



# association of american medical colleges

## MEETING SCHEDULE COUNCIL OF TEACHING HOSPITALS ADMINISTRATIVE BOARD

September 9-11, 1981  
Washington Hilton Hotel

### WEDNESDAY, September 9, 1981

6:00pm	COTH Administrative Board Meeting	Hamilton Room
8:00pm	COTH Reception and Dinner	Independence Room

### THURSDAY, September 10, 1981

9:00am	CAS/COD/COTH/OSR Plenary Session "Strategies for the Future"	Georgetown West
12:00	Joint Administrative Boards Luncheon	Georgetown East
1:30pm	Small Group Discussions on "Strategies"	TBA
4:30pm	CAS/COD/COTH/OSR Concluding Session	Georgetown East

### FRIDAY, September 11, 1981

9:00am	Executive Council Business Meeting	Jefferson West
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COUNCIL OF TEACHING HOSPITALS  
ADMINISTRATIVE BOARD MEETING

September 9, 1981  
Washington Hilton Hotel  
Hamilton Room  
6:00 - 8:00pm

A G E N D A

- |       |   |   |
|-------|---|---|
| I.    | Call to Order   |   |
| II.   | Consideration of Minutes  | Page 1  |
| III.  | Membership Applications   | Page 13                                       |
|       | o Children's Hospital Medical<br>Center of Akron<br>Akron, Ohio                   | Page 14                                       |
|       | o Detroit Receiving Hospital and<br>University Health Center<br>Detroit, Michigan | Page 29                                       |
|       | o Frankford Hospital<br>Philadelphia, Pennsylvania                                | Page 52                                       |
|       | o Veterans Administration Medical<br>Center Hospital<br>Mountain Home, Tennessee  | Page 63                                       |
| IV.   | Election of Distinguished Service<br>Members                                      | Executive Council<br>Agenda - page 15         |
| V.    | ACCME Essentials  | Executive Council<br>Agenda - page 21         |
| VI.   | Patient Satisfaction Surveys and<br>Indices                                       | Mr. Frank                                     |
| VII.  | Describing the Teaching Hospital:<br>A Progress Report                            | - Attachment -<br>Jim Bentley<br>Peter Butler |
| VIII. | AAMC Position on Competition Legislation  | Page 73                                       |
| IX.   | Other Business  |   |
| X.    | Adjournment   |   |

*see separate folder*

Association of American Medical Colleges  
COTH Administrative Board Meeting

June 25, 1981

PRESENT:

Mitchell T. Rabkin, MD, Chairman-Elect  
John W. Colloton, Immediate Past Chairman  
James W. Bartlett, MD, Secretary  
Dennis R. Barry  
Spencer Foreman, MD  
Robert E. Frank  
Earl J. Frederick  
Mark S. Levitan  
Robert K. Match, MD  
John A. Reinertsen  
Haynes Rice  
John V. Sheehan  
William A. Robinson, AHA Representative

ABSENT:

Stuart J. Marylander, Chairman  
Fred J. Cowell

GUESTS:

Julius R. Krevans, MD  
William H. Luginbuhl, MD

STAFF:

James D. Bentley, PhD  
Peter W. Butler  
John A. D. Cooper, MD  
Mary Eng  
James B. Erdmann, PhD  
Joseph C. Isaacs  
Richard M. Knapp, PhD  
Madeline M. Nevins, PhD  
August G. Swanson, MD  
Xenia Tonesk, PhD  
Kat Turner  
Ann Vengrofski  
Melissa H. Wubbold

## COTH ADMINISTRATIVE BOARD MEETING MINUTES

June 25, 1981

I. Call to Order

Dr. Rabkin chaired the meeting in the absence of Mr. Marylander and called the meeting to order at 9:05am in the Kalorama Room of the Washington Hilton Hotel. He announced that the following COTH representatives had been appointed to the Planning Committee for the 1982 Spring Meeting to be held May 12-14 at the Colonnade Hotel in Boston: Spencer Foreman, MD, President of the Sinai Hospital of Baltimore, Chairman; Roger S. Hunt, Director of Indiana University Hospitals; Myles P. Lash, Executive Director of the Medical College of Virginia Hospitals; David A. Reed, Executive Vice President and Chief Executive Officer of the Good Samaritan Hospital in Phoenix; and John V. Sheehan, Director of the Veterans Administration Medical Center in Houston.

Dr. Rabkin then reported that nominations were being solicited for new COTH officers and requested that members of the Board submit their suggestions. He also noted that Dr. Thompson, Mr. Womer and Dr. Heyssel will meet with the Health Policy Task Force of the Business Roundtable in New York on July 10 to acquaint the group with COTH and its views on competition in health care.

Dr. Knapp announced that Ms. Eng would soon be leaving her administrative residency with the Department of Teaching Hospitals to accept a job at Women and Infants Hospital in Providence, Rhode Island. He extended his congratulations and thanked her for her efforts during the past year. Dr. Knapp then introduced Ann Vengrofski who recently joined the Department's staff on the Administration on Aging (AoA) project.

Dr. Knapp distributed three handouts which required no action of the Board but were for informational purposes only: (1) a letter from Massachusetts Rehabilitation Hospital describing displeasure with the COTH membership criteria (attached); (2) a letter from Children's Hospital of Pittsburgh about the increase in membership dues (attached). A letter has been written to the hospital responding to its concerns; and (3) a listing of recent COTH membership terminations. He then discussed the 1983 Spring Meeting, informing the Board that arrangements had been made to conduct the meeting at the Fairmont Hotel in New Orleans. He also noted that he was a bit concerned that the single room rate for the 1982 meeting at the Colonnade was rather steep at \$99.00. Finally, Dr. Knapp reported that an AAMC group represented by Dr. Cooper, Dr. Krevans, Mr. Colloton and

Mr. Womer recently met with Walter McNerney, President of Blue Cross/Blue Shield Associations, and members of his staff for a very worthwhile discussion of the competition issue.

Drs. Krevans and Cooper joined the Board to discuss the possibility of having a special session at the September Board and Council meetings to discuss evolving national trends (e.g., increased federal reliance on state programs, reductions in the growth of the federal budget, and price competitive health services) and their impact on the AAMC. As envisioned, the sessions would add one day to the meeting schedule. The morning session would have a series of external speakers discuss major issues facing the AAMC and its constituents while the afternoon would consist of a plenary session to discuss the implications of the presentations for the AAMC.

The Board's discussion focused on identifying whether the one day session was viewed as a meeting to identify and take a position on specific issues or as a meeting to initiate a process for addressing new issues and their implications. Dr. Krevans supported the latter objective by describing the session as the first step in developing a strategic planning process for the AAMC. Board members suggested staff consider changing the meeting format to provide more opportunity for focused discussion in small group workshops. Secondly, Board members urged staff to recognize the time and costs of developing a strategic plan. With these clarifications and suggestions and with the recognition that prior commitments made attendance questionable for some members, the Board supported initiating a more formalized strategic planning process in September.

## II. Consideration of the Minutes

ACTION: It was moved, seconded and carried to approve the minutes of March 26, 1981.

## III. Membership Applications

Dr. Bentley reviewed five membership applications. Based on staff recommendations, the Board took the following action:

ACTION: It was moved, seconded and carried to approve:

- (1) The Aultman Hospital Association, Canton, Ohio for full COTH membership;

- (2) Saint Mary of Nazareth Hospital Center, Chicago, Illinois for full COTH membership;
- (3) Grant Hospital, Columbus, Ohio for corresponding COTH membership;
- (4) VA Medical Center, Des Moines, Iowa for full COTH membership;
- (5) Saint Elizabeth Medical Center, Dayton, Ohio for corresponding COTH membership.

#### IV. Medicaid/Medicare Priorities in Reconciliation Proposals

The Board was given a handout (see Appendix A) which listed the hospital reimbursement reductions that would be considered in the budget reconciliation process. Dr. Bentley reviewed those items believed by staff to be of particular concern to teaching hospitals and requested the Board's guidance on what proposals would be targeted for AAMC opposition in its efforts with members of Congress.

Dr. Rabkin and Mr. Frank expressed particular concerns for the potential elimination of the requirement that Medicaid pay reasonable cost for hospital services. Dr. Foreman thought the American Hospital Association (AHA) should be responsible for the arguments on behalf of generic industry-wide concerns and COTH should actively oppose those issues with the greatest potential impact on teaching hospitals. He felt that the Medicare proposal to limit hospital outpatient costs to the reasonable charge for comparable office visits in an area should be of critical concern to teaching hospitals.

