are attached.)

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

Dr. Knapp suggested that an attempt should be made to approach Bob O'Conner and other HCFA staff and expose them to the concerns and facts about the implications of these regulations for many COTH institutions. Mr. Womer suggested that in the early fall it would be worthwhile to put together a one-day workshop for COTH members who have had problems with the 223 regulations.

Mr. Colloton asked whether there was any explanation for the West Coast and mid-West hospitals being hit hardest under the regulations. Mr. Marylander felt that length of stay was the principle problem for the California hospitals - that if the California hospitals' length of stay were adjusted to that of New York hospitals, for example, they'd make out quite well. Dr. Bentley attributed the impact in the mid-West on the change in the threshold from the 80th precentile to 115% of the mean and on the change in the proposition of costs subject to the wage index.

Mr. Colloton questioned the statement on page 46 of the COTH Agenda which states in effect that a special category for determining payment limitations for primary affiliates could have an overall harmful effect and wondered how this would be tested in terms of actual figures. Dr. Bentley reported that many of the primary affiliates had relatively low costs. If grouped in a separate, special cell, these low-cost primary affiliates reduced the 223 limitation for hospitals over 685 beds and increased the penalty for some in other bed size categories. Mr. Colloton asked if it dragged the average down below what these hospitals are experiencing now in the regular cells in which they are situated. Dr. Bentley responded that it did, with the large tertiary care teaching hospital being hurt worst.

Dr. Heyssel noted that when Medicare was reimbursing hospitals for their costs, no hospital was financially devastated. The moment HEW decided to apply an efficiency factor -- 115% of the group mean or a cut-off at the 80th percentile -- it immediately meant that some 20% of the hospitals were going to get reimbursed at less than their costs. Dr. Heyssel felt that the real problem COTH faces is that there is absolutely no mechanism that can be applied countrywide that is equitable for all our hospitals. He contended that the varying impacts of the regs on COTH members, only futher reflects our inability to define what we do and who we are. Dr. Heyssel called for complete opposition to the regulations and intensified efforts at defining the "teaching hospital."

Mr. Womer felt that if COTH could compile and present the data in a manner that would demonstrate that it's the teaching hospitals that are most adversely impacted by the regs, we might put HCFA in an indefensible position as far as the teaching hospitals are concerned.

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

Dr. Heyssel felt it wouldn't be useful to talk to HCFA at this point and recommended that COTH institutions go after Congressmen and Congressional delegations for repeal of the regs while "biting the bullet" on who we are. At this point, Dr. Heyssel submitted for the record a letter (which is attached) written to him by Charles O'Brien, Administrator at Georgetown University Hospital. Mr. O'Brien recommended, and offered his assistance, to COTH to mobilize its impacted members to (1) propose a more equitable classification scheme to HCFA quickly; (2) mount a concerted Congressional visitation effort to seek legislative relief from the regs; and (3) consider the opportunity for collective legal action by groups of affected institutions.

Mr. Womer suggested that COTH could have legal research undertaken to determine the steps an individual member would need to take in working up the kind of legal challenge that COTH cannot do as a national organization, with COTH quarterbacking the effort so that the appropriate precedent is achieved.

Dr. Knapp questioned Mr. Hickey on the AHA's views on this subject since it appeared that the AHA was devoting much of its press to its legal battles with HEW on SHUR and the Hill-Burton charity care obligation. Hickey indicated that AHA was fully aware that the 223 regs would have a much greater impact than SHUR, however the 223 issue hasn't evoked the same kind of emotional appeal. He admitted that the AHA was reticent because of the AAMC suit in the past, but are prepared to consider looking for a different way of approaching it from a legal standpoint. Hickey stated that there is concern for 223 at the staff level at AHA, but they haven't been able to generate interest among their constituents.

Mr. Marylander pointed out that the California Hospital Association (CHA) became very concerned about 223 and through the AHA's network of state hospital association executives endeavored to generate support for a law suit. It was unable to generate interest in gaining grass root support for litigation in any other states except Washington and Oregon. However, Oregon got an adjustment that was significantly higher than California's which effectively neutralized their desire for legal action. In any case, California intends to proceed with its lawsuit.

Mr. Everhart, judging from Illinois' experience, was not certain that most hospitals and state associations even know the status of Section 223 and its impact. Mr. Hickey reported that HEW had been keeping a jump ahead of the AHA. The AHA used Will Bishop's figures and ran the data against the first set of regs which established the ceiling at the 80th percentile. By the time this had been completed for every hospital in the country, HCFA had switched to 115% of the group mean and it's not known how that corresponds with the previous data. He said this would involve a new stack of printouts to see if places that were "big losers" can be identified and approached in terms of bringing suit against HEW.

Mr. Marylander expressed the need to be aware of some practical problems. Since California intends to proceed with a lawsuit, notwithstanding what anybody else does, it would be infinitely better if their

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

action could be coordinated with any action taken by the AAMC. In addition, CHA can't sue as an association and hospitals can't sue as individual hospitals until they have exhausted their administrative remedies (which includes the lengthy PRRB process), so the CHA is endeavoring to push the lawsuit through some of the private insurance companies (the Blues) who would contend that the regs will cause an unfair shift of expenses onto their patients. Mr. Marylander was convinced that unless a lot of political pressure is brought on HCFA by legislators, the only thing that will alter the regs are lawsuits.

Mr. Womer asked whether anyone had investigated filing suit on the grounds of irreparable harm done to an institution by the regs. Dr. Bentley pointed out an insolvency clause in the regs which protects HCFA. Dr. Heyssel believed that the most distressing provision of the regs was the requirement that for anyone to get an exception they would have to agree to an operational review or audit and implement the recommendations from the review. Dr. Bartlett felt it might be helpful to talk with Irv Birnbaum to review the New York experience with the limitations.

Mr. Womer still felt it would be well for COTH to look at the potential for suit on the grounds of irreparable harm to the institution (i.e., time being of the essence, irreparable harm to the institution financially, and the fact that the regs will necessitate that the institution discontinue providing certain services to the community).

Mr. Levitan felt that the broader question of "who we are" and how we describe "what we are" seems even more crucial in light of the regs and emphasized that development of such definitions should be immediately addressed. Dr. Heyssel suggested that the question of "who we are" is one that can't be resolved today. We may decide how to get at that issue, but the first thing the Board ought to decide is what to do about these regs specifically -- we can have a meeting of COTH representatives and HCFA officials in order to show them the data and voice our concerns; we can attempt to get Congressional delegations together to get legislators to bring political pressure to bear on HCFA; we can look very hard at the legal route, both administratively and judicially -- none or all of the alternative strategies could be undertaken.

Mr. Marylander wondered if it was impractical to do all three simultaneously. Dr. Knapp explained how he thought all could be done in one day. Mr. Marylander so moved.

Mr. Colloton queried as to what was expected of HCFA as a result of the political pressure -- change in the classification system? He expressed skepticism that COTH members would be assured by politicians of anything more than individual exceptions and not revision or suspension of the total system. Mr. Everhart stated it must be pointed out to the members of Congress that HCFA is trying to reduce their expenses $300 million by trying to cut out legitimate costs at many COTH institutions. The question remains however, "is opposition to a cost reduction politically viable in this conservative Congressional climate?"

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

Mr. Levitan held that the only way to argue the issue successfully is on the grounds that the approach is an inequitable one whose basis for comparison is inappropriate. The basis of comparison has to have a rationale and there isn't any presented in the regs. COTH must get a definition of "who we are" to narrow the variation and defend our basis for comparison. Mr. Marylander feared that such a strategy would rekindle the battle over the classification of our hospitals, for which neither we or HEW have been able to come up with a system of classifying hospitals that will withstand the various tests to which it would be put. Dr. Heyssel said this was a political issue - Congress said Medicare would pay routine service costs and HCFA is reneging. Mr. Colloton felt that suspension of Section 223 as it is presently written should be sought, or at the very least the limits should return to those that had been in existence up until this time. At the same time, according to Mr. Colloton, COTH should get on with the establishment of a sophisticated definition of what we do in a teaching hospital through case mix.

Mr. Levitan stated that the point must be made that it is clearly the character of the institution, not its size that makes a difference when comparing costs in hospitals. He emphasized that the fact must be established that we are clearly competitive institutions whose costs are within a range and related to service, not bed size. Dr. Knapp pointed out that Congress doesn't actually possess the right to suspend regs, but pressure can lead to an Executive Branch determination. He supported the three-prong strategy suggested by Dr. Heyssel.

Mr. Colloton then summarized the discussion which resulted in the following action:

ACTION: It was moved, seconded and carried to approve Mr. Colloton's summation as follows:

1. Gear up Congressional political pressure to suspend Section 223 regulations;

2. Convene a meeting of COTH hospitals affected by the Section 223 regulations as soon as possible;

3. Advise AAMC's legal counsel to undertake research into the potentiality of bringing suit suit against HCFA on an individual institutional basis or by some other means; and

4. Intensify efforts to define teaching hospials.

Dr. Knapp asked Kevin Hickey what the AHA was doing on the malpractice regs issue. Mr. Hickey responded that he didn't know. Mr. Colloton asked if the AHA would consider supporting suspension of the Section 223 regulations and Mr. Hickey responded in the affirmative.

Dr. Bentley then reviewed the malpractice regs in response to a question from Mark Levitan. Mr. Levitan voiced some concern about the regs with regard to his own institution. Dr. Heyssel then suggested that COTH staff keep in contact with AHA staff on the malpractice issue and monitor any action.

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

Mr. Reinertsen asked whether the AAMC would join the AHA in its Hill-Burton regs lawsuit against HEW. Dr. Knapp responded that the Association would not in light of the fact that COTH institutions have traditionally furnished indigent care in excess of their obligations and would not be greatly affected by the regs. Mr. Womer reported that the AHA had learned through the Freedom of Information Act that between 1975-1977, only 206 complaints of non-compliance were filed. HEW investigated only 96 of those and found only eight instances of actual non-compliance. He also pointed out that HEW estimates of the $97 million compliance costs for next fiscal year include $39 million for additional services and $58 million for hospital administrative costs.

VII. COTH Spring Meeting

Dr. Heyssel complimented the staff and the Planning Committee for the success of the Spring Meeting as evidenced by the evaluations of the meeting submitted by attendees. Dr. Knapp briefly reviewed the evaluations, both positive and negative, and invited any critical comments from the Board. He reported that of the 165 individuals that had pre-registered, 149 attended, as compared with 130 attendees at last year's meeting. Mr. Everhart asked whether staff had some feel as to why some did not attend. Dr. Knapp believed that there was no real reason that could be cited.

Regarding plans for the 1980 spring meeting, Dr. Knapp said that the Chairman-Elect, Mr. Colloton, would appoint a planning committee shortly. He asked the Board to determine the location for that meeting based on staff recommendations as set forth in the agenda. He noted that Steve Beering at Indiana University would go out of his way to assist and make for a good time for the COTH group if the 1980 spring meeting were held in Indianapolis. Following discussion, the Board generally agreed that the meeting should be held in Denver and that the dates for the meeting should be determined primarily by availability of facilities and conflict with other major meetings.

With regard to the paper "Toward a More Contemporary Public Understanding of the Teaching Hospital," which was the theme for the 1979 spring meeting, the board generally agreed that the document should be more formally prepared and distributed to the membership and others at staff's discretion.

Dr. Heyssel invited discussion of the recommendations set forth on page 62 of the COTH Agenda which resulted from the 1979 Spring Meeting workshops. Mr. Everhart believed the Spring Meeting workshop groups wanted a study commissioned (not necessarily done by staff) by COTH to examine case mix and educational costs in teaching hospitals and they would be willing to pay for it. Dr. Knapp noted that there would even be great difficulty in writing an appropriate RFP for such a study. Mr. Colloton suggested that the "educational" component be deleted and only "a case mix study" be

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

undertaken. Mr. Everhart felt that Spring Meeting attendees expressed enough concern for the educational component so that it should not go unexamined. Dr. Heyssel thought that, for now, it would be more effective to get at the case-mix/intensity component and not attempt to undertake study of educational costs. Following further discussion, Mr. Colloton suggested that in the first recommendation the words "...the educational and..." be replaced by the word "a" and so moved the adoption of this and the other recommendations in the COTH Board Agenda.

ACTION: It was moved, seconded and carried to approve the recommendations resulting from the Spring Meeting workshops as set forth on page 62 of the COTH Agenda with modification of the first recommendation by replacing the phrase "...the educational and..." with the word "a".

VIII. CAS Resolution on Manpower

Following review of this issue by Dr. Knapp, the Board generally agreed to react to this in the future based on events outlined in the recommendation on page 20 of the Executive Council Agenda.

XVI. Review of the AAMC Position on Health Planning Legislation

Dr. Knapp reviewed this item and indicated that the Board's observations and experiences might be sought with regard to this. Mr. Everhart voiced support of the current position on health planning and the Board generally agreed.

XVIII. Interim Report of the Graduate Medical Education National Advisory Committee

Dr. Knapp indicated that this interim report was for the Board's information and discussion but required no action. Dr. Bentley raised a concern of Dr. Rabkin's regarding the use of ICDA -9CM coding of discharge data. Dr. Rabkin believes the diagnostic coding system suffers from numerous errors, is expensive and time-consuming, and provides incomparable data during the period of conversion.

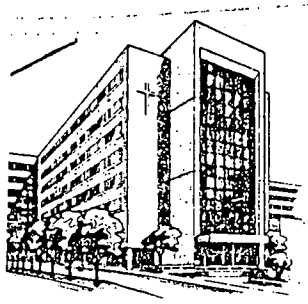
XIX. New Business

Mr. Hickey distributed copies of a cover letter from AHA which would be attached to a packet of materials that will go to all hospitals. The intent is to mount a major letter writing campaign to Congress, presenting arguments on the cost containment legislation.

Adjournment

The meeting was adjourned at 1:00 p.m.

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



SISTER M. CONSOLATA, H. M.
Executive Director

ST. ELIZABETH HOSPITAL MEDICAL CENTER
Belmont and Park Avenues Youngstown, Ohio 44501
Telephone (216) 746-1153

RECEIVED
JUL 16 1979
BUS. AFFAIRS

June 28, 1979

Association of American Medical Colleges
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

Dear Sir:

This is to inform you that St. Elizabeth Hospital Medical Center wishes to cancel its membership to the Association of American Medical Colleges. Please remove our name from your records.

Sincerely,

Sister M. Consolata

Sister M. Consolata
Executive Director

SMC:es

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

The Church Charity Foundation "Since 1851" of Long Island
480 Herkimer Street
Brooklyn, New York 11213 (212) 467-7000

St. John's Episcopal Hospital
MORRIS J. ANNUNZIATO, *Administrator*

July 10, 1979

Association of American Medical College
Suite 200 - One Dupont Circle, N.W.
Washington, D.C. 20036

RE: Invoice #04054/Membership

Gentlemen:

Please be advised that we will not renew our membership in your Organization as of July 1, 1979.

Sincerely,

CURTIS H. FINCH
Administrative Assistant

CHF:gf

ST. JOHN'S SMITHTOWN HOSPITAL, SMITHTOWN, L.I.
ST. JOHN'S EPISCOPAL HOSPITAL • ATLANTIC AVENUE FAMILY HEALTH CENTER
MENTAL HEALTH CLINIC • BUSHWICK METHADONE MAINTENANCE TREATMENT CENTER
BROWNSVILLE METHADONE MAINTENANCE TREATMENT CENTER • BEDFORD AMBULATORY CARE UNIT
BUSHWICK SATELLITE FAMILY HEALTH CENTER • ST. JOHN'S EPISCOPAL HOMES FOR THE AGED & THE BLIND, BROOKLYN

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

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

association of american medical colleges

March 16, 1979

Ronald LaValle
Executive Director
New York Medical College -
Flower and Fifth Avenue Hospital
1249 Fifth Avenue
New York, New York 10029

Dear Mr. LaValle:

The New York Medical College - Flower and Fifth Avenue Hospital has been a long-standing member of the Council of Teaching Hospitals. However, for the past two fiscal years the membership dues of the institution have not been paid and we have received no correspondence from you. If the $2,000 in dues for fiscal years 1978 and 1979 are not paid prior to June 30, 1979 we will be forced to terminate your membership in the Council of Teaching Hospitals.

I would regret taking this action without hearing from you and if there is some misunderstanding I would hope that you would call me at 202/466-5126.

Sincerely,

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

RMK/pgg

✓ bcc: Mr. Thomas

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

aamc association of american medical colleges

August 9, 1978

Ronald LaValle
Executive Director
New York Medical College -
Flower and Fifth Avenue Hospitals
1249 Fifth Avenue
New York, New York 10029

Dear Mr. LaValle:

Mr. J. Trevor Thomas, Director, Division of Business Affairs, has called to my attention the fact that your dues to the Council of Teaching Hospitals for July 1, 1977 through June 30, 1978 have not yet been paid.

Possibly we may not have properly communicated with you, or may have made an error in our records. In any case, please let me know if there is some difficulty in meeting this commitment.

Sincerely,

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

RMK/pgg

cc: Mr. Thomas

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 466-5100

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

COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

APPLICATION FOR MEMBERSHIP

Membership in the Council of Teaching Hospitals is limited to not-for-profit -- IRS 501(C)(3) -- and publicly owned hospitals having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education.

INSTRUCTIONS: Complete all Sections (I-V) of this application.

Return the completed application, supplementary information (Section IV), and the supporting documents (Section V) to the:

Association of American Medical Colleges
Council of Teaching Hospitals
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

I. HOSPITAL IDENTIFICATION

Hospital Name: Cabell Huntington Hospital

Hospital Address: (Street) 1340 Hal Greer Boulevard

(City) Huntington (State) West Virginia (Zip) 25701

(Area Code)/Telephone Number: (_____)

Name of Hospital's Chief Executive Officer: Kenneth W. Wood

Title of Hospital's Chief Executive Officer: Executive Director

II. HOSPITAL OPERATING DATA (for the most recently completed fiscal year)

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn):	300	Admissions:	14,163
Average Daily Census:	226	Visits: Emergency Room:	36,052
Total Live Births:	2,549	Visits: Outpatient or Clinic:	1,776

B. Financial Data

Total Operating Expenses: $ 16,915,838

Total Payroll Expenses: $ 8,807,525

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: $ 39,726
Supervising Faculty: $

C. Staffing Data

Number of Personnel: Full-Time: 873
Part-Time: 87

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 86
With Medical School Faculty Appointments:

Clinical Services with Full-Time Salaried Chiefs of Service (list services):

Does the hospital have a full-time salaried Director of Medical Education?: No

III. MEDICAL EDUCATION DATA

A. Undergraduate Medical Education

Please complete the following information on your hospital's participation in undergraduate medical education during the most recently completed academic year:

Clinical Services Providing Clerkships	Number of Clerkships Offered	Number of Students Taking Clerkships	Are Clerkships Elective or Required
Medicine	1 in 3rd yr.	21	R
Surgery	"	"	"
Ob-Gyn	"	"	"
Pediatrics	"	"	"
Family Practice	"	"	"
Psychiatry	"	"	"
Other: E R	"	"	"

4th year clerkships not set. Also each clerkship in 3rd year offered more than one time. All students (21) required to take clerkship sometime during the year.

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

B. Graduate Medical Education

Please complete the following information on your hospital's participation in graduate medical education reporting only full-time equivalent positions offered and filled. If the hospital participates in combined programs, indicate only FTE positions and individuals assigned to applicant hospital.

Type of Residency[1]	Positions Offered	Positions Filled by U.S. & Canadian Grads	Positions Filled by Foreign Medical Graduates	Date of Initial Accreditation of the Program[2]
First Year Flexible	0	0	0	0
Medicine	10	2	1	1977
Surgery	12	0	0	1979
Ob-Gyn	0	0	0	Pending
Pediatrics	0	0	0	1979
Family Practice	12	0	2	1976
Psychiatry	0	0	0	Pending
Other:				

[1]As defined by the LCGME Directory of Approved Residencies. First Year Flexible = graduate program acceptable to two or more hospital program directors. First year residents in Categorical* and Categorical programs should be reported under the clinical service of the supervising program director.

[2]As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

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

IV. SUPPLEMENTARY INFORMATION

To assist the COTH Administrative Board in its evaluation of whether the hospital fulfills present membership criteria, you are invited to submit a brief statement which supplements the data provided in Section I-III of this application. When combined, the supplementary statement and required data should provide a comprehensive summary of the hospital's organized medical education and research programs. Specific reference should be given to unique hospital characteristics and educational program features.

V. SUPPORTING DOCUMENTS

A. When returning the completed application, please enclose a copy of the hospital's current medical school affiliation agreement.

B. A letter of recommendation from the dean of the affiliated medical school must accompany the completed membership application. The letter should clearly outline the role and importance of the applicant hospital in the school's educational programs.

Name of Affiliated Medical School: Marshall University School of Medicine

Dean of Affiliated Medical School: Robert W. Coon, M.D.

Information Submitted by: (Name) Kenneth W Wood

(Title) _____

Signature of Hospital's Chief Executive Officer:

Kenneth W Wood (Date) 8-14-79

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

MARSHALL UNIVERSITY
HUNTINGTON, WEST VIRGINIA 25701
(304) 696-2432

OFFICE OF THE VICE PRESIDENT FOR HEALTH SCIENCES
AND DEAN OF THE SCHOOL OF MEDICINE

August 16, 1979

Association of American Medical Colleges
Suite 200, One DuPont Circle, N.W.
Washington, D. C. 20036

Gentlemen:

I am pleased to endorse the application of Cabell-Huntington Hospital in Huntington, West Virginia for membership in the Council of Teaching Hospitals of the Association of American Medical Colleges. As a community based medical school, Cabell-Huntington Hospital is one of our three major clinical affiliates participating in undergraduate as well as our graduate medical education efforts.