Mr. Robinson was asked where the AHA stood on the various Medicare and Medicaid reconciliation proposals. He stated that the AHA will oppose those proposals that would potentially hurt the most hospitals. Therefore, the AHA has targeted the nursing cost differential reduction, the requirement that interest on funded depreciation be offset against interest paid on capital indebtedness under Medicare, and the elimination of Medicaid reasonable cost payment for hospital services as the issues on which they will concentrate the most action.

After further discussion, it was the Board's consensus that the AAMC should concentrate primarily on opposing the following proposals:

1. The elimination of reasonable cost payment for hospitals under Medicaid;

2. Legislatively setting Medicare Section 223 limits at no more than 108 percent of the group mean (regulation now sets them at 112 percent);
3. The proposed limit on payment for outpatient services;
4. Requiring interest on funded depreciation to be offset against interest paid on capital indebtedness under Medicare; and
5. The proposed reduction in the routine service nursing differential.

V. Discussion of Competition Strategy

The first half of this discussion began with a follow-up report of the small group sessions on competition at the Spring Meeting. The consensus of the Board members who were session leaders was that the meeting participants generally were not knowledgeable about competition and had not thought through what its implications would be for their institutions. A second common observation was the concern expressed about the impact of competition on charity and uncompensated care. Questions were raised about which hospitals, if any, would be willing to treat individuals or groups who did not have any purchasing power. A third area of discussion at the Spring Meeting sessions focused on the AHA's support of consumer choice. Some believed that the AHA: (1) has acted too soon in their support of consumer choice; (2) has made an artificial and erroneous distinction between consumer choice and price competition; and (3) has not articulated adequately possible problems with price competition. It was urged that our concerns be expressed clearly and strongly to the AHA in the months ahead.

The second half of the discussion on competition related to a series of meetings that Dr. Virginia Weldon, Assistant to the Vice Chancellor of Washington University in St. Louis, and several other individuals have had with Representative Gephardt and his staff to discuss special provisions for teaching hospitals in his competition bill; memoranda concerning these meetings were included in the Board Agenda. Dr. Weldon was asking for the Board's advice on how to proceed.

Dr. Weldon briefly reviewed the meeting which began in August of last year. She indicated that Representative Gephardt: (1) still has the mistaken impression that Dr. Weldon and her colleagues are speaking to some extent

on behalf of the AAMC; (2) is interested in a critique of John Colloton's trust fund concept; and (3) would welcome a brief (two to three pages) legislative solution to the concerns of teaching hospitals under competition.

Although opinions and ideas on how to proceed were divided, the following points were made:

- o Dr. Weldon should make it clear again to Representative Gephardt that her group is not speaking on behalf of the AAMC, and that the group's views do not necessarily reflect those of other medical schools or teaching hospitals;
- o Given Representative Gephardt's increasing influence in the Democratic Party and health policy, Dr. Weldon should continue responsive discussions with him;
- o The AAMC is divided on the issue of price competition, and because of the diversity of opinion, a definitive position in favor or opposed to competition is unlikely to be reached;
- o The problems for teaching hospitals under price competition are multiple and complex. While some of teaching hospitals' resistance to price competition may be objections to the underlying principles, a significant amount of the opposition is due to pessimism about the possibility of arriving at a reasonable, equitable method to fund teaching hospitals' societal contributions;
- o Dr. Weldon's group and AAMC staff should be responsive to Representative Gephardt's initiatives to resolve the issues for teaching hospitals with an understanding that technical support and advice may not lead to endorsement of the entire bill.

No decisions were made beyond the above points on specific courses of action. The consensus was that the issue would require continuing discussion by the Board and possibly the entire COTH membership at the Annual Meeting.

#### VI. External Examinations Review Committee Report

Dr. Swanson reviewed the report which appeared in the Executive Council Agenda. Dr. Match then discussed the decision of New York State's Board of Regents to accredit foreign medical schools. After reviewing the recommendations of the Ad Hoc External Examinations Review Committee, the Board took the following action:

**ACTION:** It was moved, seconded and carried to recommend that the Executive Council approve the Committee report and pursue the implementation of the recommendations.

VII. Committee on Foreign Chartered Medical Schools and U.S. Nationals Studying Abroad

Dr. Luginbuhl, Chairman of the Committee, reviewed the Committee's findings and recommendations.

**ACTION:** It was moved, seconded and carried to recommend that the Executive Council approve the Committee report and pursue the implementation of the recommendations.

VIII. Proposed Bylaw Changes

Dr. Rabkin addressed this item which appeared in the Executive Council Agenda.

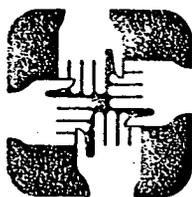
**ACTION:** It was moved, seconded and carried to recommend that the Executive Council recommend to the Assembly the adoption of the proposed bylaw changes (as presented in the Executive Council Agenda).

IX. Remaining Agenda Items

With only a few moments remaining in which to complete the Board Meeting, the Administrative Board agreed to permit the COTH representatives to the Executive Council to address the remaining agenda items at the Council session on the Board's behalf. These items included: (1) Due process for students and residents (page 92, Executive Council Agenda); (2) Urban Institute report on the effects of reducing federal aid to undergraduate medical education (pages 98-102, Executive Council Agenda); (3) Institutional support components on National Research Service Awards (pages 103-105, Executive Council Agenda); and (4) Federal support for biomedical and behavioral research resources (pages 106-107, Executive Council Agenda).

X. Adjournment

The meeting was adjourned at 12:30pm.



**Massachusetts Rehabilitation Hospital**  
 125 Nashua Street, Boston, Massachusetts 02114  
 Telephone: 617-523-1818

May 4, 1981

Richard M. Knapp, Ph.D.  
 Association of American Colleges  
 One Dupont Circle, N. W., Suite 200  
 Washington, D. C. 20036

Dear Dr. Knapp:

I was concerned to read your letter to Mr. Demeritt which describes a limitation for joining the Council of Teaching Hospitals within the Association of American Medical Colleges. I have carefully looked at the central criteria for your membership and find that those criteria are unrelated to organizational structure. The criteria include residencies, clerkships, full-time chiefs of service, educational programs, degree of medical school involvement and the hospital's financial support for medical education.

This issue is important because membership in these organizations now carries great importance, whereas perhaps at one time it acted only as a loose association for general purpose.

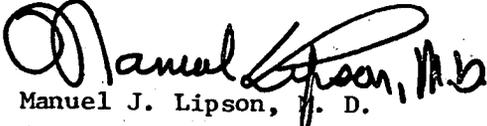
Since this membership now carries great importance, it does not seem possible to discriminate against hospitals for purposes that are unrelated to the main themes of the organization.

We feel very strongly that teaching of house officers and students can be done in many settings. This should be encouraged.

I have shown our correspondence to an attorney at the hospital, and he also feels that where the organizations now carry great weight, that exclusion for purposes unrelated to the central purposes of the organizations is unreasonable.

I hope you could look again at the main purposes described in your bylaws and determine that those purposes are unrelated to financial organization.

Sincerely yours,

  
 Manuel J. Lipson, M.D.

rja  
 D 4-30-81  
 T 5-03-81

CHILDREN'S HOSPITAL OF PITTSBURGH  
125 DESOTO STREET  
PITTSBURGH, PA. 15213

June 10, 1981

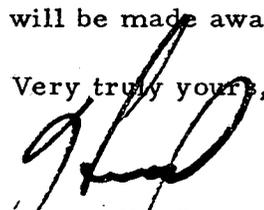
Richard M. Knapp, Ph. D., Director  
Dept. of Teaching Hospitals  
Association of American Medical Colleges  
Suite 200  
One DuPont Circle, N. W.  
Washington, DC 20036

Dear Dick:

We have received your bill in the amount of \$2000 for dues for the new year beginning July 1, 1981. That's an increase of something like 14.2% over the current year and exceeds the Voluntary Effort guideline, which I think is even excessive as a guideline for the new year if hospitals hope to avoid some of the wrath of state and local governments on the cost of health care increases.

I am processing the bill for payment, but registering deep concern that our voluntary agencies today are causing us some of our problem in connection with higher costs. I trust that those who make the decision to increase these costs will be made aware of my complaint.