Sincerely,

Robert W. Coon, M.D.
Vice President and Dean

RWC/d

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

CABELL HUNTINGTON HOSPITAL

M E M O

TO: Robert Hayes
President, Marshall University

DATE: September 4, 1975

SUBJECT: Amendment to Cabell Huntington Hospital's Affiliation Agreement

It is offered that Article II (Administration) No. 2, 3, 4, and 5 of the Cabell Huntington Hospital agreement may be changed to paragraph 7, (page 2) of the St. Mary's Hospital agreement if the Liaison Committee should find the latter version more acceptable.

Kenneth W. Wood
Executive Director, Cabell Huntington Hospital

S. Werthammer, M.D.
President of Staff, Cabell Huntington Hospital

J. A. Heckman, M.D.
President, Board of Trustees, Cabell Huntington Hospital

cc: Robert Parlett, Dean
Marshall University Medical School

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

AGREEMENT OF AFFILIATION

With Between and Amongst The

Cabell Huntington Hospital, Huntington, West Virginia, and the West Virginia Board of Regents for the Marshall University School of Medicine.

WHEREAS, the Cabell Huntington Hospital is an institution for the care and treatment of sick people and its Board of Trustees and its Medical Staff wish to further and advance the care and treatment of all of its patients in keeping with the current state of the art and science of the practice of medicine;

WHEREAS, the West Virginia Board of Regents through its Marshall University School of Medicine wishes to train and educate student physicians, student nurses, and students of ancillary medical services, and physicians and othes in specialty and graduate studies so as to elevate and maintain and further advance the practice of medicine at the optimum level of a state of the art and science;

WHEREAS, the Board of Trustees of the Cabell Huntington Hospital has patients, physicians, nurses, and personnel of ancillary medical services and facilities to contribute to the training and education of students of medicine, nursing, ancillary medical services, physicians and others in specialty and graduate studies and believes that its total program will be enriched by direct association with Marshal School of Medicine in medical teaching;

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

WHEREAS, the Marshall University through its School of Medicine can, by the use of the facilities and personnel of the Cabell Huntington Hospital, compliment its own facilities and personnel to the mutual benefit of their educational program;

NOW, THEREFORE, the Cabell Huntington Hospital through its Board of Trustees and the School of Medicine through the West Virginia Board of Regents agree to the following:

ARTICLE I TERM

The term of this contract shall begin on the date of its execution; shall be reviewed annually by the Cabell Huntington Hospital Board of Trustees at its annual meeting; it may be modified at any time by mutual agreement between both parties and may be terminated by either party upon twelve (12) months' written notice.

ARTICLE II ADMINISTRATION

The important consideration in this affiliation is the need for close cooperation among the Chief of Staff as well as the Chiefs of the major clinical services and from the administrative officers in the Medical School so that the hospital teaching programs co-ordinate smoothly with the Medical School programs, as well as with housestaff and joint research programs:

Therefore:

1. Physician members of the Marshall University School of Medicine faculty may become members of the Cabell Huntington Hospital Medical Staff as prescribed in the Cabell Huntington Hospital staff bylaws, with all rights and privileges pertaining thereto.
2. The "Chief of Service" in each of the major clinical services will be nominated for election in each of the services by a

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

jointly appointed committee which will select a nominee.

3. The particular nominating committee for each of the services will have equal numbers of members representing equally the faculty of Marshall University School of Medicine and the staff of the Cabell Huntington Hospital.
4. The elected nominee is then appointed by the Cabell Huntington Hospital Board of Trustees.
5. The term of office for each elected Chief of Service shall be one (1) year and he may be nominated, elected, and appointed for as many times as desired by the Service and the Board of Trustees.

ARTICLE III SERVICE RESPONSIBILITIES

1. The "Chiefs of Services" shall each be responsible for the educational endeavors of their respective clinical services and shall report to the University in educational matters and to the Chief of Staff at the Cabell Huntington Hospital in administrative matters. Where such matters overlap, he shall confer with both and/or with the administrator of Cabell Huntington Hospital jointly or separately.
2. The Chiefs of Services shall be responsible for the operation of their respective services as delineated and defined in the Cabell Huntington Hospital staff Bylaws, Rules and Regulations, and the rules and regulations of Marshall University which apply to the Medical School and students.
3. The standards of care for a particular service will be jointly established by the respective Chiefs of Services, the Medical Staff of Cabell Huntington Hospital, the Hospital Administrator, and the Dean of the Marshall University School of Medicine.

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

ARTICLE IV EDUCATIONAL PROGRAMS

1. All patients at Cabell Huntington Hospital will be utilized in teaching and educational programs except when the patient and/or the attending physician request exclusion.
2. Initially, programs will be planned in these areas:
   a. Continuing education for health professionals
   b. Medical students
   c. House staff - interns and residents
   d. Additional programs to be developed
3. House staff - interns and residents - will be recruited and appointed and managed under joint control and responsibility of Marshall University and Cabell Huntington Hospital.
4. The Marshall University School of Medicine will give teaching appointments to the house staff members at an appropriate level in recognition of their responsibilities both legal and moral. The physician members of the present Cabell Huntington Hospital staff are encouraged to accept appointments to the Marshall University faculty.
5. The Cabell Huntington Hospital shall make its facilities available to the Marshall University School of Medicine for use in clinical instruction and training of medical students, interns, and residents as they are assigned to Cabell Huntington Hospital by the School of Medicine.
6. The Cabell Huntington Hospital will pay the salaries of all interns and residents during their periods of assignment to Cabell Huntington Hospital.
7. The Cabell Huntington Hospital may be responsible for certain expenses of faculty members in an amount mutually agreeable

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

and commensurate with the time devoted to the Hospital.

ARTICLE V RESEARCH PROGRAMS

1. The Cabell Huntington Hospital and the Marshall University School of Medicine will be jointly responsible for all research projects in the Cabell Huntington Hospital.
2. A Research Review Committee will be developed in accordance with standard procedures and custom. The Committee will consist of equal numbers of members from the Medical School, the Cabell Huntington Hospital medical staff, and the Cabell Huntington Hospital administration.

   The duties of the Committee will include:

   a. Acceptance or rejection of projects
   b. Assistance in development of projects
   c. Allocation of space, facilities, and funds
   d. Review of projects
   e. Balance and coordination of multiple projects

ARTICLE VI FINANCES

As programs are developed they may be funded by either institution or jointly. There will be a written agreement stating each institution's responsibilities in each jointly-funded program.

It is recognized that as the program develops special problems relating to administration, medical education, and other medical matters may develop for which there does not exist a suitable mechanism for their resolution. Committees will be developed to resolve these problems by the Chief of Staff of Cabell Huntington

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

Hospital, the Chief Administrative Officer of the Marshall University School of Medicine subject to approval by the Board of Trustees of the Cabell Huntington Hospital, the President of Marshall University and the West Virginia Board of Regents.

DEAN OF MARSHALL UNIVERSITY MEDICAL SCHOOL

EXECUTIVE DIRECTOR OF CABELL HUNTINGTON HOSPITAL

PRESIDENT OF MARSHALL UNIVERSITY

PRESIDENT OF STAFF OF CABELL HUNTINGTON HOSPITAL

CHANCELLOR OF WEST VIRGINIA BOARD OF REGENTS

PRESIDENT OF BOARD OF TRUSTEES CABELL HUNTINGTON HOSPITAL

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

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

COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

APPLICATION FOR MEMBERSHIP

Membership in the Council of Teaching Hospitals is limited to not-for-profit -- IRS 501(C)(3) -- and publicly owned hospitals having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education.

INSTRUCTIONS: Complete all Sections (I-V) of this application.

Return the completed application, supplementary information (Section IV), and the supporting documents (Section V) to the:

Association of American Medical Colleges
Council of Teaching Hospitals
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

I. HOSPITAL IDENTIFICATION

Hospital Name: CABRINI MEDICAL CENTER

Hospital Address: (Street) 227 E. 19th St.

(City) New York (State) N.Y. (Zip) 10003

(Area Code)/Telephone Number: (212) 725-6156

Name of Hospital's Chief Executive Officer: Sr. Josephine Tsuei, M.S.C.

Title of Hospital's Chief Executive Officer: President

II. HOSPITAL OPERATING DATA (for the most recently completed fiscal year)

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn):	478	Admissions:	15459
Average Daily Census:	447	Visits: Emergency Room:	18267
Total Live Births:	0	Visits: Outpatient or Clinic:	54004

B. Financial Data

Total Operating Expenses: $ 44,887,790

Total Payroll Expenses: $ 23,863,025

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: $ 2,332,450
Supervising Faculty: $ 1,315,736

C. Staffing Data

Number of Personnel: Full-Time: 1,516
Part-Time: 184

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 561
With Medical School Faculty Appointments: 334

Clinical Services with Full-Time Salaried Chiefs of Service (list services):

Medicine, Psychiatry, Opthalmology, Radiology, Dental, Surgery, Orthopedic Surg., Urology, Pathology, Anesthesiology

Does the hospital have a full-time salaried Director of Medical Education?: No

III. MEDICAL EDUCATION DATA

A. Undergraduate Medical Education

Please complete the following information on your hospital's participation in undergraduate medical education during the most recently completed academic year:

Clinical Services Providing Clerkships	Number of Clerkships Offered	Number of Students Taking Clerkships	Are Clerkships Elective or Required
Medicine		15*	
Surgery			
Ob-Gyn			
Pediatrics			
Family Practice			
Psychiatry			
Other:			

* 15 students participated in clerkships rotating through Medicine, Surgery and Psychiatry Departments.

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

B. Graduate Medical Education

Please complete the following information on your hospital's participation in graduate medical education reporting only full-time equivalent positions offered and filled. If the hospital participates in combined programs, indicate only FTE positions and individuals assigned to applicant hospital.

Type of Residency[1]	Positions Offered	Positions Filled by U.S. & Canadian Grads	Positions Filled by Foreign Medical Graduates	Date of Initial Accreditation of the Program[2]
First Year Flexible				
Medicine	45	8	37	July 1976
Surgery	30	0	30	1963
Ob-Gyn				
Pediatrics				
Family Practice				
Psychiatry	8	0	8	7/1/76
Other:				
* Orthopedic Surg	2.0	5.0	6.0	1972
Ophthalmology	3.0	3.0	0	7/1/73
* Urology	2.0	6.0	2.0	6/4/76
Dental	3.0	3.0		1967

[1]As defined by the LCGME Directory of Approved Residencies. First Year Flexible = graduate program acceptable to two or more hospital program directors. First year residents in Categorical* and Categorical programs should be reported under the clinical service of the supervising program director.

[2]As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

*Residents rotate through the service at various times to equal the total number of positions offered.

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

IV. SUPPLEMENTARY INFORMATION

To assist the COTH Administrative Board in its evaluation of whether the hospital fulfills present membership criteria, you are invited to submit a brief statement which supplements the data provided in Section I-III of this application. When combined, the supplementary statement and required data should provide a comprehensive summary of the hospital's organized medical education and research programs. Specific reference should be given to unique hospital characteristics and educational program features.

V. SUPPORTING DOCUMENTS

A. When returning the completed application, please enclose a copy of the hospital's current medical school affiliation agreement.

B. A letter of recommendation from the dean of the affiliated medical school must accompany the completed membership application. The letter should clearly outline the role and importance of the applicant hospital in the school's educational programs.

Name of Affiliated Medical School: New York Medical College

Dean of Affiliated Medical School: Samuel H. Rubin, Provost-Dean

---

Information Submitted by: (Name) Harold Lefkowitz

(Title) Senior Vice President - Finance

Signature of Hospital's Chief Executive Officer:

Sister Josephine Tucci M.S.C. (Date) August 3, 1979

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

227 EAST NINETEENTH STREET, NEW YORK, N.Y. 10003 (212)725-6000

CABRINI MEDICAL CENTER

August 3, 1979

Association of American Medical College
Council of Teaching Hospitals
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

Gentlemen:

Attached herewith is our completed application for consideration for membership in your organization.

Under separate cover, our affiliated medical school, New York Medical College, has sent in the required letter of recommendation. All other required data is included in this submission.

In reviewing our application, we should like to bring to your attention that this year is the first year that Cabrini has had a full fledge affiliation with a medical school and, as such, the major thrust in our educational program is now starting. Effective July 1st, students in all areas are being rotated through our medical center from our affiliated medical school. We are looking forward to a very meaningful affiliation with the medical school and am sure that you will consider these facts in evaluating our application for membership.

If you require any additional information regarding our medical center, please do not hesitate to contact me.

Very truly yours,

Harold J. Lefkowitz
Senior Vice President-Fiscal Services

HJL:eh

Encl.

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

NEW YORK MEDICAL COLLEGE

Valhalla, New York 10595
(914) 347-5044

Joseph A. Cimino, M.D.
President

July 11, 1979

Association of American Medical Colleges
Council of Teaching Hospitals
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

Gentlemen:

This letter is to support the application of Cabrini Medical Center for membership in the Council of Teaching Hospitals. Cabrini Medical Center is a Category I affiliate of the New York Medical College, as is documented by the Affiliation Agreement, which I understand is appended to Cabrini's Membership application.

I would like to emphasize that Cabrini is considered to be a major affiliate of New York Medical College with potential for future growth and development as a great teaching institution. We look forward to a long and fruitful relationship which will enhance the educational and teaching roles of both our institutions.

I recommend to you, without qualification, Cabrini Medical Center for membership to the Council.

Sincerely yours,

Joseph A. Cimino, M.D.

JAC:nss

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

AFFILIATION AGREEMENT

BETWEEN

CABRINI MEDICAL CENTER

AND

NEW YORK MEDICAL COLLEGE

The Cabrini Medical Center (the "Center") and New York Medical College, (the "Medical College") recognizing that medical education and medical care are interdependent and that the best delivery of health services occurs in an environment of education and research, and that an affiliation would be mutually advantageous, agree upon an affiliation in which the multiple major departments of the Center participate in the regular required undergraduate and graduate clinical teaching program of the Medical College. Under the Medical School's classification of affiliation agreements, this affiliation falls in the category of a Type 1 affiliation, i.e., institution to institution, rather than on a department to department basis.

1. The Center is committed primarily to serving the medical care needs of its community and assumes responsibility, wherever feasible, to use its resources for purposes of education and research. Its physical facilities, teaching facilities, medical staff and case material are suitable for such affiliation, and in addition, it offers adequate and competent pathology and radiology support and appropriate consultative services.

2. The Medical College is committed primarily to the education of physicians and other health care personnel, and assumes responsibility,

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

wherever feasible, to use its resources to improve the delivery of health care through education, research, patient care and community service.

3. The Medical College is desirous of rotating a mutually acceptable number of medical students through the Center for undergraduate education, and the Center is desirous of offering its manpower and facilities for the education of such medical students.

4. Each clinical department shall have a Director ("Director"), who shall be either (a) a physician with a private practice limited solely to the Center and which is conducted in an office located either in the Center or in close proximity to the Center, or (b) a physician with no private practice who will devote his full time to his responsibilities as Director. Each Director may participate in activities at the affiliated institutions of the Medical College or the Center.

5. The Directors at the time of the signing of this Agreement will continue as the Center's Directors under this Agreement, and the Medical College will confer an appropriate faculty appointment on these Directors. Hereafter, all new Directors will be recommended by a search committee made up of equal numbers of representatives from the Center and from the Medical College. The representatives of the Medical College will be appointed by the Dean of the Medical College following consultation with the faculty. The President of the Center will be responsible for developing the terms of employment and the financial arrangements with the appointees, and the Dean and the department chairman of the Medical College will be responsible for the faculty rank, which is subject to approval by the Tenure and Promotions Committee and the Board of Trustees of the Medical College. No physician shall be considered for the position of Director of a clinical department in the Center unless he is also eligible for faculty appointment under this Agreement, and upon appointment as a Director the Medical College will confer upon him an appropriate faculty appointment. Upon the termination of teaching responsibilities the appointment of any Director shall be terminated forthwith.

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

6. Appropriate appointment to the faculty of the Medical College will also be considered by the Medical College, through its normal appointment procedures, for voluntary or part-time members of the medical staff who are qualified, who wish to participate in the undergraduate and graduate teaching programs at the Center and who are recommended to the department chairmen at the Medical College by Directors of their respective departments. Continuance of such appointments will be dependent upon the discharge of teaching responsibilities and upon the continued membership in the Center's medical staff. Upon the termination of teaching responsibilities such appointment shall be terminated forthwith. Non-participation in such teaching programs will not jeopardize any physician's hospital appointment. The Center will continue to make its own appointments to its medical staff and to formulate its own policy with regard to its staff appointments.

7. Directors and other full-time members of the medical staff of the Center holding Medical School appointments will serve as requested on appropriate Medical School and department faculty committees, such as those dealing with medical school policy, admission, curriculum, tenure and promotions.

8. In view of the fact that some Center physicians who are eligible for the teaching program may hold faculty appointments at other medical schools, dual appointments will be permitted under this Agreement for a reasonable period of time, but shall not extend beyond July 1, 1981. Thereafter, all physicians holding appointments to the teaching staff at the Medical School will relinquish faculty appointments at other medical schools unless, in the discretion of the Medical College department chairman, an extension of time is granted.

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

9. The duties of the Directors will be concerned principally with the undergraduate, graduate and continuing education programs. They will be responsible for the general conduct of the clinical work of their departments. They shall have sufficient authority within the Center to assure that their recommendations are carried out. They will be expected to participate in the teaching programs at their departments at the Medical School. In order for them to maintain an adequate relationship with regard to the education and teaching programs, it is agreed that the Center will permit them to spend a reasonable amount of their time, not to exceed 20%, at the Medical School.

10. The faculty based at the Medical School may participate in the teaching program at the Center at the discretion of the Medical School department chairman and the Director of the relevant clinical department at the Center. Such faculty members may, in the discretion of the Center, be given appointments to the staff of the Center.

11. All patients admitted to the Center will be available for the teaching program unless the patient's physician, with the approval of the Director of the relevant clinical department, deems that participation in the teaching program might adversely affect the patient's condition.

12. The Medical College assumes responsibility for assisting in the development of the Center's residency programs. These programs may function as conjoint programs, as completely independent programs within the Center or as independent programs with rotations to the Medical School's other affiliated hospitals. The institution enjoying the services of the resident will bear the financial responsibility for same.

13. Undergraduate teaching programs on a regular basis will not ordinarily be established at the Center in any department that does not obtain any approved residency program.

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

Following recommendation by and approval of the Executive Faculty, the department chairmen, with the approval of the Dean, shall be responsible for all student assignments. The Center will, at its expense, provide limited on-call quarters for students assigned to the clerkships at the Center, when the learning experience extends beyond the normal business hours of the Center.

14. The Medical College will support research grant applications of individuals in the Center provided such applications are first screened and approved by the Center's and the Medical School's Research Committee. Joint research endeavors will be encouraged.

15. The Medical College and the Center will cooperate in the development of programs for continuing education for the medical staff of the Center and in the development of allied health programs as may be dictated by the needs of the Center and its community.

16. The Medical College has the ultimate responsibility for undergraduate education. If, in the opinion of the Medical College, the teaching program in any participating department is inadequate, the Dean, following consultation with the Director of the relevant clinical department at the Center and the Medical College department chairman, shall have the right to limit or discontinue such undergraduate teaching program in the Center.

17. (a) The Center's Executive Medical Director shall be designated an Associate Dean by the Medical School and shall coordinate all medical education activities for the Center and be the primary liason for professional matters between the Center and the Medical School.

(b) The effectiveness of this affiliation will in part be dependent upon a continuance of the mutual understanding, confidence and trust of the parties. To provide a means for prompt identification of problems in this

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

affiliation program and a mechanism for negotiating equitable solutions, a Joint Review Committee will be formed whose membership will include the following: From the Center: Directors of the affiliated clinical departments, the Executive Medical Director, and a representative each from the Administration, the Medical Board, and the Board of Trustees; from the Medical School: the Associate Dean for Regional Affiliations, department chairman of affiliated services, and a representative of the Board of Trustees.

(c) The Joint Review Committee shall meet at the agreed upon regular intervals and shall meet on call in any emergency. It shall evaluate on-going needs for adequate space and facilities necessary or desirable for graduate and undergraduate education under the written evaluation of the operational aspects of the affiliation program and may suggest any changes or amendments to the within agreement to the President of the Center and the Dean of the Medical College.

(d) It is understood by both parties that full implementation of this Agreement will require a substantial period of time and both parties will demonstrate good faith to achieve full implementation at the earliest possible date.

18. This Agreement shall become effective immediately, but no educational programs will commence until the Medical College's next academic year, beginning July 1, 1979; this Agreement shall continue in effect until June 30, 1980. Thereafter, this Agreement shall be automatically renewed annually on each July 1, unless notice in writing is received by either party on or before June 30 of any year, whereupon this Agreement will terminate the following June 30.

19. This Agreement contains the entire understanding between the parties and no alteration or modification hereof shall be effective except in a subsequent written instrument executed by both parties hereto.

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

20. The Medical College and the Center shall continue to be independent corporations, managed by their respective governing boards in conformity with the applicable By-Laws, Rules and Regulations, policies and procedures of the respective institutions and neither of them shall have authority to bind the other or be deemed an agent of the other.

21. The Center shall indemnify and hold the Medical College harmless from any and all liability, claims, lawsuits, judgments and expenses, arising out of acts or omissions by any student or faculty member committed pursuant to this Agreement with respect to any patient of the Center.

22. This Agreement shall be construed in accordance with the laws of the State of New York.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed this 10 day of April, 1979.

NEW YORK MEDICAL COLLEGE

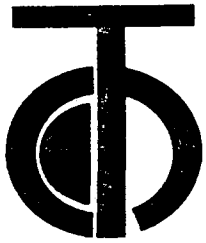
By _____

CABRINI MEDICAL CENTER

By Sister Bernadette Caccia, M.S.C.

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

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



COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

APPLICATION FOR MEMBERSHIP

Membership in the Council of Teaching Hospitals is limited to not-for-profit -- IRS 501(C)(3) -- and publicly owned hospitals having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education.

INSTRUCTIONS: Complete all Sections (I-V) of this application.