Very truly yours,

  
Harold W. Luebs  
Administrator

P. S. I happened to mention this to the Chairman of the Dept. of Pediatrics the other day, who said to remind you that he, Tim Oliver, is at this end where he also has to live with criticisms of increased costs in our budgets.



**association of american  
medical colleges**

June 23, 1981

Harold W. Luebs  
Administrator  
Children's Hospital of Pittsburgh  
125 DeSoto Street  
Pittsburgh, Pennsylvania 15213

Dear Harold:

I understand and appreciate your concern over the current increase in COTH dues. I believe a historical perspective on the recent change is helpful. Until 1980, the AAMC had a policy of periodically raising dues to provide a stable source of income for core Association functions. While this approach worked well in the sixties and early seventies, by the mid-seventies growing inflation clearly indicated that a periodic dues increase in a three to five year cycle must provide a substantial excess when initially implemented to cover the deficit occurring in its final years. Therefore, under the direction of Charles Womer, President of University Hospitals of Cleveland, and with the approval of the AAMC Assembly, a plan was developed to have annual increases in membership dues.

That plan recognized that COTH member dues were a constant \$1,000 from FY 1973 through FY 1979. To establish appropriate hospital support for AAMC activities an increase to \$2,000 was needed. That increase, however, was spread over three years with dues of \$1,500 in FY 1980, \$1,750 in FY 1981, and \$2,000 in FY 1982. Beginning in FY 1983, COTH dues will increase annually using the change in the Washington, DC Consumer Price Index. Thus, I believe you will find next year's increase more in keeping with your efforts to hold hospital cost increases to the level of inflation.

I have included your letter in the Agenda for this week's meeting of the COTH Administrative Board. The COTH Board, each of whom is a hospital CEO, participated in the decision to change the dues structure and approved the proposal. Nevertheless, they are sensitive to the local impact of their actions.

We continue to appreciate your interest in and support for the AAMC and COTH.

Sincerely,

Richard M. Knapp, PhD  
Director, Department of Teaching Hospitals

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

### Medicaid/Medicare Priorities

The Reagan Administration's proposal to reduce federal spending for Medicare and Medicaid has been acted upon by three Congressional committees: Senate Finance Committee, House Ways and Means Committee, and House Energy and Commerce Committee. The committees have proposed a large number of changes in both Medicare and Medicaid. The AAMC's next best opportunity to influence these proposals will be in a House/Senate conference. With so many program changes proposed, we must concentrate our efforts on the most onerous and unacceptable changes. Please be prepared to suggest the items from the following list which you feel the AAMC should most actively oppose.

#### Senate Finance Committee

##### 1. Medicaid

- a. cap FY82 increase at 9%
- b. cap FY83 and beyond using GNP (Gross National Product) deflator
- c. drop minimum federal matching rate from 50% to 40%
- d. eliminate requirement that Medicaid pay reasonable cost for hospital services
- e. permit states to restrict patient's freedom-of-choice
- f. provide states with greater flexibility in specifying services for medically needy

##### 2. Medicare

- a. reduce nursing differential from 8½% to 4½%
- b. limit hospital outpatient costs to the reasonable charge for comparable office visit in the area
- c. eliminate 80% occupancy test for imposing skilled nursing facility payments for hospitalized patients
- d. require Medicare to be secondary payor for end stage renal disease

#### House Ways and Means Committee

##### 1. Medicaid -- no jurisdiction

##### 2. Medicare

- a. mandate that Section 223 limits on routine care be reduced from 112% of the group mean to no more than 108% of the group mean
- b. require interest earned on funded depreciation be offset against interest expense on capital indebtedness

- c. eliminate 80% occupancy test for imposing skilled nursing facility payments for hospitalized patients
- d. phase out PSRO's
- e. set a single rate for renal dialysis which does not differentiate hospital-based from free-standing facilities

House Energy and Commerce (Dingell Proposal)

1. Medicaid

- a. impose a three year, decreasing reduction in federal Medicaid payments
- b. Medicaid reductions in any state may be eliminated, in whole or part, if state has qualified cost containment program, high unemployment, or effective fraud and abuse control
- c. limits payment for pre-operative stays to one day
- d. limit freedom-of-choice for laboratory services, medical supplies, drugs, and primary care
- e. eliminate requirement to pay hospitals on a "reasonable cost" basis

2. Medicare (and Medicaid)

- a. eliminate 80% occupancy test for imposing skilled nursing facility/extended care facility payments for hospitalized patients
- b. make PSRO delegated review optional

## MEMBERSHIP APPLICATIONS

Four hospitals have applied for membership in the Council of Teaching Hospitals. The applicants and the staff recommendations for type of membership are:

HOSPITAL	STAFF RECOMMENDATION
Children's Hospital Medical Center Akron, Ohio	FULL Membership
Detroit Receiving Hospital and University Health Center Detroit, Michigan	FULL Membership
Frankford Hospital Philadelphia, Pennsylvania	FULL Membership
Veterans Administration Medical Center Hospital Mountain Home, Tennessee	CORRESPONDING Membership



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: Children's Hospital Medical Center of Akron

Hospital Address: (Street) 281 Locust Street

(City) Akron (State) Ohio (Zip) 44313

(Area Code)/Telephone Number: ( 216 ) 379-8200

Name of Hospital's Chief Executive Officer: William H. Considine

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):	<u>253</u>	Admissions:	<u>10,839</u>
Average Daily Census:	<u>188</u>	Visits: Emergency Room:	<u>45,116</u>
Total Live Births:	<u>None</u>	Visits: Outpatient or Clinic:	<u>45,211</u>

B. Financial Data

Total Operating Expenses: \$ 30,635,000

Total Payroll Expenses: \$ 20,408,000

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: \$ 617,356  
 Supervising Faculty: \$ 214,755

C. Staffing Data

Number of Personnel: Full-Time: 1,019  
 Part-Time: 315

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 128  
 With Medical School Faculty Appointments: 94

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

<u>Pathology</u>	<u>Ambulatory</u>	<u>Emergency</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

Does the hospital have a full-time salaried Director of Medical Education?: No. The Director of Pediatric Medical Education is salaried. Programs in other medical disciplines are the responsibility of the respective department chiefs.

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:

<u>Clinical Services Providing Clerkships</u>	<u>Number of Clerkships Offered</u>	<u>Number of Students Taking Clerkships</u>	<u>Are Clerkships Elective or Required</u>
Medicine	<u>_____</u>	<u>_____</u>	<u>_____</u>
Surgery	<u>_____</u>	<u>_____</u>	<u>_____</u>
Ob-Gyn	<u>_____</u>	<u>_____</u>	<u>_____</u>
Pediatrics	<u>2</u>	<u>46</u>	<u>Required</u>
Family Practice	<u>_____</u>	<u>_____</u>	<u>_____</u>
Psychiatry	<u>_____</u>	<u>_____</u>	<u>_____</u>
Pediatric Cardiology	<u>1</u>	<u>1</u>	<u>Elective</u>
Other: Endocrinology	<u>1</u>	<u>2</u>	<u>Elective</u>
Hematology-Oncology	<u>1</u>	<u>1</u>	<u>Elective</u>
Infectious Disease	<u>1</u>	<u>6</u>	<u>Elective</u>
Emergency Medicine	<u>1</u>	<u>1</u>	<u>Elective</u>
Pathology	<u>1</u>	<u>5</u>	<u>Elective</u>
Orthopaedics	<u>1</u>	<u>6</u>	<u>Elective</u>

## 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.

<u>Type of Residency</u> <sup>1</sup>	<u>Positions Offered</u>	<u>Positions Filled by U.S. &amp; Canadian Grads</u>	<u>Positions Filled by Foreign Medical Graduates</u>	<u>Date of Initial Accreditation of the Program</u> <sup>2</sup>
First Year Flexible	_____	_____	_____	_____
Medicine	_____	_____	_____	_____
Surgery	0	5	Rotating Program	_____
Ob-Gyn	_____	_____	_____	_____
Pediatrics	33	28	2	1928?
Family Practice	0	15	Rotating Program	_____
Psychiatry	_____	_____	_____	_____
Other:				
Plastic Surgery	0	1	Rotating Program	_____
Orthopaedics	5	5	0	1960?
Anesthesia	3	1	1	1975?
Pathology	0	1	0	1965?
Urology	0	1	Rotating Program	_____
Ophthalmology	0	1	Rotating Program	_____
Radiology	0	1	Rotating Program	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>1</sup>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.

<sup>2</sup>As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

**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: Northeastern Ohio Universities College of Medicine

Dean of Affiliated Medical School: Robert A. Liebelt, Ph.D., M.D.