Return the completed application, supplementary information (Section IV), and the supporting documents (Section V) to the:

Association of American Medical Colleges
Council of Teaching Hospitals
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

I. HOSPITAL IDENTIFICATION

Hospital Name: The Children's Hospital

Hospital Address: (Street) 700 Children's Drive

(City) Columbus (State) Ohio (Zip) 43205

(Area Code)/Telephone Number: (614) 461-2000

Name of Hospital's Chief Executive Officer: Stuart W. Williams

Title of Hospital's Chief Executive Officer: Executive Director

II. HOSPITAL OPERATING DATA (for the most recently completed fiscal year)

January 1, 1978 - December 31, 1978

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn):	313	Admissions:	13,903
Average Daily Census:	235	Visits: Emergency Room:	45,682
Total Live Births:	0	Visits: Outpatient or Clinic:	68,772

B. Financial Data

Total Operating Expenses: $ 30,109,000

Total Payroll Expenses: $ 17,364,000

Hospital Expenses for:

House Staff Stipends & Fringe Benefits:** $ 837,000
Supervising Faculty:* $ 163,800

*Medical Administration, Dept. of Pediatrics, E.N.T., Orthopaedics, Ped. Surgery, Thoracic Surg.

**Pediatrics, E.N.T., Orthopaedics, Ped. Surg., Thoracic Surg., Poison Center, Cols. Clinic

C. Staffing Data

Number of Personnel: Full-Time: 1,606.1
Part-Time: 218

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 177
With Medical School Faculty Appointments: 150

Clinical Services with Full-Time Salaried Chiefs of Service (list services):

Anatomic Path.	Neurology	Genetics	Pediatrics
Clinical Path.	Hematology/Oncology	Child Development	Laboratory Medicine

Does the hospital have a full-time salaried Director of Medical Education?: Yes - Medical Director

III. MEDICAL EDUCATION DATA

A. Undergraduate Medical Education

Please complete the following information on your hospital's participation in undergraduate medical education during the most recently completed academic year:

Clinical Services Providing Clerkships	Number of Clerkships Offered	Number of Students Taking Clerkships	Are Clerkships Elective or Required
Medicine	-	-	-
Surgery	-	-	-
Ob-Gyn	-	-	-
Pediatrics	240	232	Required
Family Practice	-	-	-
Psychiatry	-	-	-
Other:			

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

B. Graduate Medical Education

Please complete the following information on your hospital's participation in graduate medical education reporting only full-time equivalent positions offered and filled. If the hospital participates in combined programs, indicate only FTE positions and individuals assigned to applicant hospital.

Type of Residency[1]	Positions Offered	Positions Filled by U.S. & Canadian Grads	Positions Filled by Foreign Medical Graduates	Date of Initial Accreditation of the Program[2]
First Year Flexible	-	-	-	-
Medicine	-	-	-	-
Surgery	-	-	-	-
Ob-Gyn	-	-	-	-
Pediatrics	57	55	2	1941
Family Practice	-	-	-	-
Psychiatry	-	-	-	-
Other:				
-	-	-	-	-

[1]As defined by the LCGME Directory of Approved Residencies. First Year Flexible = graduate program acceptable to two or more hospital program directors. First year residents in Categorical* and Categorical programs should be reported under the clinical service of the supervising program director.

[2]As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

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

IV. SUPPLEMENTARY INFORMATION

To assist the COTH Administrative Board in its evaluation of whether the hospital fulfills present membership criteria, you are invited to submit a brief statement which supplements the data provided in Section I-III of this application. When combined, the supplementary statement and required data should provide a comprehensive summary of the hospital's organized medical education and research programs. Specific reference should be given to unique hospital characteristics and educational program features.

V. SUPPORTING DOCUMENTS

A. When returning the completed application, please enclose a copy of the hospital's current medical school affiliation agreement.

B. A letter of recommendation from the dean of the affiliated medical school must accompany the completed membership application. The letter should clearly outline the role and importance of the applicant hospital in the school's educational programs.

Name of Affiliated Medical School: Ohio State University College of Medicine

Dean of Affiliated Medical School: Henry G. Cramblett, M. D.

Information Submitted by: (Name) George Peach

(Title) Administrative Assistant

Signature of Hospital's Chief Executive Officer:

_____ (Date) _____

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

RECEIVED JUL 2 3 1979

The Ohio State University

Office of the Dean
College of Medicine

Administration Center
370 West Ninth Avenue
Columbus, Ohio 43210

Phone 614 422-1815

July 19, 1979

Mr. Stuart W. Williams
Executive Director
Children's Hospital
700 Children's Drive
Columbus, Ohio 43205

Dear Mr. Williams:

I am very pleased, on behalf of the College of Medicine of The Ohio State University, to support your request that Children's Hospital's application to the Council of Teaching Hospitals be considered favorably.

The University is heavily dependent upon the availability of Children's Hospital for its educational and research programs in Medicine. Our reliance on the ability to conduct educational programs in cooperation with Children's Hospital involves not only our Department of Pediatrics, which is housed at Children's Hospital, but with many other Departments within the College of Medicine including Surgery, Otolaryngology, Physical Medicine, Plastic Surgery, Anesthesiology, and Ophthalmology to name but a few.

Children's Hospitals, as you know, has a unique relationship with The Ohio State University. I believe that the uniqueness of the relationship strongly supports this application.

If I may be of further assistance to you, please let me know.

With kindest personal regards,

Sincerely yours,

Henry G. Cramblett, M.D.
Dean

Acting Vice President
for Medical Affairs

HGC:sg

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

MEMORANDUM OF AGREEMENT

Affiliation of Children's Hospital (of Columbus, Ohio) with the College of Medicine of The Ohio State University

WHEREAS the Children's Hospital is an institution for the care and treatment of sick children and the Board of Trustees has authorized the medical staff of Children's Hospital to participate in research and medical education to supplement this patient care program;

WHEREAS the University through its College of Medicine is responsible for the educational program of students of medicine, students of nursing, students of ancillary medical services, physicians and dentists in specialty and graduate studies and for the maintenance of research and patient care programs planned to enhance the educational programs;

WHEREAS the Board of Trustees of Children's Hospital, recognizing the long standing tradition of cooperation with the University and its College of Medicine, believes its total program will be enriched by the direct association with the College of Medicine in all aspects of medical teaching, research, and patient care;

WHEREAS the University through its College of Medicine can by the use of the facilities of Children's Hospital complement its own facilities, to the enrichment of its educational program;

NOW, therefore, the Children's Hospital through its Board of Trustees and the College of Medicine through the Board of Trustees of The Ohio State University agree to the following:

1. The full facilities, including inpatient and outpatient services, of Children's Hospital are made available for the educational programs of the College of Medicine.

2. The (Chief of Staff) or (Medical Director) of Children's Hospital will coordinate the programs of diagnostic procedures, including the taking of medical histories and the physical examination of both inpatients and outpatients with the Dean of the College of Medicine, so as to secure the uniformity and precision which are necessary for the proper instructions of students of the College of Medicine.

3. The treatment and care of all patients will be determined by the (physician) member of the Children's Hospital medical staff in charge of the patient. A new pharmaceutical product not as yet licensed by the Federal Government shall not be administered to either in or out patients of the hospital by or under the supervision or direction of a member of the medical faculty of the College of Medicine unless therapeutic administration thereof shall have been previously approved by the Executive Committee of the faculty of the College of Medicine, and by the

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

Chief of Staff or Medical Director of Children's Hospital.

4. The Board of Trustees of Children's Hospital will provide that patients, admitted to Children's Hospital as "clinical" (service) patients will be treated in a manner similar to "clinical patients" admitted to The Ohio State University facilities and as prescribed by University Hospitals regulations. As soon as practicable arrangements can be made, all professional fees received from such patients or from a sponsoring agency, or insurance company and other funds accruing or paid for the professional care of these patients, shall be deposited in faculty departmental "rotary funds" to be maintained by the Board of Trustees of Children's Hospital. The funds will be available only for the support of teaching and research programs of the faculty departments concerned within Children's Hospital. Authorization for expenditures from these funds will be made on the recommendation of the Chief of Faculty Service, approved by the Department Chairman and by the Chief of Staff of Children's Hospital.

5. Teaching Staff

Members of the medical staff of Children's Hospital, who have received appointments to the faculty of the College of Medicine will be appointed annually in accordance with the University rules and procedures. They will be assigned by the department chairman of the College of Medicine responsible for participation or direction of the teaching program of the College of Medicine at Children's Hospital. (It is understood that this is not meant to limit or control the organization of the Medical Staff of Children's Hospital.) Only members of the medical faculty may be designated by department chairmen to teaching responsibilities. The several teaching areas of Children's Hospital will parallel and be constituent parts of the departmental organization of the faculty of the College of Medicine. All members of the medical faculty appointed to teaching positions in Children's Hospital shall be members of the staff of Children's Hospital duly appointed by the Board of Trustees of Children's Hospital.

The intern and resident staff physicians, who are members of the House Staff of the College of Medicine, shall be nominated by the appropriate department chairmen of the faculty of the College of Medicine, and they will receive their appointment from the Board of Trustees of The Ohio State University. This is not meant to limit or control additional intern or resident staff physicians who may be appointed and sustained by the Children's Hospital, but such intern and resident staff physicians, unless receiving concurrent appointments from the College of Medicine, will not be participants in the teaching program of the College of Medicine.

6. Students of the School of Nursing, while assigned to Children's Hospital, will be supervised in their instruction and activities by faculty membe[illegible]e School of Nursing and the College of Medicine. The D[illegible] of Nursing of Children's Hospital will collaborate with [illegible] Director of the School of

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

Nursing, or her representative, in the assignment of clinical facilities and patients, as part of the academic program for the students of the School of Nursing. Office and conference room space for the students and faculty of the School of Nursing will be assigned by the Administrator of Children's Hospital.

7. The Board of Trustees of Children's Hospital shall be responsible for the administration and discipline within the Children's Hospital. The Dean of the College of Medicine shall institute necessary procedures against students or faculty members, or ancillary personnel, willfully violating the rules and regulations of Children's Hospital.

8. The autonomy of Children's Hospital as an independent institution shall be observed at all times.

9. The President of the Board of Trustees of Children's Hospital, and the Dean of the College of Medicine, will collaborate directly in the accomplishment of the above program. Either party may terminate this agreement by written notification, giving a six month period of advance notice.

For The Ohio State University
Board of Trustees

Novice G. Fawcett
President

For Children's Hospital
Board of Trustees

George W. Kauffman
President

Date: April 17, 1964

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

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

COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

APPLICATION FOR MEMBERSHIP

Membership in the Council of Teaching Hospitals is limited to not-for-profit -- IRS 501(C)(3) -- and publicly owned hospitals having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education.

INSTRUCTIONS: Complete all Sections (I-V) of this application.

Return the completed application, supplementary information (Section IV), and the supporting documents (Section V) to the:

Association of American Medical Colleges
Council of Teaching Hospitals
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

I. HOSPITAL IDENTIFICATION

Hospital Name: THE COMMUNITY HOSPITAL OF SPRINGFIELD & CLARK COUNTY

Hospital Address: (Street) 2615 East High Street

(City) Springfield (State) Ohio (Zip) 45501

(Area Code)/Telephone Number: (513) 325-0531

Name of Hospital's Chief Executive Officer: Neal Kresheck

Title of Hospital's Chief Executive Officer: President

II. HOSPITAL OPERATING DATA (for the most recently completed fiscal year)

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn): 316

Average Daily Census: 250

Total Live Births: 2,228

Admissions: 12,884

Visits: Emergency Room: 34,799

Visits: Outpatient or Clinic: 57,849

B. Financial Data

Total Operating Expenses: $18,897,427

Total Payroll Expenses: $ 9,517,928

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: Controlled by W.S.U.S.M
Supervising Faculty: See attached brochure of the integrated Family Practice Residency Program

C. Staffing Data

Number of Personnel: Full-Time: 827
Part-Time: 283

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 113
With Medical School Faculty Appointments: 40

Clinical Services with Full-Time Salaried Chiefs of Service (list services):

Microbiology

Dept. of Medicine

Does the hospital have a full-time salaried Director of Medical Education?: Yes. Dr. H. A. Rankin who additionally is involved in a limited clinical practice of Nephrology & assisting in establishment of an acute dialysis service.

III. MEDICAL EDUCATION DATA

A. Undergraduate Medical Education

Please complete the following information on your hospital's participation in undergraduate medical education during the most recently completed academic year:

Clinical Services Providing Clerkships	Number of Clerkships Offered	Number of Students Taking Clerkships	Are Clerkships Elective or Required	
Medicine	Variable & flexible	Will begin 1 July '79	Elective	Please refer to Dr.R. Davies Chm.Dept Med & Dr.John Gillen, Chm.Dept Fam.Prac. WSUSM.
Surgery				
Ob-Gyn				
Pediatrics				
Family Practice	Variable & flexible	Will begin 1 July '79	Elective	
Psychiatry				
Other:				

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

B. Graduate Medical Education

Please complete the following information on your hospital's participation in graduate medical education reporting only full-time equivalent positions offered and filled. If the hospital participates in combined programs, indicate only FTE positions and individuals assigned to applicant hospital.

Type of Residency[1]	Positions Offered	Positions Filled by U.S. & Canadian Grads	Positions Filled by Foreign Medical Graduates	Date of Initial Accreditation of the Program[2]
First Year Flexible	None			
* Medicine *	(Possibly will be developing & getting involved in an integrated Int. Med. Residency Program affiliated with W.S.U.S.M. in 1980-81.			
Surgery	None			
Ob-Gyn	None			
Pediatrics	None			
* Family Practice	18 (6 ea yr.level)	2 1st yr* 4 2nd yr	For 1st yr of Residency Program)	7/1/79 Oct. '78
Psychiatry	None			
Other:	None			

* The WSUSM affiliated Int. Medicine Residency program, which is currently based in numerous Dayton, Ohio teaching hospitals plans to include Community Hospital, according to Dr. Robert Davies, Chr. of Dept. of Int. Medicine (WSUSM). Initially this would involve placing a post-grad III level Int. Med. residency into this hospital as a Chief Resident or as Senior Resident with responsibility in teaching students, family practice residents, etc. This resident would have a major commitment toward gaining experience with patient care in a community hospital. This hospital has many interested primary care & subspecialty physicians interested and devoted to clinical teaching. This conceivably might occur by year 1980-81 or at least 1981-82 In addition, there will be 1 to 3 month elective blocks open to these I.M. residents for training and experience at this hospital.

[1]As defined by the LCGME Directory of Approved Residencies. First Year Flexible = graduate program acceptable to two or more hospital program directors. First year residents in Categorical* and Categorical programs should be reported under the clinical service of the supervising program director.

[2]As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

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

IV. SUPPLEMENTARY INFORMATION

To assist the COTH Administrative Board in its evaluation of whether the hospital fulfills present membership criteria, you are invited to submit a brief statement which supplements the data provided in Section I-III of this application. When combined, the supplementary statement and required data should provide a comprehensive summary of the hospital's organized medical education and research programs. Specific reference should be given to unique hospital characteristics and educational program features.

V. SUPPORTING DOCUMENTS

A. When returning the completed application, please enclose a copy of the hospital's current medical school affiliation agreement.

B. A letter of recommendation from the dean of the affiliated medical school must accompany the completed membership application. The letter should clearly outline the role and importance of the applicant hospital in the school's educational programs.

Name of Affiliated Medical School: Wright State University School of Medicin

Dean of Affiliated Medical School: John R. Beljan, M.D.

Information Submitted by: (Name) H. Allan Rankin, M.D. 1 Nov 79

(Title) Director of Medical Education

Signature of Hospital's Chief Executive Officer:

(Date) 5-2-79

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

IV SUPPLEMENTAL INFORMATION

The Community Hospital of Springfield and Clark County medical staff has had considerable experience in clinical teaching of rotating interns until the past seven years when general or rotating internships were essentially phased out. This teaching expertise has been enlivened by the creation of the Wright State University School of Medicine and the commencement of its first medical student class three years ago.

As a result of this impetus patient oriented student teaching, sessions called Interdisciplinary Correlation Curriculum were conducted by medical staff physicians in family practice, internal medicine and general surgery. There were generally four such two to three hour sessions quarterly at each participating teaching hospital of which Community Hospital was one. These I.C.C. sessions have been conducted since July 1, 1978.

The Wright State University School of Medicine integrated family practice residency officially commences July 1, 1979 but the initial resident (at post-graduate I level) began residency training January 1, 1979. This program is detailed in Section III.

Besides these new efforts and resurgence of medical student and resident training (didactic and clinical),this hospital has been involved with clinical clerkships with assigned preceptors for students of both United States medical schools and foreign programs such as the Guadalajara Medical School program either regular (clerkships during vacation periods) or via the 5th pathway. These preceptor clinical teaching experiences have had increasing popularity.

This hospital has an exceptionally advanced department of microbiology with capability of doing most all special viral studies including electron microscopic study. This latter modality, as well as immunofluorescence capability, facilitates the processing and interpretation of various organ biopsies, especially kidney and liver. Wittenberg University cooperated with electron-micrographs and interpretation (through their Department of Biology) until Community Hospital acquired its own in-house Electron Microscope, which acquisition was justified by the activity of the viral and microbiological sections as well as the clinical pathology department.

During the past twelve to eighteen months this hospital has acquired a part-time,salaried Chairman of the Family Practice Residency program, a Director of Continuing Medical Education (full time), a Director of Medical Education (geographic-full time), an audio visual expert for nursing and medical education only. It should be mentioned that this hospital has had a Diploma School of Nursing program for many decades and is an extremely viable school presently.

There has been an overwhelming enthusiasm and support by the medical staff, by the administrative staff and by the Board of Trustees of this hospital toward a total commitment to student and resident clinical education and training.

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

With this present state of rapidly increasing involvement in various phases of medical student and residency training programs, mostly in affiliation with Wright State University School of Medicine, this hospital makes application to the Council of Teaching Hospitals of the Association of American Medical Colleges.

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

Wright State University
School of Medicine

Office of the Dean
Dayton, Ohio 45435
513/873-2931

Reply to: Box 927, Dayton, Ohio 45401

June 12, 1979

American Association of Medical Colleges
Council of Teaching Hospitals
One Dupont Circle, N.W., Suite 200
Washington, DC 20036

Gentlemen:

This letter is a recommendation on behalf of the Community Hospital of Springfield and Clark County, Springfield, Ohio, in support of their application for associate membership to the AAMC Council of Teaching Hospitals. The Community Hospital of Springfield and Clark County has been an important partner in our medical education program at Wright State University School of Medicine.

The hospital has exerted a leadership role in assisting the School of Medicine in developing a new residency program in Family Practice, which was jointly developed by Community Hospital of Springfield and two other area hospitals. The Family Practice Residency is a three year program which is a vital part of our total educational program. There is a long-term commitment between the School of Medicine and the Community Hospital of Springfield and Clark County. This hospital is a good example of a teaching hospital with a demonstrated commitment to medical education. It has evidenced meaningful support for the School of Medicine and our relations are cordial and productive.

I believe that the Community Hospital of Springfield and Clark County meets every criterion for associate membership in the Council of Teaching Hospitals and I recommend its acceptance for membership by the AAMC.

Sincerely,

John R. Beljan, M.D.

JOHN R. BELJAN, M.D.
Vice-President for Health Affairs
Dean, School of Medicine

JRB:shw

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

AGREEMENT BETWEEN THE WRIGHT STATE UNIVERSITY
SCHOOL OF MEDICINE AND THE TRUSTEES OF
COMMUNITY HOSPITAL OF SPRINGFIELD AND CLARK COUNTY

This agreement, made this 24th day of November, 1975, by the Trustees of Wright State University, hereinafter referred to as the "School of Medicine", and The Trustees of Community Hospital of Springfield and Clark County, hereinafter referred to as the "Hospital" is entered into for the mutual benefit of both.

Preamble

The primary concern of any hospital should be to provide the best possible care of patients. This can only be obtained under present conditions when a superior teaching program for and by the medical staff is a basic policy of the hospital. Such a policy has always been followed at Community Hospital of Springfield and Clark County. We are convinced that an affiliation of the Hospital with the School of Medicine will strengthen further that teaching program and will contribute thereby to the maintenance of the best possible patient care.

The primary concern of the School of Medicine should be the education of its medical students. The School of Medicine is convinced that a superior educational program for its students can only be obtained only when superior patient care is demonstrated as part of the educational process.

Witnesseth

Whereas, Wright State University has established a School of Medicine and students of said s -61- quire clinical experience

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

and the use of clinical facilities, and;

Whereas, the School of Medicine is developing programs of medical education in a number of community facilities and is desirous of including the Hospital among these facilities, and;

Whereas, the Hospital has the facilities for furnishing clinical experience, and;

Whereas, the Hospital is desirous of enriching its total educational program by direct association with the School of Medicine, and;

Whereas, it is to the mutual benefit of the parties that students of the School of Medicine use said Hospital facilities for clinical training and experience and residents and staff of the Hospital use the resources of the School of Medicine for furtherance of their education, and;

Whereas, it is to the mutual benefit of the parties that members of the School of Medicine be appointed to the Staff of the Hospital, and;

Whereas, it is to the mutual benefit of the parties that members of the Hospital Staff be appointed to the staff of the School of Medicine, and;

Whereas, both parties recognize the Hospital retains final responsibility for patient care, and;

Whereas, both parties recognize the School of Medicine retains final responsibility for the medical students education, and;

THEREFORE, in considera[illegible]heir mutual promises herein contained and of their mutual i[illegible], recognizing that the substance

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

of this Agreement of Cooperation shall provide the bases for the working relationship and for decision making, yet it will not attempt to predetermine each decision but permit growth and development of an efective relationship as well as acknowledge the need for regular review due to the changing requirements of the institutions, individually and together, the parties agree to the following.

Joint Responsibilities

1. To assist in establishing policies through which the Hospital and the School of Medicine can carry on the cooperative activities of this agreement a Joint Coordinating Committee shall be established. This Committee shall be composed of one member of the Hospital Staff, one member of the Hospital Administration, and one of the Chiefs of Service of the Hospital; and the Associate Dean for Hospital Affairs, and two Departmental Chairmen of the School of Medicine. These respective members are subject to annual appointment by the Hospital and the School of Medicine and will, under usual circumstances, serve for three years. The terms of the appointment will be staggered so as to maintain continuity of the Committee. It shall be the responsibility of the Joint Committee to consider proposals involving the activities relevant to this agreement.

2. The Hospital and the School of Medicine agree that it is desirable to permit use of the facilities and resources of the Hospital by the School of Medicine and the facilities and resources of the School of Medicine by the Hospital in order to more fully realize the substance of this association.

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

Clinical resources of the Hospital shall be made available for teaching purposes for the students of the School of Medicine subject to the rules and regulations of the Hospital. Under these guidelines the Hospital will afford each student who is designated, in writing, by the School of Medicine, the opportunity for experience in all types of medical practice which may be available at the Hospital and will permit such students and members of the School of Medicine Faculty access to appropriate hospital and outpatient department facilities, for such periods of time and for such experience deemed necessary to fulfill obligations of the educational program. The Hospital will permit its Staff, and other personnel, to participate in the clinical experience and teaching of students. Likewise, residents, upon the approval of the appropriate Chiefs of Service of the Hospital and/or Directors of the Residency Program will be permitted to participate in undergraduate medical education and training programs of the School of Medicine.

3. The requirements of the association may be restated from time to time with a view to assuring maximum realization of the benefits to be derived from this agreement. The Joint Coordinating Committee shall be responsible for recommending any and all restatements of position or desires of the two association parties. Any restatement of the requirements will become binding upon both parties only upon approval of the Dean of the School of Medicine and the Chief Executive of the Hospital. Such restatements will be added to and become a part of this agreement.

4. Both parties agree to work together towards the maintenance of acceptable accreditation status of each other.

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

5. Both parties agree to maintain a policy in which neither will discriminate against any employee, applicant for employment, or student because of age, sex, race, color, creed, or national origin.

6. Where appropriate and consistent with the intent of this agreement, key leadership, such as Chairmen of Clinical Departments of the School of Medicine and Chiefs of Services of the Hospital, normally will be appointed jointly by the School of Medicine and by the Hospital to the School of Medicine Faculty and to the Hospital Staff respectively.

7. It is agreed by both parties that (this agreement), except as noted in item 6 above, does not conflict with the custom of the Hospital to appoint physicians to its Staff. Nor does that appointment require participation of the Staff Physician in the medical student education program, or in anyway limit patients of Hospital Staff Physicians to admission into the hospital for care. Staff physicians of the Hospital may be selected and appointed to the Faculty of the School of Medicine. In which case they will support the educational program of the School and participate as directed in its implementation under the terms of the Faculty Appointment.

8. It is agreed by both parties that (this agreement), except as noted in item #6 above, does not conflict with the custom of the School of Medicine to appoint its full-time, part-time and volunteer clinical faculty. Such a physician of the School of Medicine may be selected and appointed to the Hospital Staff. In which case he/she will support the Hospital's programs under the terms of the Hospital Staff appointment.

9. A member of the Faculty of the School of Medicine can teach medical students based at t[illegible]al without a Hospital Staff appointment. In such cases the Faculty member cannot be involved in situations

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

which involve direct patient care responsibilities.

School of Medicine Responsibility

1. Selected faculty members of the School of Medicine upon the recommendation of the Dean and confirmation of the Hospital Staff shall be appointed to the Hospital Staff to engage in health care delivery at the Hospital and in the education of undergraduate students and residents.

2. The Faculty of School of Medicine shall develop, operate, and evaluate a quality undergraduate medical education program.

3. The School of Medicine understands the importance of timely planning and coordination of education goals and programs. Major changes in program emphasis at the Hospital will be reviewed by Joint Coordinating Committee for their concurrence with the change. It is understood the purpose of the Joint Coordinating Committee is not to set educational policy or to engage in curriculum planning but rather to consider the effect of any such change on the general welfare of the Hospital and/or the School as relates to their association agreement.

4. The School of Medicine faculty and students who are participating in this association will be under the responsiblity and control of the School of Medicine. The School of Medicine will assure that such participants will comply with all applicable rules, regulations and requirements of the Hospital.

Hospital Responsibility

1. The patient care responsibilities of the staff physicians and residents who participate in the association program are responsible

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

to, and under the control of the Hospital. The Hospital will assure that such participants will comply with the rules, regulations and requirements of the School of Medicine.

2. The Hospital understands that major changes in its programs may reflect on this association and also understands the importance of timely planning and coordination of its patient care programs. Any such major contemplated changes will be reviewed and receive the concurrence of the Joint Coordinating Committee. It is understood that the purpose of the Joint Coordinating Committee is not to set patient care standards or initiate patient care programs but rather to consider the effect of such changes on the general welfare of the Hospital and the School of Medicine as related to the association agreement.

3. The Hospital agrees to maintain high standards of patient care.

4. The Hospital agress that as many beds as are necessary shall be available for instructional purposes to fulfill the educational needs of the program. Exceptions can be made for specific patients on request of the attending physician.

5. The Hospital will provide emergency first aid and emergency care for the School of Medicine Faculty and students should accident or illness occur while in the Hospital pursuant to this association agreement. Charges for such care will be at the minimal rates. The Hospital's determination of the duration and extent of the first aid or the emergency care shall be conclusive.

The agreement supercedes the previous agreement of 19 December, 1972 made between the two par[illegible]ie terms of this agreement shall

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

commence upon the signing of this agreement and shall continue until terminated by either party. Such termination shall be preceded by written notification to the other party of the intention to terminate sent by registered mail one year prior to the proposed termination date. However, both parties may mutually agree to terminate this agreement at any time. This agreement is entered into with a spirit of mutual cooperation for the benefit of both parties, with the full realization that this agreement encompasses long range planning and joint efforts to assure meaningful learning experiences for the students, residents, and the staff-faculty and the highest quality of health care for the patients.

THE COMMUNITY HOSPITAL OF
SPRINGFIELD AND CLARK COUNTY

David Dillahunt, Chairman
Board of Trustees

William Lambacher, Secretary
Board of Trustees

Chairman, Board of Trustees
Wright State University

Secretary, Board of Trustees
Wright State University

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

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

COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

APPLICATION FOR MEMBERSHIP

Membership in the Council of Teaching Hospitals is limited to not-for-profit -- IRS 501(C)(3) -- and publicly owned hospitals having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education.

INSTRUCTIONS: Complete all Sections (I-V) of this application.

Return the completed application, supplementary information (Section IV), and the supporting documents (Section V) to the:

Association of American Medical Colleges
Council of Teaching Hospitals
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

I. HOSPITAL IDENTIFICATION

Hospital Name: Greene Memorial Hospital Inc.

Hospital Address: (Street) 1141 N. Monroe Drive

(City) Xenia (State) Ohio (Zip) 45385

(Area Code)/Telephone Number: (513) 372-8011

Name of Hospital's Chief Executive Officer: Herman N. Menapace

Title of Hospital's Chief Executive Officer: Administrator

II. HOSPITAL OPERATING DATA (for the most recently completed fiscal year)

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn):	192	Admissions:	7845
Average Daily Census:	149.9	Visits: Emergency Room:	19,338
Total Live Births:	797	Visits: Outpatient or Clinic:	12,735

B. Financial Data

Total Operating Expenses: $ 10,351,826.28

Total Payroll Expenses: $ 4,772,649

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: $ 0 (See Appendix A Attached)
Supervising Faculty: $ 0

C. Staffing Data

Number of Personnel: Full-Time: 366
Part-Time: 162

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 44
With Medical School Faculty Appointments: 33

Clinical Services with Full-Time Salaried Chiefs of Service (list services):

None

Does the hospital have a full-time salaried Director of Medical Education?: .5 FTE

III. MEDICAL EDUCATION DATA

A. Undergraduate Medical Education

Please complete the following information on your hospital's participation in undergraduate medical education during the most recently completed academic year:

Clinical Services Providing Clerkships	Number of Clerkships Offered	Number of Students Taking Clerkships	Are Clerkships Elective or Required
Medicine			
Surgery			
Ob-Gyn			
Pediatrics			
Family Practice	3	4	Elective
Psychiatry			
Other: Health Care Services	2	23	Elective

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

B. Graduate Medical Education

Please complete the following information on your hospital's participation in graduate medical education reporting only full-time equivalent positions offered and filled. If the hospital participates in combined programs, indicate only FTE positions and individuals assigned to applicant hospital.

Type of Residency[1]	Positions Offered	Positions Filled by U.S. & Canadian Grads	Positions Filled by Foreign Medical Graduates	Date of Initial Accreditation of the Program[2]
First Year Flexible				
Medicine				
Surgery				
Ob-Gyn				
Pediatrics				
Family Practice	1	1		Jan. 1, 1979
Psychiatry				
Other:				
Emergency Medicine	1	1		Accreditation Applied for - Site Visit is Scheduled for 9/79

[1]As defined by the LCGME Directory of Approved Residencies. First Year Flexible = graduate program acceptable to two or more hospital program directors. First year residents in Categorical* and Categorical programs should be reported under the clinical service of the supervising program director.

[2]As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

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

IV. SUPPLEMENTARY INFORMATION

To assist the COTH Administrative Board in its evaluation of whether the hospital fulfills present membership criteria, you are invited to submit a brief statement which supplements the data provided in Section I-III of this application. When combined, the supplementary statement and required data should provide a comprehensive summary of the hospital's organized medical education and research programs. Specific reference should be given to unique hospital characteristics and educational program features.

V. SUPPORTING DOCUMENTS

A. When returning the completed application, please enclose a copy of the hospital's current medical school affiliation agreement.

B. A letter of recommendation from the dean of the affiliated medical school must accompany the completed membership application. The letter should clearly outline the role and importance of the applicant hospital in the school's educational programs.

Name of Affiliated Medical School: Wright State University School of Medicine

Dean of Affiliated Medical School: John R. Beljan, M.D.

Information Submitted by: (Name) Thomas Arndt

(Title) Assistant Administrator for Services

Signature of Hospital's Chief Executive Officer:

Herman H. Menafee (Date) July 20, 1979

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

APPENDIX A

ESTIMATED SALARY AND FRINGE BENEFIT EXPENSES - HOUSE STAFF

1979 - 1980

FAMILY PRACTICE RESIDENCY.....	$ 90,000
(Cost to be borne by two additional participating hospitals.)	
EMERGENCY MEDICINE RESIDENCY.....	18,500
TOTAL ESTIMATED SALARY AND FRINGE BENEFIT EXPENSES...	$108,500

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

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

SUPPLEMENTARY INFORMATION

Greene Memorial Hospital is a 192-bed, primary-care hospital located in Xenia, Ohio, the county seat of Greene County. It is the only non-governmental hospital located in Greene County, a mixed urban-rural county of approximately 140,000 residents. Operation of the hospital is governed by Greene Memorial Hospital Inc., a voluntary, non-profit corporation made up of county residents. Greene Memorial Hospital and Xenia are located in Southwestern Ohio, approximately 15 miles east of Dayton. The Wright State University School of Medicine, also located in Greene County near the city of Fairborn, is approximately 12 miles away from the hospital. Greene Memorial currently carries a status of two-year accreditation by the Joint Commission on Accreditation of Hospitals.

Particularly in acknowledgement of its responsibility to the Greene County community as a major provider of health care, Greene Memorial Hospital is committed to medical education and continuing education of physicians and other health professionals.

Greene Memorial is a teaching affiliate of the Wright State University School of Medicine, and is the lead hospital in the medical school's Family Practice Residency which began July 1, 1979. Additionally, residents in Emergency Medicine obtain critical care rotation at Greene Memorial. Students from the medical school participate in selectives offered at Greene Memorial, and also have an opportunity to work in the hospital's Emergency Room.

The hospital's commitment to a broad range of educational programs is further evidenced by cooperative programs offering work experience to Laboratory, Radiology, Pharmacy, Dietary and Medical Records students. Greene Memorial's Paramedic Education Program has graduated 91 certified paramedics since its establishment four years ago, and is the only program in the State of Ohio using the U.S. Department of Transportation National Standard Curriculum.

Through a countywide appeal for donations conducted three years ago, Greene Memorial Hospital financed construction of the Center for Health Education, a medical education facility adjacent to the hospital building. Appendix B, a summary of usage of the medical education building from May 1, 1978, through June 30, 1979, is indicative of the volume of educational activities centered there.

The Center for Health Education is a two-story, 15,000-square-foot structure containing a health resources library, a 183-seat auditorium, classrooms, conference rooms and offices of the Department of Postgraduate Medicine and Continuing Education of the Wright State University School of Medicine.

Availability of a modern educational facility is one of several features lending a unique nature to Greene Memorial Hospital as a facility with educational opportunities.

Another unique feature is Greene Hall, a 28-bed hospital wing offering a combined detoxification-rehabilitation program for the treatment of alcoholism. The local review agency and th f Ohio recently approved the expansion of the Greene Hall concept to p regional program for the treatment of chemical dependency through construction of a 40-bed, free-standing, intermediate-care facility and establishment of two outpatient satellites to provide

aftercare, diagnostic and referral services. Residents on rotation at Greene Memorial Hospital have the opportunity to observe and participate in the Greene Hall program.

On July 1, 1979, the treatment program in Greene Memorial's eight-bed psychiatric unit was restructured to provide a unique, pilot program in which case management is in charge of family practice physicians who first have successfully completed an extensive training course as a prerequisite to participating in the program. The Psychiatrist-Director of the psychiatric unit, who serves in a consulting capacity in the management of individual cases, also conducts the training course for participating physicians.

The public health facilities of the Greene County Health Department are immediately accessible to Greene Memorial, being located in a new building adjacent to the hospital grounds.

In cooperation with the Wright State University School of Medicine, Greene Memorial this year opened an outpatient specialty clinic, staffed by medical specialists from the school's faculty, for the referral of patients by family practice physicians.

In light of its unique programs and educational opportunities, it is felt that Greene Memorial Hospital merits favorable consideration of this application.

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

APPENDIX B

CENTER FOR HEALTH EDUCATION

USAGE

May 31, 1978 - June 30, 1979

Activity	Number of: Meetings	Hours	Participants
Medical School			
Correlation Sessions (students)	13	39	223
Department of Pharmacology (faculty)	1	8	33
Instructional Development (faculty)	1	2	8
Curriculum Committee (faculty)	1	8	22
Joint Advisory Committee (administration)	2	4	29
Department of PMCE (faculty)	59	78	248
Executive Committee Meeting (faculty)	1	2	25
Resident Education (family Practice)	1	1	8
Selectives (medical students)	16	32	143
Subtotal	95	174	739
Community			
Childbirth Classes	36	72	720
Citizen Response Committee	12	29	197
Consumer Health (CPR)	8	11	103
Diabetic Program Planning	1	1	5
Greene County Rescue	14	56	370
G.M.H. Mobile Blood Unit	1	8	25
Red Cross (disaster orientation)	2	11	76
United Way	1	3	15
Stop Smoking Clinic	18	36	776
Subtotal	94	227	2287
Health Department			
General Meetings	2	5	30
Guidance Center	2	5	72
Subtotal	4	10	102

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

Activity	Number of: Meetings	Hours	Participants
Health Profession Students			
Clark Technical Nursing	62	59	743
Sinclair College Nursing	233	231	3204
X-Ray Students	35	50	187
Subtotal	330	340	4134
Greene Hall			
Al-Anon	50	121	1312
General (Family counseling, drug abuse)	366	1467	9014
Subtotal	410	1588	10326
Medical Staff			
Basic Life Support	5	15	102
CPC	5	10	152
Department of Family Practice	8	16	142
Dr. Fishbain (psychiatry planning)	1	1	25
Dr. Thorpe	1	3	8
Dr. Wagnitz	2	3	50
Grand Rounds	12	24	286
Greene County Medical Society	2	4	95
Network for Continuing Med. Education (NCME)	59	59	364
Ohio Medical Education Network (OMEN)	30	30	428
Psychiatry Course	20	40	160
Staff Meeting	2	5	56
Usage Committee	4	6	52
Subtotal	151	216	1920
Administration			
Employee Meetings	9	19	450
Mr. Lovelace	3	8	32
Department Head Meetings	2	10	46
Medical Audit Workshop	1	4	18
J.C.A.H.	3	4	31
Volunteers	1	1	22
OSMA Site Visit	2	2	16
Lab Personnel	5	10	25
Subtotal	26	58	640

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

Activity	Meetings	Hours	Participants
Paramedics			
Paramedic Education	145	629	3457
Subtotal	145	629	3457
Staff Development			
CPR	13	54	257
Critical Care Nursing	31	84	525
L.P.N. Pharmacology	23	92	389
Staff Development Nursing (in-service, patient ed.)	61	256	1192
Subtotal	273	1115	5820
TOTAL	1528	4357	29425

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

July 2, 1979

American Association of Medical Colleges
Council of Teaching Hospitals
One Dupont Circle, N.W., Suite 200
Washington, DC 20036

Gentlemen:

This letter is a recommendation on behalf of the Greene Memorial Hospital, Inc., Xenia, Ohio, in support of their application for associate membership in the AAMC Council of Teaching Hospitals. The Greene Memorial Hospital, Inc. has been an important partner in our medical education program at Wright State University School of Medicine.

The hospital has exerted a leadership role in assisting the School of Medicine in developing a new residency program in Family Practice, which was jointly developed by Greene Memorial Hospital, Inc. and two other area hospitals. The Family Practice Residency is a three year program which is a vital part of our total educational program. There is a long-term commitment between the School of Medicine and the Greene Memorial Hospital, Inc. This hospital is a good example of a teaching hospital with a demonstrated commitment to medical education. It has evidenced meaningful support for the School of Medicine and our relations are cordial and productive.

I believe that the Greene Memorial Hospital, Inc. meets every criterion for associate membership in the Council of Teaching Hospitals and I recommend its acceptance for membership by the AAMC.

Sincerely,

John R. Beljan, M.D.

JOHN R. BELJAN, M.D.
Vice-President for Health Affairs
Dean, School of Medicine

JRB:shw

cc: Mr. Francis M. Paris

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

AGREEMENT BETWEEN THE WRIGHT STATE UNIVERSITY
SCHOOL OF MEDICINE AND THE TRUSTEES OF
GREENE MEMORIAL HOSPITAL, INC.

This agreement, made this 8th day of December, 1975, by the Trustees of Wright State University, hereinafter referred to as the "School of Medicine", and The Trustees of Greene Memorial Hospital, Inc., hereinafter referred to as the "Hospital" is entered into for the mutual benefit of both.

Preamble

The primary concern of any hospital should be to provide the best possible care of patients. This can only be obtained under present conditions when a superior teaching program for and by the medical staff is a basic policy of the hospital. Such a policy has always been followed at the Greene Memorial Hospital. We are convinced that an affiliation of the Hospital with the School of Medicine will strengthen further that teaching program and will contribute thereby to the maintenance of the best possible patient care.

The primary concern of the School of Medicine should be the education of its medical students. The School of Medicine is convinced that a superior educational program for its students can only be obtained only when superior patient care is demonstrated as part of the educational process.

Witnesseth

Whereas, Wright State University has established a School of Medicine and students of said School require clinical experience

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

and the use of clinical facilities, and;

Whereas, the School of Medicine is developing programs of medical education in a number of community facilities and is desirous of including the Hospital among these facilities, and;

Whereas, the Hospital has the facilities for furnishing clinical experience, and;

Whereas, the Hospital is desirous of enriching its total educational program by direct association with the School of Medicine, and;

Whereas, it is to the mutual benefit of the parties that students of the School of Medicine use said Hospital facilities for clinical training and experience and residents and staff of the Hospital use the resources of the School of Medicine for furtherance of their education, and;

Whereas, it is to the mutual benefit of the parties that members of the School of Medicine be appointed to the Staff of the Hospital, and;

Whereas, it is to the mutual benefit of the parties that members of the Hospital Staff be appointed to the staff of the School of Medicine, and;

Whereas, both parties recognize the Hospital retains final responsibility for patient care, and;

Whereas, both parties recognize the School of Medicine retains final responsibility for the medical students education, and;

THEREFORE, in consideration of their mutual promises herein contained and of their mutual interests, recognizing that the substance

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

of this Agreement of Cooperation shall provide the bases for the working relationship and for decision making, yet it will not attempt to predetermine each decision but permit growth and development of an efective relationship as well as acknowledge the need for regular review due to the changing requirements of the institutions, individually and together, the parties agree to the following.

Joint Responsibilities

1. To assist in establishing policies through which the Hospital and the School of Medicine can carry on the cooperative activities of this agreement a Joint Coordinating Committee shall be established. This Committee shall be composed of one member of the Hospital Staff, one member of the Hospital Administration, and one of the Chiefs of Service of the Hospital; and the Associate Dean for Hospital Affairs, and two Departmental Chairmen of the School of Medicine. These respective members are subject to annual appointment by the Hospital and the School of Medicine and will, under usual circumstances, serve for three years. The terms of the appointment will be staggered so as to maintain continuity of the Committee. It shall be the responsibility of the Joint Committee to consider proposals involving the activities relevant to this agreement.

2. The Hospital and the School of Medicine agree that it is desirable to permit use of the facilities and resources of the Hospital by the School of Medicine and the facilities and resources of the School of Medicine by the Hospital in order to more fully realize the substance of this association.

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

Clinical resources of the Hospital shall be made available for teaching purposes for the students of the School of Medicine subject to the rules and regulations of the Hospital. Under these guidelines the Hospital will afford each student who is designated, in writing, by the School of Medicine, the opportunity for experience in all types of medical practice which may be available at the Hospital and will permit such students and members of the School of Medicine Faculty access to appropriate hospital and outpatient department facilities, for such periods of time and for such experience deemed necessary to fulfill obligations of the educational program. The Hospital will permit its Staff, and other personnel, to participate in the clinical experience and teaching of students. Likewise, residents, upon the approval of the appropriate Chiefs of Service of the Hospital and/or Directors of the Residency Program will be permitted to participate in undergraduate medical education and training programs of the School of Medicine.