Information Submitted by: (Name) William H. Considine  
(Title) Administrator

Signature of Hospital's Chief Executive Officer:

William H. Considine (Date) August 14, 1981

## CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

### MEDICAL EDUCATION

#### Supplementary Information

Children's Hospital Medical Center of Akron is one of the ten largest children's hospitals in the United States and has a long history of postgraduate medical education experience, graduating its first pediatric resident in 1928.

Over the past 50 years, thousands of physicians, nurses, and technicians have received training in the care of children at Children's Hospital Medical Center of Akron. Whether these individuals choose to practice in northeast Ohio or elsewhere, countless children have benefited from the medical education provided by Children's Hospital.

The principal efforts in the graduate education of physicians in pediatrics are in: medicine, surgery, orthopaedics, pathology, plastic surgery, neonatology, urology, and ophthalmology. Within the past two years, additional major responsibilities have been assumed by the faculty in the undergraduate education of physicians within the North-eastern Ohio Universities College of Medicine (NEOUCOM).

NEOUCOM has integrated successfully the basic science programs of the Universities of Akron, Kent State, and Youngstown with the clinical facilities and the teaching facilities of 10 northeast Ohio hospitals. These hospitals have 5,000 beds and 200 teaching physicians with faculty appointments. Children's Hospital is the primary pediatric training center and is the site of the pathology teaching laboratory for NEOUCOM.

NEOUCOM's program has two phases of training. Phase I, during years I and II, covers basic sciences, social studies, humanities, medical orientation, and medical practicum and is taught at the universities. Phase II, during years III through VI, covers the medical sciences, which are taught at the Rootstown campus and at the affiliated hospitals.

Children's Hospital teaches the entire two-year course in pathology, adult and pediatric, starting in Year III. NEOUCOM is the only medical school in this country, and perhaps the world, in which an affiliate pediatric center is the site for teaching pathology. This reflects the high professional qualifications of the Pathology Department at Children's Hospital.

In Year IV, the medical student is trained in evaluating clinical patients. Two 4-hour sessions per week for 31 weeks are spent at Children's Hospital as part of pediatric training in pathophysiology and clinical medicine. In Year V, the student spends 11 months in the various hospitals, including 10 weeks at Children's Hospital in pediatrics, involving six weeks in general pediatrics and four weeks in outpatient clinics, emergency services, and neonatal intensive care.

Children's Hospital also offers electives in Pediatric Cardiology, Endocrinology, Hematology-Oncology, Infectious Diseases, Emergency Medicine, Rehabilitative Services, Surgery, Pathology, Orthopaedics, Neonatology, and Burn Unit Care.

Some of these students may wish to continue their education by participating in residency programs in the northeast Ohio region. Children's Hospital has several such residencies, some with all work at Children's and some in cooperation with other hospitals.

Our Pediatric Residency Program, under the leadership of John D. Kramer, M.D., Director of Pediatric Medical Education and Professor and Chairman of Pediatrics at the Northeastern Ohio Universities College of Medicine, has an outstanding national reputation. The Pediatric Residency Program has completely filled eight out of the last ten years, and no other program in the state of Ohio, including university programs, has a better record. Presently, 28 physicians are enrolled in our three-year curriculum in Pediatric Medicine. In addition, an average of 18 resident physicians representing seven other residencies in Akron, Cleveland, and Youngstown, affiliate through Children's for Pediatric Medicine Training as an approved part of their home programs.

An approved program in Pediatric Pathology, under the direction of Howard J. Igel, M.D., Chief of Pathology and Professor and Chairman of Pathology at the Medical College, is offered. A third year residency in Pediatric Anesthesiology has been developed and initiated by Donald S. Nelson, M.D., Chief of Anesthesiology. In addition, residents are rotated from programs based in Cleveland for pediatric portions of their anesthesia training. Two physicians are currently enrolled in the two-year Neonatal/Perinatal Fellowship under the guidance of D. Gary Benfield, M.D., Director of the Regional Neonatal Intensive Care Unit. Pediatric rotations are also maintained in the Departments of Surgery, Orthopaedics, Plastic Surgery, Ophthalmology, and Urology, with an average of 15 residents rotating in the various fields at any one time.

In addition to physician education, hundreds of nurses and allied health personnel receive training at Children's Hospital each year. The Hospital has full programs of training in Medical Technology and Radiologic Technology. In addition, we provide clinical instruction and practicum experience for university courses in the specialties of Physical Therapy, Occupational Therapy, Social Service, Nutrition, Respiratory Care, Speech and Hearing, Medical Records, and Child Life Therapy.

Children's Hospital is providing graduate medical education in the specialized care of children to approximately 70 physicians a month as is evidenced by the attached schedule for the current month.

CHILDREN'S HOSPITAL ME. 20 ENTER OF AKRON  
Services for August, 1981

<u>MEDICINE</u>	Stone Congeni Steiner Schroyer Kantak Lin	<u>E.N.T.</u>	Milo	<u>CARDIOLOGY</u>	Sreenivasan
		<u>PLASTIC SURGERY</u>	Tantri	<u>ALLERGY</u>	Traynor, Walker Waickman
		<u>NEUROSURGERY</u>	Zahn	<u>ORTHOPEDICS</u>	Roberts, 8/1 - 8/15/81
<u>SURGERY</u>	See attached Schedule	<u>NEUROLOGY</u>	Burdette		Buergler - 8/16-8/31/81
		<u>DERMATOLOGY</u>	Kloss	<u>NEWBORN</u>	City - Schroyer
<u>UROLOGY</u>	Serene	<u>ANESTHESIA</u>	A. C.	<u>SERVICE</u>	AGMC - Elbertson St. Thomas -Lang
<u>EYE</u>	Burnstine	<u>DENTISTRY</u>	Gerstenmaier		

PEDIATRIC HOUSE OFFICERS:

Chief Pediatric Resident  
Kenneth Rafal (7/1-10/31/81)

PL-3 HOUSE OFFICERS:

Mark Gibson  
Lenore Gricoski  
Susan Magness  
Kenton Pate  
Anthony Pearson-Shaver  
Michael Powell  
Rebecca Umbach  
Thomas Williams

PL-2 HOUSE OFFICERS:

Richard Anderson  
Gary Backner  
John Bendeck  
Michael Chancey  
Maryann May  
Jenaro Scarano  
Delores Sistrunk  
Ronna Staley

PL-1 HOUSE OFFICERS:

Deborah Anderson  
Craig Futterman  
John Fyda  
Robert Hoffman  
Roberta Hripko  
Paul Knowles  
D. Cragar Minor  
Diana Small  
Thomas Shula  
David Sutton  
Joanne Warmus

NEONATOLOGY FELLOWS:

Martin Keszler  
Frank Kokomoor

AFFILIATED PEDIATRIC MEDICAL HOUSE OFFICERS:

Szabolcs Batizy, St. Thomas 7/1-8/31/81 Flex.  
Ross Henschen, City 8/1-9/30/81 EM I  
Chris Huerta, City 8/1-8/31/81 EM I  
Jeffrey Hunt, Cuy. Fls. Genl. 7/27-8/23/81 GR I  
Pat Irvin, City 8/1-8/31/81 FP I  
Bill Kennen, Cuy. Fls. Genl. 8/23-9/20/81 GR I  
Mark Montgomery, St. Thomas 8/1-9/30/81 Flex  
Waleed Nemer, St. Thomas 7/1-8/31/81  
Omar Perez, St. Thomas 8/1-9/30/81 FP II  
Rochelle Peskin, City 8/1-8/31/81 OB I  
Susan Pettitt, Aultman 7/1-8/31/81 FP II  
Dee Pirozzi, City 7/1-8/31/81 FP II  
Amy Prack, AGMC 8/1-9/30/81 FP I  
Larry Reed, Aultman 8/1-8/31/81 FP I  
George Saridakis, Brentwood, 7/27-8/21/81 GR I  
Michael Stein, St. Thomas 8/1-9/30/81 FP I  
Gilbert Toffol, Brentwood 8/23-9/16/81 GR I  
Michael Zorko, City 8/1-8/31/81 FM I

SURGERY RESIDENTS

Hyo Ahn, Fairview 7/1-9/30/81  
Jan Elston, AGMC 7/1-10/31/81  
Demar Neal, City 6/1-9/30/81

ORTHOPEDIC RESIDENTS:

Al Michael, AGMC=7/1-12/31/81 GR III  
Michael Pryce AGMC=7/1-12/3/81 GR V  
Steven Weissfeld, City, 7/1-12/31/81 GR V  
Paul Weygandt, City 7/1-12/31/81 GR III  
Kenneth Bulen, AGMC 8/1-8/31/81 FP II  
John Herr, City 8/1-8/31/81 GR I  
William Kristen, City 8/1-8/31/81 EM II

UROLOGY RESIDENT

Izold Malament, City, 7/1-10/31/81

PLASTIC SURGERY RESIDENT

Wan C. Ho, City 7/1-8/31/81

OVER . . . .

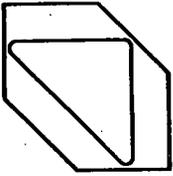
HOUSE STAFF SERVICES - AUGUST, 1981 (Continued)OPHTHALMOLOGY RESIDENT

John Felton

ANESTHESIA RESIDENTSBui, Huron Road, Cleve.  
C. Lee, Cleve. ClinicMEDICAL STUDENTS NEOUCOMAMBULATORY AND SPECIAL PEDIATRICS - JULY 6 - August 7, 1981Charles Anderson  
Elliott Davidson  
Michele Hatherill  
Thomas Lehner  
Peter Leone  
Diane PattonAMBULATORY AND SPECIAL PEDIATRICS - AUGUST 10 - SEPTEMBER 18, 1981Christine Zirafi  
Kurt Hahn  
Carol Foote  
Charles Brdlik  
Carl Tyler, Jr.CLINICAL CLERKST. THOMAS HOSPITAL

Karen Hoebich, 7/1-8/31/81

Northeastern Ohio  
Universities  
COLLEGE OF MEDICINE



Rootstown, Ohio 44272 Phone: 216-325-2511

July 31, 1979

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

To Whom it may Concern:

I am pleased to recommend the Children's Hospital Medical Center of Akron for membership in the Council of Teaching Hospitals sponsored by the Association of American Medical Colleges.

The Children's Hospital is in my judgement one of the finest pediatric teaching facilities in the country. Needless to say, the Northeastern Ohio Universities College of Medicine feels most privileged and fortunate to have this institution as one of its major associated teaching hospitals. Not only did the faculty and staff of Children's Hospital play a major role in the development of the College of Medicine, but will be solely responsible for the teaching of the members of the Charter Class during their 9 weeks pediatric core clerkships starting this September (1979). There is no question as to the important role Children's Hospital has played in graduate residency education since the 1930's and now will be playing an unusually important role in undergraduate education.

Best regards,

Robert A. Liebelt, Ph.D., M.D.  
Provost and Dean

RL7:F

ASSOCIATION AGREEMENT BETWEEN THE CHILDREN'S HOSPITAL OF AKRON  
AND THE NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE.

This agreement, entered into on this 6 day of December, 1974, between The Children's Hospital of Akron, Ohio, an Ohio Corporation, (hereinafter called "Akron Children's") and the Northeastern Ohio Universities College of Medicine of The University of Akron, Kent State University and Youngstown State University, an Ohio Corporation, (hereinafter called "The College").

Witnesseth:

Whereas the primary goal of Akron Children's is the provision of high quality care to its patients; and

Whereas Akron Children's recognizes that it can best assure continued excellence of care to its patients through organized efforts in medical education and research; and

Whereas Akron Children's, desiring to continue and improve its medical education programs, recognizes that the quality of these programs will be enhanced by its association with The College; and

Whereas the primary goal of The College is the education of physicians oriented to the primary practice of medicine at the community level and thus the improvement of health service for the people of Northeast Ohio; and

Whereas The College requires clinical teaching facilities for its students; and

Whereas The College desires to conduct such clinical teaching in cooperation with established community hospitals which can develop and maintain approved graduate medical training programs,

PAGE TWO

Now, therefore,

Akron Children's and The College mutually agree as follows:

1. Akron Children's and The College shall remain separate corporations.

Each corporation shall continue under the control of its own officers and boards of directors or trustees, and each shall remain solely responsible in all respects for the management of its own affairs. Although independent, both Akron Children's and The College shall work together for common goals.

2. The treatment and welfare of patients at Akron Children's shall continue to be the sole responsibility of Akron Children's and shall be governed by such rules and regulations as it may deem appropriate and necessary. Physicians utilizing Akron Children's need not be members of The College faculty to retain the right to admit and treat patients at Akron Children's, and beds at Akron Children's shall not be allocated for exclusive use of The College or its faculty.
3. The education of undergraduate students shall continue to be the sole responsibility of The College, and it shall retain the right to make final determination of any and all undergraduate programs of The College and to designate the undergraduate participants therein. The Children's Hospital in turn shall retain the right to limit its degree of participation in these undergraduate programs particularly in regards to the number of students that it will accept in any clerkship and/or elective.
4. Akron Children's agrees to accept students of The College for clinical clerkships in pediatric medicine and pediatric surgery, and such other programs as might be developed by the Joint Committee of the two institutions as outlined in No. 12 below.
5. The College agrees to utilize the facilities and staff of Akron Children's for the education of undergraduate medical students so long as high standards of medical education and patient care are maintained.

PAGE THREE

6. Akron Children's shall retain the exclusive right to appoint its medical staff including departmental chairmen, directors of the education programs of various clinical services, and the geographic full time staff. However, Akron Children's will consult with the Dean of The College before appointing a Director of the Education Program of a clinical service engaged in the teaching of medical students and shall advise The College that the individual selected as Director of the Education Program will indeed accept the responsibility for supervision of both the undergraduate and graduate educational programs. The College recognizes that a Departmental Chairman at Akron Children's may or may not also be the Director of the Education Program of his or her department depending on the organizational wishes of the individual department.
7. The College shall retain the exclusive right to appoint its medical faculty. Members of the Medical Staff and physicians in graduate training programs at Akron Children's who actively participate in the undergraduate programs of the Medical School shall be eligible for appointment to The College faculty upon recommendation of the Director of the Education Program of the clinical service thus involved.
8. The Director of an Education Program of a clinical service at Akron Children's engaged in teaching undergraduate students of The College shall be responsible to the designated agent of The College for the function of that undergraduate program and shall be a member of the council of that respective section of The College. In instances where the chairman of a department engaged in teaching undergraduate students of The College at Akron Children's is not also the Director of that department's educational program, he or she shall also be a member of the council of that respective section of the college.
9. Association agreements at Akron Children's or The College currently in effect or in the future negotiated with other institutions need not be discontinued nor discouraged as a result of establishing this association agreement between Akron Children's

and The College.

10. The costs attributable to the education of the undergraduate medical students shall be the financial responsibility of The College, and the costs necessary for patient care and graduate education programs, shall remain the financial responsibility of Akron Children's. Payment by The College for undergraduate education at Akron Children's, shall be made only to Akron Children's, and shall be determined on a student per capita basis agreed upon annually by both parties. ~~in the event the parties are unable to agree, then such payment shall be as determined by arbitration by three accountants, one to be selected by each of the parties and the third by the two so selected, and the cost thereof shall be paid equally by the parties.~~

*Gen*  
S.W. Oko  
N.E. O.K.  
C.O.H.

11. The College agrees to assist Akron Children's in its application for membership in the Association of Teaching Hospitals. The College agrees to recognize Akron Children's as an affiliated hospital in its literature and Akron Children's will make similar identification in its non-scientific publications.

12. A joint committee shall be appointed by The College and Akron Children's which shall meet at least on an annual basis to review this association agreement, mutually solve defined problems, develop additional undergraduate programs of The College within Akron Children's as might prove appropriate and review the fiscal relationship between Akron Children's and The College. A review shall be made annually of all costs attributable to either party of this agreement, including the student per capita reimbursement for undergraduate education by The College. This committee shall meet annually in the month of February. The chairmanship of this committee shall be alternated between The College and Akron Children's on a yearly basis. The committee shall be composed of the following:

- |                  |                                    |
|------------------|------------------------------------|
| Akron Children's | a) President, Board of Trustees    |
|                  | b) Administrator                   |
|                  | c) Chairman, Department of Surgery |

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- d) Chairman, Department of Pediatrics
- e) Director of Pediatric Education
- f) One additional Departmental and/or Division Chairman selected annually by the Medical Staff Executive Committee

The College

- a) Provost
- b) Dean
- c) Associate Clinical Dean for the Akron Area
- d) Fiscal Officer
- e) Two Trustees

Any member may designate a person to act in his/her behalf. A special convening of this committee may be called upon the request of any three (3) members of the committee to the chairman.