3. The requirements of the association may be restated from time to time with a view to assuring maximum realization of the benefits to be derived from this agreement. The Joint Coordinating Committee shall be responsible for recommending any and all restatements of position or desires of the two association parties. Any restatement of the requirements will become binding upon both parties only upon approval of the Dean of the School of Medicine and the Chief Executive of the Hospital. Such restatements will be added to and become a part of this agreement.

4. Both parties agree to work together towards the maintenance of acceptable accreditation status of each other.

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

5. Both parties agree to maintain a policy in which neither will discriminate against any employee, applicant for employment, or student because of age, sex, race, color, creed, or national origin.

6. Where appropriate and consistent with the intent of this agreement, key leadership, such as Chairmen of Clinical Departments of the School of Medicine and Chiefs of Services of the Hospital, normally will be appointed jointly by the School of Medicine and by the Hospital to the School of Medicine Faculty and to the Hospital Staff respectively.

7. It is agreed by both parties that the association agreement, except as noted in item 6 above, does not conflict with the custom of the Hospital to appoint physicians to its Staff. Nor does that appointment require participation of the Staff Physician in the medical student education program, or in anyway limit patients of Hospital Staff Physicians to admission into the hospital for care. Staff physicians of the Hospital may be selected and appointed to the Faculty of the School of Medicine. In which case they will support the educational program of the School and participate as directed in its implementation under the terms of the Faculty Appointment.

8. It is agreed by both parties that the association agreement, except as noted in item #6 above, does not conflict with the custom of the School of Medicine to appoint its full-time, part-time and volunteer clinical faculty. Such a physician of the School of Medicine may be selected and appointed to the Hospital Staff. In which case he/she will support the Hospital's programs under the terms of the Hospital Staff appointment.

9. A member of the Faculty of the School of Medicine can teach medical students based at the Hospital without a Hospital Staff appointment. In such cases the Fa -84- ber cannot be involved in situations

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

which involve direct patient care responsibilities.

School of Medicine Responsibility

1. Selected faculty members of the School of Medicine upon the recommendation of the Dean and confirmation of the Hospital Staff shall be appointed to the Hospital Staff to engage in health care delivery at the Hospital and in the education of undergraduate students and residents.

2. The Faculty of School of Medicine shall develop, operate, and evaluate a quality undergraduate medical education program.

3. The School of Medicine understands the importance of timely planning and coordination of education goals and programs. Major changes in program emphasis at the Hospital will be reviewed by Joint Coordinating Committee for their concurrence with the change. It is understood the purpose of the Joint Coordinating Committee is not to set educational policy or to engage in curriculum planning but rather to consider the effect of any such change on the general welfare of the Hospital and/or the School as relates to their association agreement.

4. The School of Medicine faculty and students who are participating in this association will be under the responsiblity and control of the School of Medicine. The School of Medicine will assure that such participants will comply with all applicable rules, regulations and requirements of the Hospital.

Hospital Responsibility

1. The patient care responsibilities of the staff physicians and residents who participate in the association program are responsible

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

to, and under the control of the Hospital. The Hospital will assure that such participants will comply with the rules, regulations and requirements of the School of Medicine.

2. The Hospital understands that major changes in its programs may reflect on this association and also understands the importance of timely planning and coordination of its patient care programs. Any such major contemplated changes will be reviewed and receive the concurrence of the Joint Coordinating Committee. It is understood that the purpose of the Joint Coordinating Committee is not to set patient care standards or initiate patient care programs but rather to consider the effect of such changes on the general welfare of the Hospital and the School of Medicine as related to the association agreement.

3. The Hospital agrees to maintain high standards of patient care.

4. The Hospital agress that as many beds as are necessary shall be available for instructional purposes to fulfill the educational needs of the program. Exceptions can be made for specific patients on request of the attending physician.

5. The Hospital will provide emergency first aid and emergency care for the School of Medicine Faculty and students should accident or illness occur while in the Hospital pursuant to this association agreement. Charges for such care will be at the minimal rates. The Hospital's determination of the duration and extent of the first aid or the emergency care shall be conclusive.

The agreement supercedes the previous agreement of 19 December, 1972 made between the two parties. The terms of this agreement shall

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

commence upon the signing of this agreement and shall continue until terminated by either party. Such termination shall be preceded by written notification to the other party of the intention to terminate sent by registered mail one year prior to the proposed termination date. However, both parties may mutually agree to terminate this agreement at any time. This agreement is entered into with a spirit of mutual cooperation for the benefit of both parties, with the full realization that this agreement encompasses long range planning and joint efforts to assure meaningful learning experiences for the students, residents, and the staff-faculty and the highest quality of health care for the patients.

President, Board of Trustees of
Greene Memorial Hospital, Inc.

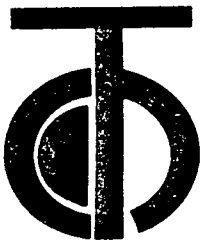
Chairman, Board of Trustees
Wright State University

Secretary, Board of Trustees of
Greene Memorial Hospital, Inc.

Secretary, Board of Trustees
Wright State University

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

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



COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

APPLICATION FOR MEMBERSHIP

Membership in the Council of Teaching Hospitals is limited to not-for-profit -- IRS 501(C)(3) -- and publicly owned hospitals having a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education.

INSTRUCTIONS: Complete all Sections (I-V) of this application.

Return the completed application, supplementary information (Section IV), and the supporting documents (Section V) to the:

Association of American Medical Colleges
Council of Teaching Hospitals
Suite 200
One Dupont Circle, N.W.
Washington, D.C. 20036

I. HOSPITAL IDENTIFICATION

Hospital Name: Saint Francis Hospital

Hospital Address: (Street) 6161 South Yale Avenue

(City) Tulsa (State) Oklahoma (Zip) 74177

(Area Code)/Telephone Number: (918) 494-2200

Name of Hospital's Chief Executive Officer: Sister Mary Blandine Fleming

Title of Hospital's Chief Executive Officer: Administrator

II. HOSPITAL OPERATING DATA (for the most recently completed fiscal year)

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn):	935	Admissions:	30,452
Average Daily Census:	556	Visits: Emergency Room:	38,302
Total Live Births:	2,292	Visits: Outpatient or Clinic:	N.A.

B. Financial Data

Total Operating Expenses: $ 50,430,628.00

Total Payroll Expenses: $ 28,303,347.00 (salaries only)

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: $ 350,000
Supervising Faculty: $

C. Staffing Data

Number of Personnel: Full-Time: 1976
Part-Time: 723

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 236
With Medical School Faculty Appointments: 108

Clinical Services with Full-Time Salaried Chiefs of Service (list services):

N.A.

Does the hospital have a full-time salaried Director of Medical Education?: Dr. Robert G. Tompkins

III. MEDICAL EDUCATION DATA

A. Undergraduate Medical Education

Please complete the following information on your hospital's participation in undergraduate medical education during the most recently completed academic year:

Clinical Services Providing Clerkships	Number of Clerkships Offered	Number of Students Taking Clerkships	Are Clerkships Elective or Required
Medicine	1	40	Required
Surgery	1	40	Required
Ob-Gyn	1	40	Required
Pediatrics	1	40	Required
Family Practice	1	10	Elective
Psychiatry	1	40	Required
Other:			

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

B. Graduate Medical Education

Please complete the following information on your hospital's participation in graduate medical education reporting only full-time equivalent positions offered and filled. If the hospital participates in combined programs, indicate only FTE positions and individuals assigned to applicant hospital.

Type of Residency[1]	Positions Offered	Positions Filled by U.S. & Canadian Grads	Positions Filled by Foreign Medical Graduates	Date of Initial Accreditation of the Program[2]
First Year Flexible	N.A.	N.A.	N.A.	N.A.
Medicine	36	34	2	March 17, 1971
Surgery	15	15	0	January 22, 1970
Ob-Gyn	17	17	0	March, 1975
Pediatrics	19	15	4	August 10, 1971
Family Practice	35	30	5	September 23, 1974
Psychiatry				
Other:				

[1]As defined by the LCGME Directory of Approved Residencies. First Year Flexible = graduate program acceptable to two or more hospital program directors. First year residents in Categorical* and Categorical programs should be reported under the clinical service of the supervising program director.

[2]As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

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

IV. SUPPLEMENTARY INFORMATION

To assist the COTH Administrative Board in its evaluation of whether the hospital fulfills present membership criteria, you are invited to submit a brief statement which supplements the data provided in Section I-III of this application. When combined, the supplementary statement and required data should provide a comprehensive summary of the hospital's organized medical education and research programs. Specific reference should be given to unique hospital characteristics and educational program features.

V. SUPPORTING DOCUMENTS

A. When returning the completed application, please enclose a copy of the hospital's current medical school affiliation agreement.

B. A letter of recommendation from the dean of the affiliated medical school must accompany the completed membership application. The letter should clearly outline the role and importance of the applicant hospital in the school's educational programs.

Name of Affiliated Medical School: University of Oklahoma School of Medicine Tulsa Medical College

Dean of Affiliated Medical School: Edward J. Tomsovic, M.D.

Information Submitted by: (Name) Robert G. Tompkins MD FACS

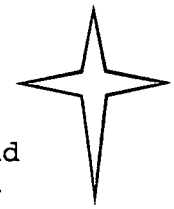
(Title) Medical Director

Signature of Hospital's Chief Executive Officer:

Sister Mary Blondine (Date) July 31, 1979

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

IV Supplementary Information on Saint Francis Hospital



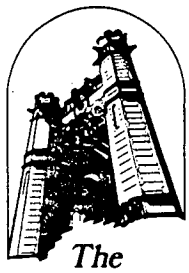
This hospital was first established in 1960, and has grown from an initial size of about 275 beds to its present licensed capacity of 935 beds. For some ten years it has been a full partner in the development and support of a community wide graduate medical education program through a special entity, the Tulsa Medical Education Foundation. During the past three (3) years the actual administration of the various programs has been assigned to the Tulsa Medical College. Saint Francis Hospital contributes $350,000.00 annually to this project, plus numerous inhouse support.

This hospital sponsors independently a 2 year Fellowship in Neonatology, because we have the regional Perinatal Center, with some 40 cribs. This center is also used as the center for training Pediatric and Family Practice Residents and students. A fulltime Perinatologist will join our staff about September 1, and will also head the Department of Perinatology at Tulsa Medical College.

Saint Francis Hospital is a very busy acute care hospital with 204,275 patient days last year. We have a cancer center, a trauma center, a renal dialysis unit, and a heavy surgical load including open heart operations.

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

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



The
University of Oklahoma
Tulsa Medical College

Office of the Dean

August 13, 1979

Council of Teaching Hospitals
Association of American Medical Congress.
One Du Pont Circle, Northwest
Washington,D.C. 20036

Gentlemen:

This letter is written in support of the application of Saint Francis Hospital, Tulsa, Oklahoma, to join the Council of Teaching Hospitals.

Saint Francis Hospital is Tulsa's largest and has engaged in education at all levels since its inception. It was one of the principle partners in the formation of the Tulsa Medical Education Foundation. This foundation was instrumental in bringing the University of Oklahoma Tulsa Medical College into being.

Since 1974 Tulsa Medical College has enjoyed an intimate relationship with Saint Francis Hospital. Third and fourth year medical students and residents in five disciplines are taught there. The medical and administrative staffs have been totally supportive. Hospital funds pay for a share of the residents' compensation and benefits. Medical staff members actively participate in teaching and make their patients available. Additionally Saint Francis Hospital staff participate in the planning and governance of the Tulsa Medical College through work on academic committees of the school.

Saint Francis Hospital thus plays a vital role in the life of Tulsa Medical College and therefore is eminently suited for membership in the Council of Teaching Hospitals. I am delighted that they are applying to join the Council and enthusiastically support their membership.

Sincerely yours,

Edward J. Tomsovic

Edward J. Tomsovic, M.D.
Dean

EJT/jg

cc: Sister Mary Blandine
Robert Tompkins, M.D.

2727 E. 21st Street, Suite 428 Tulsa, Oklahoma 74114 AC 918 749-5531

A G R E E M E N T

THIS AGREEMENT is made and entered into this 22nd day of JUNE, 1979, by and between the TULSA MEDICAL COLLEGE OF THE UNIVERSITY OF OKLAHOMA (hereinafter referred to as "COLLEGE"), TULSA MEDICAL EDUCATION FOUNDATION, INC., AND TULSA FAMILY PRACTICE FOUNDATION, INC. (hereinafter referred to jointly as "FOUNDATIONS"), CHILDREN'S MEDICAL CENTER, DOCTORS' HOSPITAL, HILLCREST MEDICAL CENTER, SAINT FRANCIS HOSPITAL and ST. JOHN MEDICAL CENTER (hereinafter referred to as "HOSPITALS").

W I T N E S S E T H:

WHEREAS, the HOSPITALS have heretofore administered and funded the educational programs of the FOUNDATIONS, and

WHEREAS, the COLLEGE is prepared to accept the administrative responsibility for the resident physician educational programs in Tulsa, and

WHEREAS, the parties to this Agreement believe that the COLLEGE should accept such administrative responsibility and that such a transition will enhance the quality of the educational resident programs, and

WHEREAS, the HOSPITALS and FOUNDATIONS recognize the benefit of having the COLLEGE administer the resident training programs in that the undergraduate students and the post-graduate physicians education can be planned and operated as a coordinated effort providing higher quality medical care for the community.

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

NOW, THEREFORE, in consideration of the mutual covenants hereinafter expressed, the parties agree as follows:

1. The HOSPITALS and FOUNDATIONS agree with the COLLEGE that the COLLEGE shall assume the administrative responsibility for the residency teaching programs and that for the term of this Agreement the COLLEGE, through its department chairmen, shall manage and operate the residency teaching programs. It is the intent of the parties that the Residents shall be employed by the COLLEGE and paid through the COLLEGE's payroll system.

2. The parties agree that the Family Practice Foundation and the Tulsa Medical Education Foundation shall retain their separate independent legal existence. The governing board of the Family Practice Foundation and the division directors of the Tulsa Medical Education Foundation (the former governing boards of the other specialty trusts and foundations) shall act in an advisory capacity to the COLLEGE's department chairmen and Deans in managing the activities and programs of each of the resident teaching programs, and in matters of policy. The COLLEGE's department chairmen are responsible to the Dean of the COLLEGE in all matters relating to the residency programs, as they are all the affairs of the COLLEGE.

3. The parties agree that the RESIDENCY COMMITTEE of the Tulsa Medical Education Foundation, Inc. shall be comprised of the following individuals:

A. The President of the Tulsa Medical Education Foundation, Inc.

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

B. The medical Director of each participating HOSPITAL, or his designated representative.

C. The Department Chairmen of each of the respective medical specialty education programs.

The RESIDENCY COMMITTEE shall coordinate with the COLLEGE in planning the education programs, providing for fringe benefits for resident physicians, recruiting of residents for successive years, accreditation of programs, quality control of the educational process, and the scheduling of resident time in each institution. The Chairman of the RESIDENCY COMMITTEE will be chosen on an annual basis, and such chairmanship will rotate among each of the department chairmen in succeeding years.

4. Hillcrest Medical Center, Saint Francis Hospital and St. John Medical Center desire to support medical education in the Tulsa area, and as a positive commitment to and endorsement of the medical school in Tulsa, agree to commit Three Hundred Fifty Thousand and no/100 Dollars ($350,000.00) per year each as a total commitment to medical education in the Tulsa area. Children's Medical Center desires to commit Twenty-Five Thousand and no/100 Dollars (($25,000.00) per year as a total commitment to medical education in the Tulsa area. Doctors' Hospital desires to support medical education in the Tulsa area and, as a positive commitment to and endorsement of the medical school in Tulsa, agrees to commit Thirty-Five Thousand and no/100 Dollars ($35,000.00) per year as

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

a total commitment to medical education in the Tulsa area. HOSPITALS agree to purchase from the COLLEGE resident time and COLLEGE will bill each HOSPITAL on a monthly basis, on or before the 15th day of each month, for time spent by resident physicians in each HOSPITAL. The amounts to be billed for resident time will be approved by the HOSPITALS prior to the beginning of Tulsa Medical Education Foundation, Inc.'s fiscal year.

It is understood that the use of resident time and the subsequent billing thereof will conform to the standards and practices which will allow the HOSPITALS to gain maximum reimbursement from third party payors. The amounts reimbursed to each HOSPITAL for resident physician education by third party payors will be credited against the respective dollar commitment of each HOSPITAL, described above. The allocation of resident time will be made on educational and institutional need bases. In this regard, as to Hillcrest Medical Center, Saint Francis Hospital and St. John Medical Center, it shall be the responsibility of the COLLEGE to insure that there will not be a disparity in allocation of total resident time between any two of these three HOSPITALS which shall exceed ten percent (10%) per annum.

If there shall exist any disparity in the allocation of resident time between HOSPITALS in excess of ten percent (10%), COLLEGE, if requested, agrees to provide an approved educational program to such HOSPITAL, which, after paying the costs of such program, shall cause such HOSPITAL to have met its dollar commitment.

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

5. The parties agree that the FINANCE COMMITTEE of the Tulsa Medical Education Foundation, Inc. shall be responsible for formulating recommendations to the COLLEGE regarding the fiscal affairs of the residency programs.

The FINANCE COMMITTEE shall be comprised of the following individuals:

A. A member of the governing board of each participating HOSPITAL;

B. The Administrator, or designee, of each participating HOSPITAL;

C. The Treasurer of Tulsa Medical Education Foundation, Inc.;

D. The Dean of the Tulsa Medical College or his designated representative;

E. Assistant Dean for Administration for the Tulsa Medical College.

6. It shall be the responsibility of the FINANCE COMMITTEE to coordinate with the COLLEGE in selecting the number of resident slots for each year based on available space and on respective HOSPITAL's fiscal budget as described in paragraph 4 above, and based on the COLLEGE's budget for medical education. It is anticipated that the annual budget will be computed on a participation basis considering the HOSPITAL's budgets as described in paragraph 4 above and the COLLEGE's budget.

7. The RESIDENCY COMMITTEE and the FINANCE COMMITTEE shall report on a monthly basis and be responsible to the Board of

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

Directors of the Tulsa Medical Education Foundation, Inc. and the Dean of the Tulsa Medical College.

8. The COLLEGE will assure that each resident's performance is satisfactory from the standpoint of desirable relationships with the administration, staff and patients of each HOSPITAL. The COLLEGE will maintain malpractice insurance on each of its residents.

9. The COLLEGE will serve as liaison with the Physicians Manpower Commission, Veterans Administration, Indian Health Service and Tulsa Comprehensive Health Service, Inc.

10. It is agreed that Tulsa Medical Education Foundation, Inc. will be used as the negotiating element between the HOSPITALS and the COLLEGE for any amendments to this agreement or future agreements and will act as a means of providing a forum for discussing problem areas which may hereafter arise.

11. The COLLEGE by signing this agreement expressly assumes all existing contracts, leases and obligations of the Tulsa Family Practice Foundation relative to the Family Practice Clinic and the Family Practice Foundation by signing expressly transfers all its contract rights as well as all of the equipment and supplies in the Clinic to the COLLEGE. In addition, it is agreed that the COLLEGE shall assume responsibility for funding and managing the Family Practice Clinic and that all income of the Family Practice Foundation shall be income to the COLLEGE and shall be used by the COLLEGE to defray the costs of operating the Family Practice Clinic.

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

The Directors of the Tulsa Family Practice Foundation, Inc. will continue to advise the COLLEGE regarding the activities and programs of the Family Practice Clinic as well as the Family Practice Residency Program (see paragraph 2 of this Agreement).

12. The term of this Agreement shall be for two years beginning the 1st day of July, 1979 and ending the 30th day of June, 1981. It is contemplated that this Agreement shall be renewed upon the mutual agreement of the parties. It is understood that a renewal shall have to be consummated at least twelve (12) months prior to the termination of this Agreement. The parties agree to commence negotiations within time to meet such deadline.

13. This Agreement is not assignable, and any attempt to do so will render this Agreement null and void.

14. This Agreement supersedes and replaces the Affiliation Agreement between the parties hereto dated August 18, 1977.

WITNESS our hands and seals the day and year first above written.

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

ATTEST:

Jane Busch

By William J. Thurman

ATTEST:

Jane Busch

CHILDREN'S MEDICAL CENTER

By

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

ATTEST:

DOCTORS' HOSPITAL

By

ATTEST:

HILLCREST MEDICAL CENTER

By

ATTEST:

ST. JOHN MEDICAL CENTER

By

ATTEST:

SAINT FRANCIS HOSPITAL

By

ATTEST:

TULSA MEDICAL EDUCATION FOUNDATION, IN

By

ATTEST:

TULSA FAMILY PRACTICE FOUNDATION, INC.

By

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

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

The Goodyear Tire & Rubber Company

Akron, Ohio 44316

JOHN H. GERSTENMAIER
VICE CHAIRMAN OF THE BOARD —
CHIEF OPERATING OFFICER

June 15, 1979

Dr Robert M Heyssel
Council of Teaching Hospitals
One Dupont Circle, NW
Washington, D C 20036

Dear Dr Heyssel:

To introduce myself, I am Chairman of the Compensation Committee of Akron City Hospital, Akron, Ohio, a member of your Council.

Our Committee is in the process of reviewing the compensation of the Administrator and Associate Administrators of our Hospital, and we are particularly interested in obtaining your latest compensation data for Administrators and Associates of Hospitals having over 600 beds.

Akron City is located in the North Central Region, and is a non-governmental Hospital.

We would appreciate this information as soon as possible. Should you need any additional information, please contact Dick Martin, The Goodyear Tire & Rubber Company, Akron, Ohio, 44316. Dick's telephone number is - (216) 794-2224.

I will appreciate if you will please forward the information directly to me.

Thanks for your time.

Sincerely,

John Gerstenmaier

John H Gerstenmaier
rha

The Johns Hopkins Hospital

Robert M. Heyssel, M.D.
Executive Vice President and Director

June 26, 1979

Mr. John H. Gerstenmaier
Vice Chairman of the Board
The Goodyear Tire and Rubber Company
Akron, Ohio 44316

Dear Mr. Gerstenmaier:

If you will contact Dr. Richard Knapp at the offices of the AAMC in Washington, his phone number is (202) 828-0490, he will make the information available to you. We expect that the information will be treated confidentially.

It has been the policy in the past that the information is only made available to chief executive officers, and apparently we have not had requests from Trustees or others involved in executive compensation. I discussed that with Dr. Knapp and told him I personally felt that we should make the information available to other than the chief executive officer himself and specifically to Trustees who are involved in setting compensation. In this case, we are then making an exception to a policy of the AAMC. The policy will be reviewed of course.

Sincerely,

Robert M. Heyssel, M.D.

cc: Richard M. Knapp, Ph.D.

601 North Broadway, Baltimore, Maryland 21205 (301) 955-5666

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

COTH SPRING MEETING PLANNING COMMITTEE

Chicago O'Hare Airport
Thursday, July 26

Plans for the 1980 Meeting

The committee, chaired by Mr. Frederick, met for three and one-half hours and provided the following guidance and recommendations for the meeting. Messrs. Brown, Goldberg and Kerr were present; Mr. Sejnost was absent.

The 1980 COTH Spring Meeting will be held May 14-16 in Denver, Colorado at the Brown Palace Hotel. The meeting will begin on Wednesday evening with a speaker to be followed by cocktails and dinner. The meeting will adjourn at noon on Friday. The committee discussed program planning for Wednesday evening and the three half days through noon on Friday. It was recommended that Thursday evening be left open.

Wednesday Evening

A desire was expressed to identify a speaker who could provide an analytical perspective on health and medical care in the larger context of economics and politics. Suggested speakers were as follows:

Hale Champion
David Rogers, M.D.
David Hamburg, M.D.
Paul Ellwood, M.D.
Stuart Altman, Ph.D.

The speaker would precede cocktails and dinner.

Thursday Morning

It was recommended that one-half day be devoted to hearing the views of a group of deans: what do they believe are the major issues, and what is their viewpoint on these issues. The implications of a possible physician surplus, problems of compensating clinical faculty and restructuring the hospital out-patient clinics or department were examples of issues about which the deans' perspective would be useful.

The staff was requested to survey the COTH membership and ask what issues the teaching hospital chief executives believe are most important and need attention. It was hoped that a way could be found to compare this with the deans' view of the future. A recent delphi survey of the deans is one possibility. Based on the results of this survey, a half-day program could be structured involving at least three or four deans and selected hospital directors who could respond to the views of the deans.

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

Thursday Afternoon

It was recommended that this half-day be devoted to "case mix and hospital reimbursement." It was agreed that a highlight of this year's meeting was the "state rate review" segment of the program.

Given current staff activity in this area, it was suggested that Jim Bentley could give an excellent overview of the state of the art, and describe the staff's response to the recommendations which came forth on this subject at the 1979 meeting.

Following this presentation, it was recommended that some case studies of "case mix reimbursement" be presented. New Jersey was mentioned as a possibility. Depending on what stage the Medicare program has reached in the development of a "DRG/Case Mix" reimbursement methodology, it was recommended that a speaker from the federal government would be desirable. With the exception of Dr. Bentley's presentation, the committee agreed it might be wise to wait until December or January to invite specific speakers because a lot of circumstances may change in the next five or six months.

Friday Morning

It was recommended that the final morning begin with four one and one-half hour concurrent sessions, and the remainder of the morning be left open for the time being. The open time would be planned in mid-spring to (1) address an issue which could move quickly to the forefront without warning; (2) hold a COTH business meeting if the COTH Board believed it necessary; (3) if neither of the above circumstances came to pass, a closing plenary session could be planned by the staff.

The following possible program titles were suggested with the understanding that four of them would be selected.

- One Institution's Approach to Strategic Planning
- "The Affiliation Study" and the Multi-Level Care Study" sponsored by the Veterans Administration; Mr. Brown agreed to be sure there is at least one session of particular interest to VA administrators.
- Dealing With Public Third Party Auditors: The Stanford Story
- Technology Transfer: A Report From The National Council On Health Care Technology
- State Rate Review: The Colorado Experience

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

- Prudent Buyer Plans: Prospects For the Medi-Cal Program

- One Institution's Successful Effort To Reorganize the Outpatient Department (The staff was asked to include some questions about institutional progress in this area when the "major issues" survey is done.)

Three other suggestions for the meeting were made:

1. A no smoking section should be provided;

2. Evaluation forms should be distributed at registration;

3. Individuals should be identified early who feel responsible for asking a question when audience participation is expected.

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

1980 COTH SPRING MEETING PLANNING COMMITTEE

Earl J. Frederick, Chairman
President
The Children's Memorial Hospital
2300 Children's Plaza
Chicago, Illinois 60614
312/649-4000

Fred Brown
Hospital Director
Veterans Administration Hospital
508 Fulton Street
Durham, North Carolina 27705
919/286-0411

Irwin Goldberg
Executive Director
Montefiore Hospital Association of
Western Pennsylvania
3459 5th Avenue
Pittsburgh, Pennsylvania 15213
412/683-1100

William B. Kerr
Director of Hospitals & Clinics
University of California Hospitals
505 Parnassus Avenue
San Francisco, California 94143
415/666-1401

Richard L. Sejnost
Administrator
The Harper Hospital - Division
Harper-Grace Hospitals
3990 John R. Street
Detroit, Michigan 48201
313/494-8111

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

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

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Health Care Financing Administration

[42 CFR Part 405]

Medicare Program; Reimbursement for Costs of Approved Internship and Residency Programs

AGENCY: Health Care Financing Administration (HCFA), HEW.

ACTION: Proposed rule.

SUMMARY: This proposed rule would amend regulations governing provider reimbursement under the Medicare program (Title XVIII of the Social Security Act), by allowing providers not to deduct grants for primary care internships and residency programs in calculating reimbursable cost. The intent of the rule is to avoid nullifying the purpose of specific grants for these training programs.

DATES: Consideration will be given to written comments or suggestions received by October 9, 1979.

ADDRESSES: Address comments: Administrator, Health Care Financing Administration, Department of Health, Education, and Welfare, P.O. Box 2372, Washington, DC 20013. In commenting, please refer to file code MAB–71–P.

Comments will be available for public inspection, beginning approximately 2 weeks from today, in Room 5231 of the Department's offices at 330 C Street, SW, Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5:00 p.m. (202–245–0950).

FOR FURTHER INFORMATION, CONTACT: Mr. William Goeller (301) 597–2886.

SUPPLEMENTARY INFORMATION: Under Medicare, a provider is reimbursed on the basis of the costs it incurs in furnishing services to Medicare beneficiaries. Current Medicare regulations specify that, in determining the costs reimbursed under Medicare, the provider may include the net costs of educational activities approved in accordance with the regulations at 42 CFR 405.421. Net cost is currently determined by deducting all grants, tuition, and specific donations from the provider's incurred costs for the educational activity (42 CFR 405.421(b)(2)). However, we have found that these deductions undermine the purpose of some grant programs designed to support primary care internship and residency programs. The purpose of this amendment is to avoid that result.

The problem this regulation is designed to solve arises as follows. Medicare reimbursement (which does not cover all of the costs of these residency programs) is based on the provider's projected costs, with a retroactive adjustment made on the basis of the provider's report of actual, incurred expenditures. However, during the retroactive adjustment, deductions are presently being made to offset grants the provider has received to help it pay for these residency programs. For example, a provider may receive a grant under title VII of the Public Health Service Act to cover part of the cost of these programs. Under 42 CFR 405.421(b)(2), however, the provider's total costs are adjusted by deducting the amount of the title VII grant. This deduction reduces the provider's costs recognized for Medicare reimbursement, thereby preventing the provider for realizing the full benefit of the grant. We believe this thwarts the purpose of title VII, which is to foster the development of programs designed to train physicians in primary care specialities.

The proposed regulation would alter the manner in which net costs are determined for approved primary care internship and residency educational programs (family practice, general practice, general internal medicine, and general pediatrics). We have selected these four areas because they have been identified by the Congress as critical to meeting the nation's health manpower requirements. In the Findings and Declaration of Policy by Congress in the Health Professions Educational Assistance Act of 1976 (Pub. L. 94–484), Congress stated that the availability of high quality care to a substantial extent depends on an adequate number of primary care physicians, and that physician specialization has resulted in inadequate numbers of physicians engaged in the delivery of primary care.

Many primary care services are now furnished in high-cost institutional settings, such as hospital outpatient departments, because of the shortage of primary care physicians. As the supply of these physicians increases, these services can be furnished in more appropriate and less expensive settings, such as free-standing clinics, physicians' offices, or patients' homes. In keeping with the intent of Congress, we have developed this proposal which specifies that, in determining a provider's net cost, deductions will not be required for any grants or monetary donations the provider receives and applies to internship and residency programs in these four areas.

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

Because the proposed revision would increase total Medicare and Medicaid reimbursement for primary care program costs, the possibility exists that some providers might recover, from all sources, more than 100 percent of their primary care training costs. To deal with this possibility, a method of measuring primary care program costs has been developed.

Under this proposal a provider would be required to identify in its cost reports both its total program costs and total revenues applicable to its primary care residency programs, including patient care revenues and non-federal grants. The provider would have to identify specifically the donor of any grants designated to support primary care training costs. After reviewing the cost report, the Medicare intermediary would calculate Medicare reimbursement on the basis of net costs, which do not include an offset for such grants. The intermediary would also determine whether the provider's revenues, including grants, exceeded its total costs or if, in fact, the provider did not recover its full costs. If the answer were that the provider had a surplus of revenues over costs, and the provider had a title VII grant from PHS, HCFA would notify PHS, which would either recover its funds (to the extent of the surplus) or re-designate them for the succeeding year of the program. If there were no title VII grant, or if the surplus exceeded the amount of the title VII grant, HCFA would notify the other grant donors.

HCFA would not make any adjustments in the Medicare reimbursement received by the provider.

Since most State Medicaid programs generally follow Medicare reimbursement principles, this proposal would automatically apply to Medicaid reimbursement in those States. We invite specific comment on whether special rules would be required to apply this proposal to States whose reimbursement methods do not follow Medicare principles.

It is our intention to make this rule applicable for cost reporting periods beginning on or after January 1, 1978. In our view, there has been confusion about the proper implementation of the existing regulations and some providers have been adversely affected by inconsistent implementation. Implementing this rule with respect to cost reporting periods beginning on or after January 1, 1978 will help ameliorate this situation and will not have a detrimental effect on the Medicare and Medicaid programs or on providers not directly affected by it.

In this NPRM, we have also restated the basic principle for reimbursement of approved educational activities (paragraph (a)) to clarify existing policy. There is no change intended in how the regulation is currently implemented. However, we have had some serious disagreements with providers over the proper application of this principle to the costs of certain educational activities. We are reviewing this problem carefully and plan to issue a subsequent NPRM, revising § 405.421, in the near future.

42 CFR 405.421 is amended by revising paragraph (a), by deleting paragraphs (b)(2) and (b)(3), and by adding a new paragraph (g) to read as follows:

§ 405.421 Cost of educational activities.

(a) *Principal.* A provider's allowable cost may include its net cost of approved educational activities, as calculated under paragraph (g) of this section.

(b) *Definitions.—Approved educational activities.* Approved educational activities means formally organized or planned programs of study usually engaged in by providers in order to enhance the quality or patient care in an institution. These activities must be licensed where required by State law. Where licensing is not required, the institution must receive approval from the recognized national professional organization for the particular activity.

* * * * *

(g) *Calculating net cost.* (1) Except as specified in paragraph (g)(2) of this section, net costs of approved educational activities are determined by deducting, from a provider's costs, revenues it receives from grants, tuition, and donations. For this purpose, a provider's costs include trainee stipends and compensation of teachers.

(2) Grants and donations received by a provider specifically to support internship and residency programs in family practice, general practice, general internal medicine, or general pediatrics are not deducted in calculating net costs.

(Secs. 1102, 1814(b) and 1833(a)(2) of the Security Act, 42 USC 1302, 1395f(b), and 1395d(a)(2)).

(Catalog of Federal Domestic Assistance Programs No. 13773 Medicare Hospital Insurance, No. 13.774 Medicare Supplementary Medical Insurance).

Dated: April 25, 1979.

Leonard D. Schaeffer,

Administrator, Health Care Financing Administration.

Approved: August 2, 1979.

Joseph A. Califano, Jr.

Secretary.

[FR Doc. 79-24758 Filed 8-9-79; 8:45 am]

BILLING CODE 4110-35-M

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

MEDICARE PAYMENT LIMITATIONS:

Impact of a Category for Teaching Hospitals

Since the implementation of Medicare reimbursement limitations, the COTH Administrative Board and AAMC staff have repeatedly assessed the expected financial impact of establishing a separate comparison group for teaching hospitals. It has also been necessary to consider how the hospitals included in such a category would be identified. This spring, when Medicare proposed a revised limitation methodology for routine service limits, the approach appeared to disproportionately penalize COTH hospitals. The apparent impact was confirmed in the final regulations: COTH members are expected to incur 46% of the costs disallowed nationwide.

In the process of evaluating the impact of the final regulations, the Association purchased copies of the data arrays used to set the Medicare payment limitations. This allowed staff to address the issue of a special category for teaching hospitals using "real world" data. This report summarizes the findings of this staff review.

Three different approaches were used to define a teaching hospital category. The first approach compared the hospital's routine service operating cost, as computed by HCFA, with the hospital's score on the non-routine service index created by Wolfe and Schuman (Attachment A). If the scope and volume of services provided by a hospital could be used to define a tertiary care/teaching hospital, a high correlation would be expected between the cost of operation and the routine service scale. The computed correlation, however, was low, $r = .21$, which can be interpreted as meaning that the routine service scores account for only 4% of the variation in routine service operating costs.

The second approach tried was the calculation of the Medicare ceiling that would have been implemented had HCFA used the list of "probable" and "possible" primary affiliates developed by Dr. Knapp, (Attachment B). The findings were most encouraging. Using 115% of the group mean as then required by HCFA, the limitation would be set at $152.98, substantially above the $124.06 to 143.25 limits imposed on most COTH members. Table 1 shows the primary affiliates and the HCFA-estimated costs used to define this approach.

Because of the subjectivity of the category "primary affiliates," staff have repeatedly searched for empirical measures that would create a category approximating the "primary affiliates." At the COTH Section 223 meeting held at Georgetown University Hospital, Charles O'Brien, Georgetown Hospital Administrator, suggested establishing the teaching hospital category using hospitals that had at least one resident for every four beds, i.e., at least 0.25 residents per bed. Using the bed and resident data gathered in the 1978 COTH Directory Survey, the Medicare limitation for hospitals with at least 0.25 residents per bed was calculated as $158.47, a value above all imposed ceilings and above the ceiling created by the primary affiliates category. Table 2 shows the hospitals included in this calculation while Table 3 shows the primary affiliates omitted because they had a resident to bed ration below 0.25.

The implications of these findings are clear:

- even with direct medical education costs removed, major teaching hospitals -- defined as primary affiliates or defined by resident to bed ratios -- have higher average routine service costs than less-intensive and non-teaching hospitals,

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

- establishing a special reimbursement category for major teaching hospitals will reduce their disallowed costs, at least while routine service costs are used,
- creating a special category for the major teaching hospitals will increase the disallowed costs for limited teaching and community hospitals, and
- there is at least one elementary empirical variable, residents per bed, that identifies many high cost teaching hospitals.

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

TABLE 1

HOSPITALS HAVING A PRIMARY AFFILIATION WITH
A MEDICAL SCHOOL

Hospitals		Adjusted Per Diem Routine Operating Costs
1.	U. of Alabama	137.11
2.	U. of Southern Alabama	103.64
3.	U. of Arizona	140.38
4.	U. of Arkansas	104.41
5.	Sacramento Medical Center	166.79
6.	U. of Calif., Irvine	173.95
7.	UCLA	184.80
8.	Cedars-Sinai	193.00
9.	U. of Calif., San Diego	142.35
10.	U. of Calif., San Francisco	157.11
11.	Loma Linda	152.38
12.	LA County Medical Center	211.12
13.	Stanford U. Hospital	157.26
14.	Colorado General Hospital	123.49
15.	U. of Connecticut	234.26
16.	Hartford Hospital	118.88
17.	Yale-New Haven	137.42
18.	Georgetown	164.68
19.	George Washington	119.56
20.	Washington Hospital Center	131.29
21.	Howard U. Hospital	174.01
22.	Shands Teaching Hospital	107.23
23.	Jackson Memorial Hospital	124.92
24.	Tampa General	97.53
25.	Emory University	118.75
26.	Grady Memorial	99.60
27.	Eugene Talmadge Memorial	200.37
28.	Queens Medical Center	99.40
29.	U. of Chicago	153.75
30.	Michael Reese	164.07
31.	Cook County	266.38
32.	U. of Illinois	139.62
33.	Illinois Masonic	136.59
34.	Loyola University Hospital	113.17
35.	Northwestern	144.23

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

Hospitals		Adjusted Per Diem Routine Operating Costs
36.	Evanston	126.71
37.	Rush-Presbyterian-St. Luke	----
38.	Memorial Medical Center (Illinois)	145.49
39.	St. John's Hospital	121.46
40.	Indiana U. Hospital	105.82
41.	Wishard	99.87
42.	Methodist Hospital of Indiana	116.26
43.	U. of Iowa Hospitals	113.72
44.	U. of Kansas Medical Center	100.45
45.	U. Hospital of Kentucky	85.60
46.	Louisville General	61.96
47.	Jewish Hospital (Kentucky)	96.33
48.	Norton's Childrens	95.11
49.	Charity Hospital (New Orleans)	101.22
50.	Ochsner Foundation Hospital	93.42
51.	LSU Hospital (Shreveport)	88.46
52.	Tulane University	----
53.	Touro	99.27
54.	Johns Hopkins	143.49
55.	Sinai Hospital (Baltimore)	117.95
56.	Baltimore City Hospitals	101.83
57.	U. of Maryland Hospital	164.58
58.	U. Hospital (Boston)	143.80
59.	Massachusetts General	137.53
60.	Beth Israel	152.65
61.	Affiliated Hospital Center (PBB)	158.60
62.	U. of Massachusetts	----
63.	Memorial (Massachusetts)	117.64
64.	St. Vincent's	112.70
65.	New England Medical Center	150.61
66.	Maine Medical Center	115.49
67.	U. of Michigan	178.65
68.	Henry Ford	200.82
69.	Harper (Detroit)	140.84
70.	Detroit General	188.82
71.	Hutzel	135.68
72.	Saint Mary's	107.72
73.	Rochester Methodist	118.72
74.	U. Hospital (Minnesota)	220.38
75.	Hennepen County	189.95

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

Hospitals		Adjusted Per Diem Routine Operating Costs
76.	St. Paul-Ramsey	189.95
77.	U. Hospital (Mississippi)	92.91
78.	U. Hospital (Missouri-Columbia)	104.67
79.	Truman Medical Center	----
80.	U. Hospital (St. Louis)	124.11
81.	Barnes Hospital	101.90
82.	Jewish (St. Louis)	107.38
83.	Creighton Omaha Regional	140.86
84.	U. Hospital (nebraska)	103.72
85.	Mary Hitchcock Memorial	104.09
86.	Martland	146.49
87.	Newark Beth Israel	108.53
88.	Bernalillo County Medical Center	105.92
89.	Albany Medical Center Hospital	93.75
90.	Hospital of Albert Einstein	164.60
91.	Montefiore (New York)	164.60
92.	Presbyterian Hospital	140.40
93.	Roosevelt Hospital	155.29
94.	St. Lukes	121.80
95.	New York Hospital	108.18
96.	Hospital of Special Surgery (New York)	143.89
97.	Memorial Hospital (New York)	173.85
98.	Mt. Sinai Hospital (New York)	95.54
99.	Beth Isreal Medical Center	157.78
100.	Hospital for Joint Diseases	108.71
101.	Westchester County	168.31
102.	Lenox Hill	144.25
103.	New York University	134.71
104.	Strong Memorial	157.09
105.	Erie County Medical Center	140.01
106.	Downstate (New York)	131.86
107.	Kings County	151.62
108.	Long Island Jewish	138.98
109.	Nassau County	159.56
110.	Upstate (New York)	137.97
111.	Crouse-Irving-Memorial	121.98
112.	North Carolina Baptist	93.59
113.	Duke	128.48
114.	North Carolina Memorial	135.24
115.	U. Hospitals (Cleveland)	181.05