TERM OF AGREEMENT

This association agreement shall begin on the 6 day of December, 1974, and shall continue for a period of ten (10) years, subject to annual review or modification with the consent of both parties. This agreement may be terminated before the expiration of its term provided notice is given in writing to the other party at least one year prior to the proposed date of termination.

The Children's Hospital of Akron

*Lewis Hepler*

Chief of Staff

*Lozan Sherman*

Administrator

*[Signature]*

President, Board of Trustees

Northeastern Ohio Universities College of Medicine

*Robert O'Heibel M.D.*

Dean

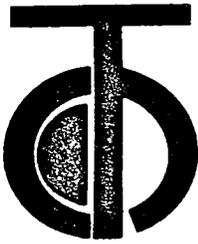
*Stanley W. Olson M.D.*

Provost

*Robert E. Turkant M.D.*

President, Board of Trustees

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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: Detroit Receiving Hospital and University Health Center

Hospital Address: (Street) 4201 St. Antoine Boulevard

(City) Detroit (State) Michigan (Zip) 48201

(Area Code)/Telephone Number: ( 313 ) 494-3100

Name of Hospital's Chief Executive Officer: vacant

Title of Hospital's Chief Executive Officer: President and Chief Executive Officer

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

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn):	<u>300</u>	Admissions:	<u>6,000</u>
Average Daily Census:	<u>250</u>	Visits: Emergency Room:	<u>55,000</u>
Total Live Births:	<u>0</u>	Visits: Outpatient or Clinic:	<u>75,000</u>

**B. Financial Data**

Total Operating Expenses: \$ 60,340,143

Total Payroll Expenses: \$ 34,856,531

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: \$ 2,760,000  
 Supervising Faculty: \$ -

**C. Staffing Data**

Number of Personnel: Full-Time: 1,500  
 Part-Time: 300

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 145 (Total staff 469)  
 With Medical School Faculty Appointments: N/A

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

Emergency Care Services \_\_\_\_\_ Radiology \_\_\_\_\_  
Laboratory \_\_\_\_\_ Oral Surgery \_\_\_\_\_

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: (See Attachment A)

<u>Clinical Services Providing Clerkships</u>	<u>Number of Clerkships Offered</u>	<u>Number of Students Taking Clerkships</u>	<u>Are Clerkships Elective or Required</u>
Medicine	_____	_____	_____
Surgery	_____	_____	_____
Ob-Gyn	_____	_____	_____
Pediatrics	_____	_____	_____
Family Practice	_____	_____	_____
Psychiatry	_____	_____	_____
Other: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

\* (See Attachment B)

<u>Type of Residency</u> <sup>1</sup>	<u>Positions Offered</u>	<u>Positions Filled by U.S. &amp; Canadian Grads</u>	<u>Positions Filled by Foreign Medical Graduates</u>	<u>Date of Initial Accreditation of the Program</u> <sup>2</sup>
First Year Flexible	_____	_____	_____	_____
Medicine	_____	_____	_____	_____
Surgery	_____	_____	_____	_____
Ob-Gyn	_____	_____	_____	_____
Pediatrics	_____	_____	_____	_____
Family Practice	_____	_____	_____	_____
Psychiatry	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>1</sup>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.

<sup>2</sup>As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

#### 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.

\* (See Attachment C)

#### V. SUPPORTING DOCUMENTS

- A. When returning the completed application, please enclose a copy of the hospital's current medical school affiliation agreement. \* (See Attachment D)
- 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. \* (See Attachment E)

Name of Affiliated Medical School: Wayne State University

Dean of Affiliated Medical School: Lawrence M. Weiner, Ph.D. (Interim Dean)

Information Submitted by: (Name) Lester C. Bowman

(Title) Sr. Vice President

Signature of Hospital's Chief Executive Officer:

Lester C. Bowman

(Date) 6/14/81

## DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CENTER

III. MEDICAL EDUCATION DATAA. Undergraduate Medical Education

<u>Clinical Services Providing Clerkships</u>	<u>Number of Clerkships Offered</u>	<u>Number of Students Taking Clerkships</u>	<u>Are Clerkships Elective or Required</u>
Medicine	1	122 (6 wk. rotation)	Required (yr. 3)
Surgery & Emergency Med.	1	256 (2 wk. rotation)	Required (yr. 3)
Ob-Gyn	-	-	-
Pediatrics	-	-	-
Family Practice	-	-	-
Psychiatry	-	-	-
<u>Other:</u>			
Anesthesiology	1	4 (4 wk. rotation)	Elective (yr. 4)
General Medicine	1	38 (4 wk. rotation)	Elective (yr. 4)
Endocrinology Metabolism	1	5 (4 wk. rotation)	Elective (yr. 4)
Pulmonary Disease	1	7 (4 wk. rotation)	Elective (yr. 4)
Orthopedic Surgery	1	14 (4 wk. rotation)	Elective (yr. 4)
Pathology	1	1 (4 wk. rotation)	Elective (yr. 4)
Radiology	1	16 (4 wk. rotation)	Elective (yr. 4)
Night Emergency (Surgery)	1	11 (4 wk. rotation)	Elective (yr. 4)
Day Emergency (Surgery)	1	3 (4 wk. rotation)	Elective (yr. 4)
Day Emergency Units	1	33 (4 wk. rotation)	Elective (yr. 4)
Emergency Medicine	1	52 (4 wk. rotation)	Elective (yr. 4)

IIIB Graduate Medical EducationDetroit Receiving Hospital and University Health Center 1980-81

<u>Service</u>	<u>Positions Offered</u>	<u>Positions Filled</u>
Dermatology	1	1
Emergency Medicine	8	8
Family Medicine	1	1
"Flexible"	3	3
GYN/OB	3	3
Internal Medicine	46*	42*
Neurology	3	2
Neurosurgery	4	3
Ophthalmology	3	3
Oral Surgery	4	3
Orthopedics	6	4
Otolaryngology	3	3
Pathology	2	2
Pediatrics	0	0
Physical Medicine	1	0
Radiology	14	14
Surgery	18	16
- Plastic	1	1
- Thoracic	1	1
Urology	1	0
TOTALS	123	110

\* Includes 7 fellows & those in Primary Care Center's General Internal Medicine Clinic.

Wayne State Affiliated Hospitals - Detroit Medical Center\*\*

<u>Type of Residency</u>	<u>Positions Offered</u>	<u>Positions Filled by U.S. &amp; Canadian Grads</u>	<u>Positions Filled by Foreign Medical Graduates</u>	<u>Date of Initial Accreditation of the Program</u>
First Year				
Flexible	10	8	2	NA
Medicine	226	140	76	NA
Surgery	51	46	5	NA
Ob-Gyn	36	34	2	NA
Pediatrics	59	42	17	NA
Family Practice	35	23	10	NA

\*\*Detroit Receiving Hospital and University Health Center  
Harper-Grace Hospitals  
Children's Hospital of Michigan  
The Rehabilitation Institute  
Hutzel Hospital

## DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CENTER

IV. SUPPLEMENTARY INFORMATION

Detroit Receiving Hospital and University Health Center (DRHUHC) is the newest member of the Detroit Medical Center Corporation which is a multi-institutional consortium composed of Hutzel Hospital, Children's Hospital of Michigan, The Rehabilitation Institute, Harper-Grace Hospitals, Detroit Receiving Hospital and University Health Center, and Wayne State University.

DRHUHC began operations on June 29, 1980 as a private, not for profit subsidiary corporation of the Detroit Medical Center. The institution was originally designed as the replacement facility for the former City facility, Detroit General Hospital. However, due to budgetary constraints, municipal ownership was transferred to the Detroit Medical Center.

Although the ownership and management of DRHUHC has changed, the original design and function of the hospital and health center was carried over. Detroit Receiving Hospital's only role is to serve as the adult emergency trauma hospital for the Detroit Medical Center; no general or elective surgery or medical electives are admitted at DRH. The University Health Center provides centralized outpatient primary care and specialty care services in the adjacent facility for the Medical Center institutions.

DRHUHC continues to provide graduate medical education programs as did its municipal predecessor, Detroit General Hospital. Particular emphasis is placed upon DRH's emergency medicine training program due to its unique role as an emergency/trauma hospital. As a member of the Detroit Medical Center, DRHUHC is affiliated with Wayne State University's graduate medical education program and participates fully in the training of its medical residents and research programs.

DRHUHC also offers training to Oral Surgery residents in addition to programs for the training of Primary Care/Family Medicine residents in the University Health Center setting.



# WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE

GORDON H. SCOTT HALL  
OF BASIC MEDICAL SCIENCES  
540 EAST CANFIELD AVENUE  
DETROIT, MICHIGAN 48201

OFFICE OF THE DEAN

April 1, 1981

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

Gentlemen:

This is in support of the application for membership in the Council of Teaching Hospitals by the Detroit Receiving Hospital and University Health Center (DRH/UHC).

For the record, DRH/UHC is a major affiliate of this School of Medicine and is a major site for both outpatient and inpatient training of our medical students and house staff. All third-year medical students spend a minimum of 2 weeks of their 12-week surgery rotation at Detroit Receiving Hospital. Approximately one-half of our third-year students spend 6 weeks of their 12-week internal medicine rotation at Detroit Receiving Hospital. In addition, all outpatient teaching with the exception of pediatrics and obstetrics is housed in the University Health Center. We would be hard pressed to continue the training of over 1000 medical students and some 600 house staff without the DRH/UHC complex.

Although Detroit Receiving Hospital has an open staff, the overwhelming majority of the staff are full-time members of the faculty of the School. In addition, all medical school clinical department headquarters and a substantial number of clinical faculty offices are located in the University Health Center.

At all levels, this School of Medicine supports the application of DRH/UHC for membership in the Council of Teaching Hospitals.

Sincerely yours,

Lawrence M. Weiner, Ph.D.  
Interim Dean

LMW/dmc

## MEMORANDUM OF AGREEMENT BETWEEN

WAYNE STATE UNIVERSITY

(FOR AND ON BEHALF OF ITS SCHOOL OF MEDICINE)

AND

THE DETROIT MEDICAL CENTER MEMBER INSTITUTIONS

This Agreement is made this 21<sup>st</sup> day of JULY, 1980, by and between the Board of Governors of Wayne State University, a constitutional body corporate established pursuant to Article VIII, Section 5 of the Michigan Constitution (Detroit, Michigan 48202), for and on behalf of its School of Medicine (hereinafter called "UNIVERSITY"), and Children's Hospital of Michigan, a Michigan non-profit corporation (3901 Beaubien, Detroit, Michigan 48201), Harper-Grace Hospitals, a Michigan non-profit corporation (3990 John R, Detroit, Michigan 48201), Hutzel Hospital, a Michigan non-profit corporation (4707 St. Antoine, Detroit, Michigan 48201), the Rehabilitation Institute, a Michigan non-profit corporation (261 Mack, Detroit, Michigan 48201), and Detroit Receiving Hospital and University Health Center, a Michigan non-profit corporation (4201 St. Antoine, Detroit Michigan 48201), hereinafter collectively called "HOSPITALS".

## W I T N E S S E T H:

The parties agree that it is to their mutual benefit to convert individual Affiliation Agreements covering Medical School programs of the UNIVERSITY now existing between each of the HOSPITALS and the UNIVERSITY into a single "Master Affiliation Agreement" to make uniform among the parties the various understandings and procedures applicable to the conduct of the

UNIVERSITY's medical education and training programs in each of the HOSPITALS which is a party to this Agreement. This Agreement, together with any Addenda executed in connection with Article XIII of this Agreement, shall supercede the above-described individual Affiliation Agreements presently existing between each of the HOSPITALS and the UNIVERSITY.

## II.

Appointments to the Faculty shall be made within the framework of the constitutional authority, policy and procedures of the UNIVERSITY. Appointments to the Medical Staff of the HOSPITALS shall be made by the Board of Trustees of each individual HOSPITAL under the respective HOSPITAL'S policies and rules.

A. Responsibility for standards of medical student education, graduate education in UNIVERSITY affiliated programs, and UNIVERSITY research shall be the final province of the UNIVERSITY. The Board of Governors of the UNIVERSITY carries out its responsibilities for medical education and research through its appointed Faculty. The Faculty is organized into Departments, Conjoint Services, and Divisions. Each Department is headed by a Chairman who is appointed by the Board of Governors, and each Service and Division is headed by a Director.

B. The ultimate responsibility for patient care and the standards thereof, and for the provision of all patient services, shall be the sole and final province of the Board of Trustees of each HOSPITAL. Each Board

carries out this responsibility through its appointed Medical Staff, which is organized into Departments and Sections. Each Department or Section is headed by a Chief, appointed by the HOSPITAL'S Board, responsible for the organization of his Department or Section and for maintenance of duly established standards of medical practice and patient services.

C. Although the UNIVERSITY has responsibility for the standards of graduate education in UNIVERSITY-affiliated programs, in recognition of the bilateral nature of these programs, the administration of such programs will be conducted in accordance with "Memorandum of Understanding" executed in September, 1972, and any amendments thereto.

D. The Chairman of the UNIVERSITY Department, or a full-time member of the Faculty, and the Chief of each HOSPITAL'S Department or Section may be the same or different persons. Appointments to these positions should be made on the basis of merit. If it is agreed by the involved HOSPITAL'S President and the Dean of the UNIVERSITY'S School of Medicine that there are major educational responsibilities (graduate, undergraduate, etc.) associated with the position of Department or Section Chief, then merit shall be defined in terms of the candidate's demonstrated capability in education, research, patient care and administration, and the time available for these tasks. If it is agreed that educational programs are not a major responsibility associated with the position, then the merit of the candidate shall be defined in terms of patient care and administrative capabilities.

E. A Chairman, or a full-time member of the Faculty, is appointed by and is responsible to the Board of Governors of the UNIVERSITY for all UNIVERSITY educational research activities in his discipline. A Chief of a Department or Section in each HOSPITAL is appointed by and responsible to that HOSPITAL'S Board of Trustees for all patient care responsibilities, and the administration of educational and research programs in his Department or Section. If the Chief of a Department is not the Chairman or a full-time member of the Faculty, it is recognized that although the Chief is directly responsible to that HOSPITAL'S Board of Trustees for the administration of the educational programs within his Department, he is also responsible to the Chairman of the Department for supporting the Department's academic programs in the Medical Center.

F. It is understood that it may be possible for a UNIVERSITY Conjoint Service or Division to have a similar relationship to a HOSPITAL'S Department or Section or Conjoint Service as does a UNIVERSITY Department.

G. The UNIVERSITY'S School of Medicine and each involved HOSPITAL agree to review at least annually the following issues involving UNIVERSITY-compensated Faculty:

1. Compensation (salary and fringe benefits paid to the UNIVERSITY'S Medical School Faculty by the UNIVERSITY and the pertinent HOSPITAL.
2. Appropriate Faculty personnel matters, including but not limited to proposed reassignments by the UNIVERSITY which affect previous time and effort commitments to a

particular HOSPITAL. Review relating to such proposed reassignments shall take place prior to the date the reassignment is to take effect.

3. Compensation arrangements and changes in operational activities or organizational structure within either the UNIVERSITY or any HOSPITAL which are reasonably likely to have an impact upon the operation of the UNIVERSITY'S Medical School programs in any HOSPITAL. As above, these matters shall be reviewed between the UNIVERSITY and the pertinent HOSPITAL prior to actual implementation.
4. When a change in financial support of HOSPITAL-based research and education programs is anticipated, review shall take place prior to implementation of the proposed change.

### III.

Appointments to the Medical Staff shall be made according to the Bylaws for the Medical, Dental, and Associate Staff of each HOSPITAL, and the following procedures:

- A. When either the UNIVERSITY or a HOSPITAL has occasion to seek a new Department or Section Chairman or Chief, the Dean and the President of the involved HOSPITAL shall consult with each other to ascertain whether or not a simultaneous Chairman/Chief appointment is at that time advisable and shall then act in accordance with sub-paragraphs B or C, below.

B. With respect to the appointment of an individual who is to serve simultaneously as Chairman of the UNIVERSITY'S Medical School Department or a full-time member of the Faculty and Chief of a HOSPITAL'S Department or Section, the Dean and involved HOSPITAL President shall appoint a committee to seek out properly qualified individuals for the UNIVERSITY'S School of Medicine and the HOSPITAL. The Dean and the President of the involved HOSPITAL shall serve as members ex-officio of the committee. The HOSPITAL prior to final appointment of an individual to the position, shall ascertain that (1) the appointee will also be approved by the final appointing authority of the UNIVERSITY and (2) the conditions of appointments are similar in the UNIVERSITY and the involved HOSPITAL.