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

Hospitals		Adjusted Per Diem Rountine Operating Costs
116.	Cuyahogu County	180.09
117.	Cincinnati General Hospital	125.14
118.	Medical College of Ohio Hospital (Tuledo)	144.04
119.	U. Hospital (Ohio State)	129.63
120.	U. Hospital and Clinic (Oklahoma)	145.20
121.	U. Hospital (Oregon)	151.71
122.	Huhnemann Hospital	131.26
123.	Thomas Jefferson U. Hospital	119.86
124.	Hospital of the Medical College of Pennsylvania	119.79
125.	Hershey Medical Center	119.10
126.	Hospital of the U. of Pennsylvania	115.59
127.	Graduate Hospital (Philadelphia)	110.52
128.	Pennsylvania Hospital	125.82
129.	Presbyterian (pittsburgh)	11.41
130.	Montefiore Hospital (Pittsburgh)	95.49
131.	Temple U. Hospital	135.98
132.	Albert Einstein Medical Center (Philadelphia)	160.06
133.	Rhode Island Hospital	159.80
134.	Medical U. Hospital (South Carolina)	113.92
135.	G. W. Hubbard Hospital	96.92
136.	City of Memphis	114.59
137.	Baptist Memorial	84.43
138.	U. Hospital (Vanderbilt)	119,57
139.	Ben Taub, Harris County (Houston)	110.53
140.	Parkland	98.00
141.	Baylor	104.29
142.	U. Hospital (Texas/Galveston)	130.08
143.	Hermann Hospital	135.90
144.	Bexar Hospital	72.50
145.	U. Hospital (Utah)	128.77
146.	Latter Day Saints	122.14
147.	Medical Center Hospital of Vermont	102.27
148.	Norfolk General Hospitals	98.71
149.	U. Hospital (Virginia)	122.89
150.	Medical College of Virginia Hospital	137.84
151.	U. Hospital (Washington)	144.61
152.	Harborview Medical Center	142.40
153.	U. Hospital (West Virginia)	83.90
154.	Milwaukee County Hospital	176.13
155.	U. Hospital (Wisconsin)	119.80

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

Total # of Hospitals = 155

Total # with cost data available = 151

Average per diem routine operating cost for the group = 133.03

Imposed limitation = 115% of mean = $152.98

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

TABLE 2

HOSPITALS WITH A RESIDENT
TO BED RATIO OF 0.25 OR GREATER

Hospitals		Adjusted Per Diem Routine Operating Cost
1.	U. of Alabama	$137.11
2.	U. of Arizona	140.38
3.	U. of Arkansas	104.41
4.	Sacremento Medical Center	166.79
5.	U. of Calif., Irvine	173.95
6.	Martin Luther King, LA	160.70
7.	UCLA	184.80
8.	U. of Calif., San Diego	142.35
9.	U. of Calif., San Francisco	157.11
10.	Loma Linda	152.38
11.	LA County Medical Center	211.12
12.	LA County Harbor General, Torrance	174.23
13.	Stanford U. Hospital	157.26
14.	Colorado General Hospital	123.49
15.	U. of Connecticut	234.26
16.	Yale-New Haven	137.42
17.	Childrens, D.C.	207.42
18.	Georgetown	164.68
19.	George Washington	119.56
20.	Howard U. Hospital	174.01
21.	U. Hospital (Jacksonville)	96.42
22.	Shands Teaching Hospital	107.23
23.	Jackson Memorial Hospital	124.92
24.	Grady Memorial	99.60
25.	Eugene Talmadge Memorial	200.37
26.	U. of Chicago	153.75
27.	Michael Reese	164.07
28.	Childrens, Chicago	----
29.	Cook County	266.38
30.	U. of Illinois	139.62
31.	Mt. Sinai Hospital (Chicago)	137.21
32.	Loyalo U. Hospital	113.17
33.	Rush-Presbyterian-St. Luke	----
34.	Indiana University Hospital	105.82
35.	U. of Iowa Hospitals	113.72

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

Hospitals		Adjusted Per Diem Routine Operating Costs
36.	U. of Kansas Medical Center	100.45
37.	U. Hospital (Kentucky)	85.60
38.	Louisville General	61.96
39.	Northwestern	144.23
40.	Charity Hospital (New Orleans)	101.22
41.	Ochsner Foundation Hospital	93.42
42.	LSU Hospital (Shreveport)	88.46
43.	Johns Hopkins	143.49
44.	Baltimore City Hospitals	101.83
45.	U. of Maryland Hospitals	164.58
46.	Childrens, Boston	171.14
47.	U. Hospital (Boston)	143.80
48.	Massachusetts General	137.53
49.	Beth Israel	152.65
50.	Affiliated Hospital Center (PBB)	158.60
51.	New England Medical Center	150.61
52.	U. of Michigan	178.65
53.	Henry Ford	200.82
54.	Harper (Detroit)	140.84
55.	Detroit General	188.82
56.	Saint Mary's	107.72
57.	Rochester Methodist	118.72
58.	U. Hospital (Minnesota)	209.63
59.	Hennepen County	220.38
60.	St. Paul - Ramsey	189.95
61.	U. Hospital (Mississippi)	92.91
62.	U. Hospital (Missouri - Columbia)	104.67
63.	St. Louis Childrens	132.90
64.	U. Hospital (St. Louis)	124.11
65.	Barnes Hospital	101.90
66.	U. Hospital (Nebraska)	103.72
67.	Mary Hitchcock Memorial	104.09
68.	Martland	146.49
69.	Beralillo County Medical Center	105.92
70.	Albany Medical Center Hospital	93.75
71.	Montefiore (New York)	164.60
72.	St. Lukes	121.80
73.	St. Vincent's (New York)	161.21
74.	New York Hospital	108.18
75.	Brrokdale	151.25

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

Hospitals		Adjusted Per Diem Routine Operating Costs
76.	Brooklyn	151.25
77.	Memorial Hospital (New York)	173.85
78.	Jewish of Brooklyn	115.89
79.	Mt. Sinai Hospital (New York)	95.54
80.	Westchester County	168.31
81.	New York University	134.71
82.	Harlem Hospital Center	162.32
83.	Strong Memorial	157.09
84.	Downstate (New York)	131.86
85.	Kings County	151.62
86.	Northshore U., Manhasset	144.61
87.	Long Island Jewish	138.98
88.	Nassau County	159.56
89.	Upstate (New York)	137.97
90.	North Carolina Baptist	93.59
91.	Duke	128.48
92.	North Carolina Memorial	135.24
93.	Truman Medical Center	----
94.	U. Hospitals (Cleveland)	181.05
95.	Cleveland Clinic	125.97
96.	Cuyahoga County	180.09
97.	Cincinnati General Hospital	125.14
98.	Medical College of Ohio Hospital (Toledo)	144.04
99.	U. Hospital (Ohio State)	129.63
100.	U. Hospital and Clinic (Oklahoma)	145.20
101.	U. Hospital (Oregon)	151.71
102.	Hahnemann Hospital	131.26
103.	Geisinger Medical Center	86.86
104.	Thomas Jefferson U. Hospital	119.86
105.	Hospital of the Medical College of Pennsylvania	119.79
106.	Hershey Medical Center	119.10
107.	St. Christopher's (Philadelphia)	164.58
108.	Hospital of the U. of Pennsylvania	115.59
109.	Temple U. Hospital	135.98
110.	Western Psychiatric (Pittsburgh)	----
111.	Medical University Hospital (South Carolina)	113.92
112.	G. W. Hubbard Hospital	96.92
113.	City of Memphis	114.59
114.	U. Hospital (Vanderbilt)	119.57
115.	Ben Taub - Harris County (Houston)	110.53

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

Hospitals		Adjusted Per Diem Routine Operating Costs
116.	Parkland	98.08
117.	U. Hospital (Texas/Galveston)	130.08
118.	Hermann Hospital	135.90
119.	Texas Childrens	112.50
120.	Bexar County	82.50
121.	U. Hospital Utah	128.77
122.	Medical Center Hospital of Vermont	102.27
123.	U. Hospital (Virginia)	122.89
124.	Medical College of Virginia Hospital	137.84
125.	Childrens Orthopedic (Washington)	----
126.	U. Hospital (Washington)	144.61
127.	Harborview Medical Center	142.40
128.	U. Hospital (West Virginia)	83.90
129.	Milwaukee County Hospital	176.13
130.	U. Hospital (Wisconsin)	119.80

Total # of Hospitals = 130
Total # with costs data available = 124
Average per diem routine operating cost for the group = 137.80
Imposed Limitation = 115% of mean = 158.47

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

TABLE 3

HOSPITALS HAVING A PRIMARY AFFILIATION WITH A MEDICAL SCHOOL
AND A RESIDENT TO BED RATIO OF 0.25 OR GREATER

Hospitals		Adjusted Per Diem Routine Operating Costs
1.	U. of Southern Alabama	$103.64
2.	Cedars-Sinai	193.00
3.	Hartford Hospital	118.88
4.	Washington Hospital Center	131.29
5.	Tampa General	97.53
6.	Emory University	118.75
7.	Queens Medical Center	99.40
8.	Illinois Masonic	136.59
9.	Evanston	126.71
10.	Memorial Medical Center (Illinois)	145.49
11.	St. John's Hospital	121.46
12.	Wishard	99.87
13.	Methodist Hospital	116.26
14.	Jewish Hospital (Kentucky)	96.33
15.	Norton's Childrens	95.11
16.	Tulane University	----
17.	Touro	99.27
18.	Sinai Hospital (Baltimore)	117.95
19.	U. of Massachusetts	----
20.	Memorial (Massachusetts	117.64
21.	St. Vincent's	112.70
22.	Maine Medical Center	115.49
23.	Hutzel	135.68
24.	Jewish (St. Louis)	107.38
25.	Creighton Omaha Regional	140.86
26.	Newark Beth Israel	108.53
27.	Hospital of Albert Einstein (New York)	164.60
28.	Presbyterian Hospital	140.40
29.	Roosevelt Hospital	155.29
30.	Hospital of Special Surgery (New York)	143.89
31.	Beth Israel Medical Center	157.78
32.	Hospital for Joint Diseases (New York)	108.71
33.	Lenox Hill	144.25
34.	Erie County Medical Center	140.01
35.	Crouse-Irving Memorial Hospital	121.98

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

Hospitals	Adjusted Per Diem Routine Operating Costs
36. Graduate Hospital (Philadelphia)	110.52
37. Pennsylvania Hospital	125.82
38. Presbyterian (Pittsburgh)	111.41
39. Montefiore Hospital (Pittsburgh)	75.49
40. Albert Einstein Medical Center (philadelphia)	160.00
41. Rhode Island Hospital	159.80
42. Baptist Memorial	84.43
43. Baylor	104.29
44. Latter Day Saints Hospital	122.14
45. Norfolk Center Hospital	98.71

Total # of hospitals = 45
Total # with cost data available = 43
Average per diem routine operating cost for the group = 123.38

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

ATTACHMENT A

Classification of COTH Members
by Non-Routine Service Points

Background

In 1976, under a grant from Blue Cross of Greater New York, Harvey Wolfe, Ph.D., and Larry J. Schuman, Ph.D., designed a hospital grouping system for metropolitan New York City hospitals using a point system for non-routine services, the number of approved residency programs, and geographic location. Because many cost containment and payment limitation proposals rely heavily on grouping similar hospitals to calculate "appropriate" and "inappropriate" costs and because several parties have suggested using measures of tertiary care services for such groupings, staff of the Department of Teaching Hospitals have classified non-Federal, general hospitals belonging to COTH using the non-routine service component of the Wolfe-Schuman approach. This paper briefly summarizes the findings.

Methodology

Using regression analysis, Wolfe and Schuman identified several non-routine services whose presence or volume of activity was systematically associated with total per diem costs in Metropolitan New York City hospitals. Table 1 reproduces the final point scheme which Wolfe and Schuman used in classifying New York hospitals. Under the point scheme a hospital could "earn" a maximum of 99.6 points.

For the COTH classification, ten non-routine services used by Wolfe and Schuman and for which comparable data could be easily collected from COTH members were selected, see Table 2. These ten items, with a maximum score of 74.4 points, were included on the annual directory questionnaire which is sent to all COTH members, see Table 3. Two hundred and sixty non-Federal, short-term, general hospitals (86% of the total) had responded when this analysis was conducted

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

Findings

Non-routine service points were determined for each of the 260 responding COTH members and hospitals were rank-ordered by the number of points assigned. The rank ordering showed a reasonably continuous distribution of points with no natural clusters that could be used to establish group boundaries.

In place of empirically determined group boundaries, Tables 4-7 show quartile groups of COTH members by points assigned. Table 4 lists the quartile of hospitals with the fewest points and Table 7 lists the hospitals with the most points.

With some notable exceptions, the hospitals in the lowest quartile are primarily community general hospitals with limited residency and tertiary care programs while the hospitals in the highest quartile are primarily university-related hospitals. In general, this approach does seem to systematically group hospitals which are conventionally similar. The most significant exception to this observation appears to be the 300-450 bed hospital with major teaching and tertiary care services. Operating on a limited bed size base, such hospitals cannot obtain all of the points necessary to make a higher quartile when the average daily census in special care units is a critical element in the point scheme.

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

Table 1 -- Wolfe-Schuman Point System for Non-Routine Services

Service	Assignment of Points: Range	Weight
Type I ICU		
$2.00 \leq$ ADC $<$	3.99	1.4
$4.00 \leq$ ADC $<$	5.99	2.7
$6.00 \leq$ ADC $<$	9.99	5.4
$10.00 \leq$ ADC $<$	11.99	8.1
$12.00 \leq$ ADC		10.8
Type III ICU		
$2.00 \leq$ ADC $<$	3.99	0.7
$4.00 \leq$ ADC $<$	5.99	1.4
$6.00 \leq$ ADC $<$	9.99	2.7
$10.00 \leq$ ADC $<$	11.99	4.1
$12.00 \leq$ ADC		5.4
Premature Nursery		
$3.00 \leq$ ADC $<$	5.99	1.0
$6.00 \leq$ ADC $<$	11.99	2.0
$12.00 \leq$ ADC		4.0
Neonatal ICU		
$3.00 \leq$ ADC $<$	5.99	3.9
$6.00 \leq$ ADC $<$	11.99	5.8
$12.00 \leq$ ADC		7.8
Newborn Unit		
$6.00 \leq$ ADC $<$	11.99	2.0
$12.00 \leq$ ADC $<$	23.99	4.1
$24.00 \leq$ ADC		8.2
Psychiatric Unit		
$10.00 \leq$ ADC $<$	19.99	3.4
$20.00 \leq$ ADC $<$	39.99	5.1
$40.00 \leq$ ADC		6.8
Drug/Alcohol Inpatient Unit		
$3.00 \leq$ ADC $<$	5.99	1.3
$6.00 \leq$ ADC $<$	11.99	2.5
$12.00 \leq$ ADC $<$	23.99	3.8
$24.00 \leq$ ADC		5.0

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

Table 1.--continued

Service	Range	Weight
Rehabilitation Inpatient Unit		
6.00 ≤ ADC ≤	11.99	1.9
12.00 ≤ ADC ≤	23.99	3.5
24.00 ≤ ADC		7.0
ER Category I		4.6
ER Category II		3.3
ER Category III		2.6
ER Category IV		1.6
Advanced Radiology		
3 or more procedure types		4.4
Advanced Neurosurgery		
2 or more procedure types		3.9
Acute Dialysis		
52 ≤ Procedures ≤	103	2.7
104 ≤ Procedures ≤	207	5.4
208 ≤ Procedures ≤	411	8.1
412 ≤ Procedures		10.8
Major Organ Transplant		3.4
Radiation Therapy		
2 or more procedure types		3.5
Advanced Laboratory		
4 ≤ Procedure types ≤	6	4.4
7 ≤ Procedure types		8.8
Open Heart Surgery		
52 ≤ procedures ≤	207	5.3
208 ≤ procedures		10.6

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

Table 2 -- Non-Routine Services Used to Classify COTH Members[1]

Intensive Care Unit, Average Daily Census

Premature Nursery, Average Daily Census

Newborn Unit, Average Daily Census

Neonatal Inpatient Care Unit, Average Daily Census[2]

Psychiatric Inpatient Unit, Average Daily Census

Drug-Alcohol Abuse Inpatient Unit, Average Daily Census

Rehabilitation Inpatient Unit, Average Daily Census

Open Heart Surgery Procedures

Kidney Transplant (i.e., Major Organ) Procedures[3]

Acute Hemodialysis Procedures

[1]Several non-routine services included in the original Wolfe-Schuman analysis were deleted from the COTH survey: advanced radiology, radiation therapy, advanced neurosurgery, and advanced laboratory procedure types were deleted to simplify the questionnaire; the emergency room categories were deleted because the definitions used in New York State are not used nationwide; and the Type III ICU (nursing care, physician off premises but on call) was deleted at the suggestion of Blue Cross of Greater New York.

[2]At the suggestion of Dr. Wolfe, the neonatal ICU was replaced by the term "neonatal inpatient care unit." While this change may overstate the score of a few COTH members, it greatly simplified data collection.

[3]Kidney transplant procedures were used in place of "major organ transplant" to simplify the questionnaire and standardize data.

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

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

Table 3 -- COTH Directory Questionnaire on Non-Routine Services

VI. UNIQUE FACILITIES AND SERVICES

If your institution offers the following, please provide the information below.

1. Inpatient Care Units	Number of Beds	Average Daily Census
a. Intensive Care Unit (ICU)		
b. Coronary Care Unit (CCU)		
c. Premature Nursery		
d. Newborn Unit		
e. Neonatal		
f. Psychiatric		
g. Drug/Alcohol Abuse		
h. Rehabilitation		

2. Procedures	Number of Procedures Performed Last Fiscal Year
a. Open Heart Surgery	
b. Kidney Transplant	
c. Acute Hemodialysis	
d. Coronary Angiogram	
e. CT Scanning of the Brain	
f. CT Scanning of the Whole Body	

3. Inpatient Data

a. Percent Medicare Admissions _____%
b. Percent Medicaid Admissions _____%
c. Percent Admitted from ER _____%
d. Percent Admitted Who Received Surgical Procedure _____%

REMINDER: PLEASE PROVIDE A COPY OF YOUR MEDICAL SCHOOL AFFILIATION AGREEMENT WHEN RETURNING THIS QUESTIONNAIRE. IF THE HOSPITAL AND MEDICAL SCHOOL ARE UNDER COMMON OWNERSHIP, DISREGARD THIS REQUEST.

PERSON TO CONTACT FOR QUESTIONS: _____

AREA CODE/TELEPHONE NUMBER: _____

Table 4 -- COTH Members in the Lowest Quartile by the Wolfe-Schuman Point System

1.	Oakwood Hospital, Dearborn, Michigan	---
2.	Kaiser Foundation Hospital, San Francisco	---
3.	The Methodist Hospital, Brooklyn	---
4.	Maryland General Hospital	---
5.	Detroit General Hospital	5.4
6.	Lovelace-Bataan Medical Center, New Mexico	6.2
7.	Beckley Appalachian Regional Hospital, West Virginia	6.8
8.	Lutheran Medical Center, Brooklyn	6.8
9.	St. Mary's Hospital, Rochester, New York	7.4
10.	St. Vincent's Medical Center, Bridgeport, Connecticut	7.4
11.	The Union Memorial Hospital, Maryland	7.4
12.	Muhlenberg Hospital, New Jersey	9.5
13.	Deaconess Hospital of Buffalo	9.5
14.	Episcopal Hospital, Philadelphia	10.1
15.	George W. Hubbard Hospital of Meharry Medical College, Nashville	10.1
16.	Worcester City Hospital, Massachusetts	10.4
17.	Presbyterian-University of Pennsylvania Hospital, Philadelphia	10.7
18.	Waterbury Hospital, Connecticut	10.8
19.	Roger Williams General Hospital, Providence, Rhode Island	10.8
20.	Montefiore Hospital, Pittsburgh	10.8
21.	Truman Medical Center, Kansas City	11.5
22.	The Stamford Hospital, Connecticut	11.9
23.	Berkshire Medical Center, Pittsfield	13.7
24.	St. Thomas Hospital, Nashville	14.0
25.	Graduate Hospital, Philadelphia	14.6
26.	Touro Infirmary, New Orleans	14.6
27.	Magee-Womens Hospital, Pennsylvania	14.9
28.	St. John's Episcopal Hospital, Brooklyn	14.9
29.	The Grace Hospital, Detroit	15.6
30.	The Genesee Hospital	15.6
31.	Hospital of the Good Samaritan, Los Angeles	16.0
32.	Pennsylvania Hospital	16.0
33.	Misericordia Hospital, Bronx	16.2
34.	St. Vincent's Medical Center of Richmond, New York	16.6
35.	St. Joseph Mercy Hospital, Pontiac	18.1
36.	Presbyterian Medical Center, Denver	18.1
37.	Mount Sinai Medical Center, Hartford	18.3
38.	Allegheny General Hospital	18.4
39.	University of Connecticut-John Dempsey Hospital	18.4
40.	Long Island College Hospital	19.0
41.	Catholic Medical Center of Brooklyn & Queens	19.0
42.	Sinai Hospital of Baltimore	19.0
43.	Howard University Hospital, D.C.	19.1
44.	The Bryn Mawr Hospital, Pennsylvania	19.2
45.	University of Missouri Medical Center	19.5
46.	Mary Imogene Bassett Hospital, Cooperstown	19.6
47.	MacNeal Memorial Hospital, Berwyn	19.6
48.	Mount Sinai Hospital of Chicago	19.8
49.	Mary Hitchock Memorial Hospital	19.9
50.	Morristown Memorial Hospital, New Jersey	20.0
51.	Lankenau Hospital, Philadelphia	20.3
52.	New Britain General Hospital	21.0
53.	Harborview Medical Center, Seattle	21.1

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

54.	Madison General Hospital	21.2
55.	William N. Wishard Memorial Hospital, Indiana	21.3
56.	Wake County Medical Center, North Carolina	21.4
57.	Miriam Hospital, Rhode Island	21.4
58.	Norwalk Hospital	21.8
59.	Kern Medical Center, California	22.2
60.	University of Nebraska Hospital	22.2
61.	Peter Bent Brigham Hospital	22.2
62.	St. Vincent Hospital, Worcester	22.3
63.	Mount Zion Medical Center, California	22.6
64.	Conemaugh Valley Hospital, Johnston	23.0
65.	Saint Luke's Hospital, Cleveland	23.0

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

Table 5 -- COTH Members in the Second Quartile by the Wolfe-Schuman Point System

66.	Hospital of Saint Raphael, New Haven	23.0
67.	Overlook Hospital, Summit, New Jersey	23.7
68.	Mercy Catholic Medical Center, Philadelphia	23.7
69.	Harrisburg Hospital	24.0
70.	Blodgett Memorial Hospital, Grand Rapids	24.2
71.	Westchester County Hospital, Valhalla	24.6
72.	Presbyterian University Hospital, Pittsburgh	24.9
73.	Eugene Talmadge Memorial Hospital, Atlanta	24.9
74.	Nassau Hospital, Mineola	25.0
75.	Bridgeport Hospital	25.0
76.	Illinois Masonic Hospital	25.3
77.	Edward W. Sparrow Hospital	25.5
78.	Crawford W. Long Hospital	25.6
79.	Providence Hospital, Southfield, Michigan	25.7
80.	Roosevelt Hospital, New York	25.7
81.	Little Company of Mary Hospital, Illinois	25.8
82.	Hutzel Hospital	26.4
83.	Wayne County General Hospital	26.8
84.	West Virginia University Hospital	27.5
85.	Charles S. Wilson Memorial Hospital, Johnson City	27.5
86.	St. John's Hospital, Springfield	27.6
87.	Crozer-Chester Medical Center, Pennsylvania	27.7
88.	Harper Hospital, Detroit	28.2
89.	LSU, Confederate Memorial Hospital	28.2
90.	Edward J. Meyer Memorial Hospital, Buffalo	28.3
91.	Emanuel Hospital, Portland, Oregon	28.6
92.	Saint Michael's Hospital, New Jersey	28.9
93.	University of Arkansas Medical Center	29.0
94.	Presbyterian Hospital of Dallas	29.5
95.	Louisville General Hospital	29.7
96.	Akron General Hospital, Ohio	29.7
97.	Saint Barnabas Medical Center, New Jersey	30.1
98.	Memorial Hospital, Worcester	30.2
99.	Mercy Hospital, Pittsburgh	30.5
100.	Riverside General Hospital, California	30.5
101.	Cooper Hospital, Camden	30.5
102.	York Hospital	30.6
103.	Medical College and Hospital of Pennsylvania	30.6
104.	Mercy Hospital, San Diego	30.7
105.	Jersey Shore-Fitkin Hospital, Neptune	30.8
106.	University of Oklahoma Hospital	31.1
107.	Hurley Hospital	31.2
108.	Akron City Hospital	31.2
109.	Mercy Hospital of Chicago	31.3
110.	University of California Hospital, San Diego	31.5
111.	Brooklyn Hospital	31.8
112.	University of South Alabama Hospital	31.9
113.	Good Samaritan Hospital, Cincinnati	31.9
114.	University of Kansas Medical Center	31.9
115.	Saint John Hospital, Detroit	32.0
116.	Medical College of Ohio Hospital	32.0

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

117.	Rochester Methodist Hospital, Minnesota	32.2
118.	Saint Joseph Hospital, Chicago	32.5
119.	Geisinger Medical Center, Danville	32.6
120.	Abbott-Northwestern Memorial Hospital, Minnesota	32.6
121.	Cleveland Clinic	32.6
122.	Hermann Hospital	32.7
123.	Iowa Methodist Hospital	32.7
124.	Saint Francis Hospital, Hartford	32.7
125.	University of Arizona Medical Center	32.8
126.	Saint Louis University Hospitals	32.8
127.	St. Johns Mercy Hospital, St. Louis	32.8
128.	University Hospital of Jacksonville	33.0
129.	Monmouth Medical Center, Long Branch	33.2
130.	St. Elizabeth Hospital, Youngstown	33.3

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

Table 6 -- COTH Members in the Third Quartile by the Wolfe-Schuman Point System

131.	Mount Sinai Hospital of Cleveland, Ohio	33.3
132.	Prince George's General Hospital, Maryland	33.4
133.	Cleveland Metropolitan General Hospital	33.5
134.	Foster G. McGaw Hospital of Loyola University, Maywood	33.8
135.	Methodist Hospital, Houston	34.0
136.	St. Paul Hospital, Dallas	34.0
137.	Saint Paul-Ramsey Hospital	34.5
138.	Saint Marys Hospital of Rochester, Minnesota	35.2
139.	Presbyterian Hospital of the Pacific Medical Center, San Francisco	35.3
140.	Baystate Medical Center, Massachusetts	35.3
141.	Jewish Hospital, Louisville	35.6
142.	University of Virginia Medical Center	35.9
143.	University of Utah Hospital	36.0
144.	Thomas Jefferson University Hospital	36.1
145.	Evanston Hospital, Illinois	36.4
146.	Montefiore Hospital Medical Center, Bronx	36.6
147.	Saint Josephs Hospital, Phoenix	36.7
148.	Martin Luther King, Jr., General Hospital, Los Angeles	36.7
149.	Bernalillo County Medical Center, New Mexico	36.8
150.	Nassau County Hospital, East Meadow, New York	36.8
151.	Milwaukee County Medical Complex	37.0
152.	Emory University Hospital	37.1
153.	Lenox Hill Hospital, New York	37.5
154.	Jewish Hospital, Brooklyn	37.5
155.	University of California, Davis, Sacramento Medical Center	37.8
156.	St. Francis Hospital, Peoria	37.8
157.	Miami Valley Hospital, Dayton	37.8
158.	Latter-day Saints Hospital, Salt Lake City	37.9
159.	New England Deaconess Hospital, Boston	38.0
160.	University of Wisconsin Hospitals	38.2
161.	Harris County Hospital District Hospital	38.3
162.	St. Joseph Mercy Hospital, Ann Arbor	38.4
163.	Mount Sinai Hospital, Milwaukee	38.5
164.	Beth Israel Hospital, Boston	38.5
165.	Albert Einstein Medical Center, Philadelphia	38.7
166.	Western Pennsylvania Hospital	38.8
167.	State University Hospital, Upstate Medical Center	39.0
168.	Albany Medical Center	39.2
169.	Loma Linda University Medical Center	39.6
170.	St. Luke's Hospital of Kansas City	39.6
171.	Mount Sinai Hospital of Greater Miami	39.7
172.	Georgetown University Hospital	39.8
173.	St. Francis General Hospital, Pittsburgh	39.9
174.	City Hospital of Elmhurst	39.9
175.	Milton S. Hershey Medical Center	40.0
176.	Harlem Hospital	40.1
177.	Maricopa County General Hospital, Arizona	40.3
178.	Cincinnati General Hospital	40.5
179.	Bexar County Hospital District Hospital	40.5
180.	Duke University Hospital	40.5
181.	Montefiore Hospital, Bronx	40.7
182.	University Hospital, Boston	40.8

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

183.	Temple University Hospital	40.9
184.	George Washington University Hospital	41.1
185.	North Carolina Memorial Hospital	41.3
186.	State University, Downstate Medical Center, New York	41.4
187.	Creighton-Omaha Regional Health Care Center	41.4
188.	Ochsner Foundation Hospital	41.4
189.	Lutheran General Hospital, Park Ridge, Illinois	41.7
190.	Youngstown Hospital Association	41.9
191.	University of Maryland Hospitals	42.4
192.	Christ Hospital, Ohio	42.5
193.	Medical Center Hospital of Vermont	42.7
194.	Rochester General Hospital, New York	42.8
195.	Michael Reese Hospital, Chicago	43.2

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

Table 7 -- COTH Members in the Highest Quartile by the Wolfe-Schuman Point System

196.	University of Washington Hospital	43.5
197.	U.C.L.A. Hospital and Clinics	44.1
198.	Fairfax Hospital, Virginia	44.5
199.	William A. Shands Teaching Hospital and Clinics	44.6
200.	St. Francis Hospital, Wichita	44.8
201.	University of Minnesota Hospitals	44.8
202.	Colorado General Hospital	44.9
203.	Medical Center Hospitals, Norfolk	45.2
204.	University of California Hospitals, Irvine	45.3
205.	Hennepin County Hospital	45.3
206.	Charleston Area Medical Center, West Virginia	45.5
207.	University Hospital, Jackson	45.6
208.	Beth Israel Hospital, New York	45.7
209.	Hartford Hospital	45.9
210.	University of California Hospitals, San Francisco	46.1
211.	Wesley Medical Center	46.1
212.	Grady Memorial Hospital	46.1
213.	Baylor Medical Center	46.3
214.	North Carolina Baptist Hospitals	47.1
215.	University of Oregon Hospitals	47.3
216.	University of Chicago Hospitals	47.5
217.	New England Medical Center	47.6
218.	Hahnemann Medical College and Hospital	47.8
219.	Tucson Medical Center	48.2
220.	Riverside Methodist Hospital, Ohio	48.3
221.	St. Vincent's Hospital of New York	48.3
222.	New York University Hospital	48.4
223.	Stanford University Hospital	48.5
224.	University of Illinois Hospital	48.6
225.	Indiana University Hospitals	48.8
226.	Baptist Memorial Hospital	49.2
227.	Jewish Hospital of St. Louis	49.4
228.	Baltimore City Hospitals	50.2
229.	Johns Hopkins Hospital	50.5
230.	Henry Ford Hospital	50.6
231.	Parkland Memorial Hospital	50.8
232.	Barnes Hospital	51.2
233.	Maine Medical Center	51.4
234.	Massachusetts General Hospital	51.8
235.	Wilmington Medical Center	52.0
236.	Charity Hospital of Louisiana	52.3
237.	Greenville Hospital System	52.6
238.	Albert B. Chandler Hospital, Lexington	52.6
239.	New York Hospital	53.0
240.	Medical University Hospital of South Carolina	53.2
241.	Washington Hospital Center	53.8
242.	Good Samaritan Hospital, Phoenix	53.9
243.	Los Angeles County-USC Medical Center	54.3
244.	Strong Memorial Hospital	54.4
245.	Mount Sinai Hospital, New York	54.6
246.	Cedars-Sinai Medical Center, California	54.6
247.	University of Texas Medical Branch Hospitals	54.6

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

248.	University Hospital of Cleveland	55.7
249.	St. Luke's Hospital, New York	55.9
250.	Northwestern Memorial Hospital	56.4
251.	Vanderbilt University Hospital	56.5
252.	Yale-New Haven Hospital	56.7
253.	University of Alabama Hospitals	57.2
254.	Jackson Memorial Hospital	57.6
255.	Methodist Hospital of Indiana	58.4
256.	Presbyterian Hospital in the City of New York	58.5
257.	Rush-Presbyterian-St. Luke's Hospital	59.2
258.	University of Iowa Hospitals	60.9
259.	Ohio State University Hospitals	61.3
260.	Medical College of Virginia Hospitals	65.2

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

ATTACHMENT B

MEDICAL SCHOOLS AND AFFILIATED HOSPITALS

1.	Univ. of Alabama	Univ. of Alabama Hospitals (694)*
2.	Univ. of South Alabama	Univ. of S. Alabama Medical Center (361)
3.	Univ. of Arizona	Univ. of Arizona Hospitals (272)
4.	Univ. of Arkansas	Univ. of Arkansas Hospital (305)
5.	Univ. of California, Davis	Sacramento Medical Center (376)
6.	Univ. of California, Irvine	Univ. of California, Irvine Medical Center (445)
7.	Univ. of California, Los Angeles	UCLA Hospital (478)
		(Cedars-Sinai Medical Center) (851)
8.	Univ. of California, San Diego	Univ. of California Medical Center (369)
9.	Univ. of California, San Fran.	Univ. of California Hospital (442)
10.	Loma Linda University	Loma Linda University Hospital (534)
11.	Univ. of Southern Calfornia	LA County Medical Center (2,105)
12.	Stanford	Stanford Univ. Hospital (267)
13.	Univ. of Colorado	Colorado General Hospital (393)
14.	Univ. of Connecticut	Univ. of Connecticut Hospital (232)
		(Hartford Hospital) (942)
15.	Yale	Yale-New Haven Hospital (919)

*Hospital Bed Size

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

16.	Georgetown	Georgetown (442) (D.C. General) (600)
17.	George Washington Univ.	GW Univ. Hospital (512) (Washington Hospital Center) (886)
18.	Howard	Howard University Hospital (422)
19.	Univ. of Florida	Shands Teaching Hospital (441)
20.	Univ. of Miami	Jackson Memorial Hospital (1,250)
21.	Univ. of South Florida	Tampa General (600)
22.	Emory	Emory Univ. Hosp. (499) (Grady Memorial) (969)
23.	Medical College of Georgia	Eugene Talmadge Memorial Hospital (478)
24.	Univ. of Hawaii	Queens Medical Center (506)
25.	Univ. of Chicago	Univ. of Chicago Hospital (721) (Michael Reese) (955)
26.	Chicago Medical School	St. Mary of Nazareth (490) (Cook County) (1,384)
27.	Univ. of Illinois	Univ. of Illinois Hospital (650) (Illinois Masonic) (514)

I do not know whether the University of Illinois campuses at Peoria, Rockford, and Urbana-Champaign would be included. If the AAMC technical definition of a medical school prevailed, I think they would not be included, but I'm not sure.

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

28.	Loyola	Loyola Univ. Hospital (461)
29.	Northwestern	Northwestern Memorial (1,222)
		(Evanston) (411)
30.	Rush Medical College	Presbyterian-St. Luke's Hospital (1,033)
31.	Southern Illinois	Memorial Medical Center (580)
		St. John's Hospital (646)
32.	Indiana	Indiana Univ. Hospital (601)
		(Wishard Memorial) (618)
		(Methodist Hospital of Indiana) (1,079)
33.	Iowa	Univ. of Iowa Hospitals and Clinics (1,100)
34.	Kansas	Univ. of Kansas Medical Center (518)
35.	Kentucky	Univ. Hospital (466)
36.	Louisville	Louisville General - Univ. Hospital under construction (370)
		(Jewish Hospital) (429)
		(Norton-Children's) (492)
37.	LSU - New Orleans	Charity Hospital of New Orleans (1,360)
		Ochsner Foundation Hospital (451)
38.	LSU - Shreveport	LSU Hospital (500) (I know little about this hospital)

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

39.	Tulane	(Tulane Univ. Hospital) (?) (Touro Infirmary) (513)
40.	Johns Hopkins	Johns Hopkins (1,151) Sinai Hospital (516) Baltimore City Hospitals (333)
41.	Maryland	University of Maryland Hospital (741)
42.	Boston University	Univ. Hospital (323) (Boston City Hospitals) (454)
43.	Harvard	Massachusetts General Hospital (1,082) (Beth Israel) (432) (Affiliated Hospital Center) (688)
44.	Univ. of Massachusetts	Univ. of Massachusetts Hospital (119) (Memorial) (371) (St. Vincent's) (600)
45.	Tufts	New England Medical Center Hospital (452) (Maine Medical Center) (525)
46.	Michigan State	There are so many in this cosortium I don't know which would be chosen, or whether any of them fit the homogenous category we are trying to achieve.

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

47.	Univ. of Michigan	Univ. Hospital (969) (Henry Ford Hospital) (975)
48.	Wayne State	Harper-Grace (1,328) (Detroit General) (405) (Hutzel Hospital) (419)
49.	Mayo	Saint Marys (1,008) Rochester Methodist (740)
50.	Univ. of Minnesota - Duluth	?
51.	Univ. of Minnesota-Minneapolis	University Hospital (549) (Hennepin County) (450) (St. Paul-Ramsey) (440)
52.	Mississippi	University Hospital (504)
53.	Missouri-Columbia	University Hospital (495)
54.	Missouri-Kansas City	Truman Medical Center (157)
55.	St. Louis University	University Hospital (319)
56.	Washington Univ.	Barnes Hospital (1,204) (Jewish Hospital of St. Louis) (580)
57.	Creighton	Creighton Omaha Regional Health Care Corporation (511)

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

58.	Nebraska	University Hospital (279)
59.	Univ. of Nevada	(Washoe Medical Center) (538)
60.	Dartmouth	Mary Hitchcock Memorial Hospital (381)
61.	College of Medicine & Dentistry of New Jersey	Martland Hospital (514)
		Neward Beth Israel Medical Center (520)
62.	Rutgers	(Raritan Valley Hospital) (?)
63.	New Mexico	Bernalillo County Medical Center (241)
64.	Albany Medical College	Albany Medical Center Hospital (751)
65.	Albert Einstein	Hospital of the Albert Einstein College of Medicine (404)
		(Montefiore) (763)
66.	Columbia	Presbyterian Hospital (1,491)
		(Roosevelt Hospital) (583)
		(St. Luke's Hospital) (776)
67.	Cornell	New York Hospital (882)
		(Hospital for Special Surgery) (200)
		(Memorial Hospital) (562)
68.	Mt. Sinai	Mt. Sinai Hospital (1,212)
		(Beth Israel Medical Center) (939)
		(Hospital for Joint Diseases) (330)

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

69.	New York Medical College	Westchester County Medical Center Hospital (?) (Lenox Hill) (600)
70.	New York University	NYU Hospital (629) (Bellevue Hospital) (1,258)
71.	Rochester	Strong Memorial (722) (I don't know much about Genesee, Highland and Rochester General)
72.	SUNY Buffalo	Buffalo General (750) (Erie County Medical Center) (638)
73.	SUNY Downstate	University Hospital (295) (Kings County Hospital Center) (1,759)
74.	SUNY Stony Brook	Univ. Hospital under construction (540) (Long Island Jewish) (670) (Nassau Cty. Medical Center) (534)
75.	SUNY Upstate	University Hospital (290) (Crouse-Irving Memorial Hospital) (490)
76.	Bowman Gray	North Carolina Baptist Hospitals (657)
77.	Duke	Duke University Hospital (874)
78.	University of North Carolina	North Carolina Memorial Hospital (622)

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

79. Univ. of North Dakota (The fully accredited program consists of the first 2 years on the university campus, the third year under contract to the Univ. of Minn. and Mayo medical schools, and the fourth year in hospitals throughout North Dakota -- The problem here is similar to that which is presented by Michigan State.

80.	Case Western Reserve	University Hospitals (985) (Cuyahoga County) (412)
81.	Univ. of Cincinnati	Cincinnati General Hospital (650)
82.	Medical College of Ohio at Toledo	(Medical College of Ohio Hospital) (201) (St. Vincent Hospital) (626) (Toledo Hospital) (662)
83.	Ohio State	University Hospital (950)
84.	University of Oklahoma	University Hospital & Clinics (317)
85.	Oregon	University Hospital (463)
85.	Hahnemann	Hahnemann Hospital (500)
87.	Jefferson	University Hosptital (570)
88.	Medical College of Pennsylvania	Hospital of the Medical Coll. of Pennsylvania (329)
89.	Penn State	The Milton S. Hershey Medical Center (326)
90.	Univ. of Pennsylvania	Hospital of the Univ. of Penn (694) (Graduate Hospital) (285) (Penn Hospital) (433)

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

91.	Univ. of Pittsburgh	Presbyterian Univ. Hospital (326) (Montefiore Hospital) (515)
92.	Temple	Temple Univ. Hospital (411) (Albert Einstein Medical Center) (836)
93.	Brown University	Rhode Island Hospital (719)
94.	Medical Univ. of South Carolina	Medical Univ. Hospital (496)
95.	South Dakota	The third and fourth year clerkships are conducted in community hospitals throughout the state.
96.	Meharry	George W. Hubbard Hospital (405)
97.	Univ. of Tennessee	Univ. of Tennessee Hospital (484) (City of Memphis Hospitals) (541) (Baptist Memorial) (1,907)
98.	Vanderbilt	University Hospital (505)
99.	Baylor College of Medicine	Ben Taub Hospital - Harris County (737) (The Methodist Hospital) (486)
100.	Texas Tech	?
101.	Univ. of Texas Southwestern	Parkland Memorial (797) (Baylor Univ. Medical Center) (1,275)
102.	Univ. of Texas/Galveston	University Hospital (1,024)

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

103.	Univ. of Texas/Houston	Hermann Hospital (553) (M.D. Anderson Hospital) (316)
104.	Univ. of Texas/San Antonio	Bexar County Hospital District (493)
105.	Univ. of Utah	University Hospital (310) (Latter-Day Saints Hospital) (570)
106.	Univ. of Vermont	Medical Center Hospital of Vermont (473)
107.	Eastern Virginia Medical School	Norfolk General Hospital (788)
108.	Univ. of Virginia	University Hospital (694)
109.	Medical College of Virginia	MCV Hospital (1,058)
110.	Univ. of Washington	Univ. Hospital (292) (Harborview Medical Center) (285)
111.	West Virginia Univ.	Univ. Hospital (426)
112.	Medical College of Wisconsin	Milwaukee County Hospital (430)
113.	Univ. of Wisconsin	Univ. Hospital (556)
114.	University of Puerto Rico	?

There are also nine additional provisional (schools in development) members of the AAMC, most of which would be "viewed" as "community based schools."

There are also hospitals wuch as the Wilmington Medical Center, Cleveland Clinic and undoubtedly others which aren't mentioned that would fit the "concept" of what we're talking about.

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

THE UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS
950 EAST 59TH STREET
CHICAGO • ILLINOIS 60637

Office of the Executive Director

August 24, 1979

Mr. Howard Schaeffer
Bureau of Program Policy
Health Care Financing Administration
Room 100 - East Highrise
60401 Security Blvd.
Baltimore, Maryland 21235

Dear Mr. Schaeffer:

Pursuant to Mr. Jeff Goldsmith's conversation with you this morning, I would like to request that you initiate Freedom Of Information Act clearance procedures to enable my staff, the staff of several other institutions in the Chicago area (Michael Reese Hospital and Medical Center and Rush-Presbyterian-St. Luke's Medical Center) and of the Council of Teaching Hospitals to examine cost report data in your possession for the hospitals in the 685/urban cell for Section 223 reimbursement. We are also interested in examining the spread sheets that you used to "correct" the data in the array for this group when you have completed the correction process. I will be out of town until 17 September. In the interim, please contact Mr. Jeff Goldsmith of our institution at (312) 947-5103 to let him know of your progress on this matter. We will look forward to hearing from you.

Sincerely,

David M. Bray
Executive Director
University of Chicago Hospitals and Clinics

DMB/jb

cc: Mr. Robert B. Uretz
Mr. Truman Esmond
Mr. John Gunn
Dr. James Bentley
Mr. Thomas Riermaier
Mr. Jeff Goldsmith

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