C. If the appointment is to be solely to the position of Chief of the involved HOSPITAL Department or Section and not of Chairman of a Department or Chief of a Section in the UNIVERSITY'S School of Medicine or a full-time member of the Faculty, a committee may or may not be appointed as agreed upon by the Dean and the President of the involved HOSPITAL. If such a committee is deemed necessary, all members of the committee shall be jointly appointed by the Dean and the President of the involved HOSPITAL, and shall include the Chairman of the appropriate Department in the UNIVERSITY'S School of Medicine, if he is not a candidate for this position.

#### IV.

It is hereby acknowledged that some members of the Medical Staff of the involved HOSPITALS may not be members of the Faculty. The rights of these members shall always be protected.

Because of certain unique service characteristics of the HOSPITAL'S Departments of Radiology, Pathology and Anesthesiology, in addition to the previously stated terms of this Agreement, the following additional provisions shall apply to those three Departments:

A. All persons on the UNIVERSITY Faculty in the Departments of Radiology, Pathology and Anesthesiology shall be given whatever aid and assistance they may reasonably require within these Department, including appointments to the involved HOSPITAL'S Medical Staff when appropriate to both the involved HOSPITAL'S needs and the UNIVERSITY'S needs, access to equipment, scientific files, and consultation and help from Department personnel.

B. The Chiefs of Radiology, Pathology and Anesthesiology at each HOSPITAL are responsible for the provision of professional radiology, pathology and anesthesiology services and the implementation of education and research programs in their respective HOSPITAL Departments.

If the Chiefs of the Departments of Radiology, Pathology and Anesthesiology at any of the HOSPITALS and the Chairman of the Departments of Radiology, Pathology and Anesthesiology of the UNIVERSITY are different persons, the involved HOSPITAL Chief and UNIVERSITY Chairman jointly shall assess the service, research and teaching needs of the HOSPITAL Department and shall determine the manpower required to satisfy these needs. Where new positions involving both teaching and service are identified, if a joint appointment is deemed appropriate, then recruitment for such approved

positions and recommendation for appointment to both the involved HOSPITAL and the UNIVERSITY shall be carried out jointly.

## V.

Any HOSPITAL may establish research laboratories independent of the UNIVERSITY.

## VI.

The programs of the Departments and Sections of each HOSPITAL which relate to medical education and research, and the programs of the clinical Departments and Sections of the UNIVERSITY which directly impact patient care at each HOSPITAL shall be jointly reviewed periodically by the President of the involved HOSPITAL and the Dean of the UNIVERSITY'S School of Medicine. This review will be preceded by a self-evaluation conducted (i) in the case of HOSPITAL Programs by a committee consisting of the Chairman of the UNIVERSITY Department, the Chief and Associate Chief of the HOSPITAL Department, and the Chief of the involved Section and (ii) in the case of UNIVERSITY programs, by a committee consisting of the President of the involved HOSPITAL (or his delegate), the Dean of the UNIVERSITY'S School of Medicine (or his delegate), the Chairman of the UNIVERSITY Department or Section, and a representative of the Medical Staff of the involved HOSPITAL. A HOSPITAL'S review of UNIVERSITY programs shall extend only to that portion of the program affecting the HOSPITAL. A report of such review will be submitted to the Dean and the President of the involved HOSPITAL.

Joint programs between HOSPITALS shall also be reviewed if the programs relate to medical education and research. Review of joint programs shall be accomplished by the Chairman of the UNIVERSITY Department, the Chief and Associate Chief of the relevant Department of each involved HOSPITAL, and the Chief of the relevant Section of each involved HOSPITAL.

#### VII.

In the event of a disagreement between the Dean and the President of any HOSPITAL on any matter covered by this Agreement, resolution of the question shall be made by a joint committee consisting of the Chairman of the Board of Trustees of the affected HOSPITAL (or his designee), the President of the affected HOSPITAL, the President of the UNIVERSITY (or his designee), the Dean of the UNIVERSITY'S Medical School and the President of the Detroit Medical Center Corporation. Inasmuch as the affected HOSPITAL and the UNIVERSITY must be mutually satisfied with the conduct of the programs at that HOSPITAL and at the UNIVERSITY, it is understood that the joint committee shall mediate problems brought to it by the PRESIDENT of the affected HOSPITAL or the Dean of the UNIVERSITY'S Medical School. The affected HOSPITAL and the UNIVERSITY may each add two additional voting members to the committee in an effort to help resolve the difference if the committee, as originally constituted, cannot effect a resolution of the problem.

#### VIII

The Detroit Medical Center Corporation Board of Trustees shall meet periodically to review the performance of the parties under this Agreement.

## IX.

If, after the foregoing review processes have been carried out, it is decided that the deficiencies in a teaching program in any Department or Section cannot be remedied because of the actions of the Chief of that Department or Section or another Department or Section, the UNIVERSITY'S Medical School must be able to request of the involved HOSPITAL that a more suitable Chief be found. Conversely, if the needs of patients are not being met under the supervision of a Chairman/Chief in the affected HOSPITAL, the HOSPITAL must be able to request that a more suitable Chief be found. In such situations the provisions of Article III shall govern whether or not a search committee shall be appointed to identify a suitable candidate.

## X.

All patients may be included in the medical education programs conducted at each of the HOSPITALS, with the exception of those patients who object, or whose physician objects, to their inclusion. The following provisions shall apply:

A. While students and house staff share in the patient care process, the overall responsibility rests with the patient's own physician.

B. All staff physicians shall have equal admitting privileges as defined by the Bylaws and Rules of the respective Medical Staffs.

C. Patients of all physicians shall have equal house staff

## XI.

A. Appointments to the Medical Staff at each HOSPITAL do not require appointment to the Faculty of the UNIVERSITY'S School of Medicine.

B. A Staff physician at any HOSPITAL who is also on the Faculty of the UNIVERSITY'S School of Medicine need not necessarily hold a comparable rank at both institutions (e.g., a Professor at the UNIVERSITY need not necessarily hold the highest rank on the Staff of an involved HOSPITAL, and vice versa).

C. An appointment or promotion on any HOSPITAL Staff shall be made in accordance with criteria and procedures established for the Medical Staff at that HOSPITAL. An appointment or a promotion at the UNIVERSITY will be made in accordance with criteria and procedures established by the UNIVERSITY'S School of Medicine. For all physicians holding appointments in both bodies (i.e., a particular HOSPITAL and the UNIVERSITY'S School of Medicine) it should be made clear that a promotion in one organization does not necessarily require or even indicate a corresponding promotion at the same time in the other organization. Each institution has its own criteria and the individual's qualifications will be matched against the separate institutional criteria governing appointment and promotion in each institution.

## XII

The parties agree that, during the life of this Agreement, each of them shall maintain good faith intentions.

equal employment opportunity, and shall refrain from any form of discrimination prohibited by the Michigan Civil Rights Act, Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, Executive Order 11246, any amendments to the foregoing, and by any other state, federal or local laws prohibiting discriminatory practices, as any of such laws shall be applicable to the parties hereto.

#### XIII.

It is understood by the parties that this Agreement may, from time to time, be amended at the request of any party, as long as all other parties to this Agreement agree thereto in writing. Any amendment which has been approved in this manner will not become effective until it has been reviewed by the Detroit Medical Center Board of Trustees under Section VIII of this Agreement.

#### XIV.

Recognizing that circumstances pertaining to the conduct of the UNIVERSITY'S medical education program may exist which are unique to a given HOSPITAL which is a party to this Agreement, it is understood that such circumstances may be covered by the use of Addenda to this Agreement, each such Addendum to be signed solely by the HOSPITAL concerned and the UNIVERSITY. These Addenda shall be restricted to addressing or refining procedural or administrative details of the UNIVERSITY'S relationship with the affected HOSPITAL in connection with the UNIVERSITY'S medical education program.

Such Addenda shall not be inconsistent with the terms and provisions of this Master Agreement. A copy of all Addenda shall be filed with the President of the Detroit Medical Center Corporation and shall be provided, upon request, to any party to this Agreement.

## XV.

A. This Agreement shall be deemed to have commenced as of the date upon which the UNIVERSITY and all of the HOSPITALS have executed counterparts to this Agreement and shall continue until terminated:

1. By agreement of the parties; or
2. By the UNIVERSITY, as of July 1 of any year provided that not less than twelve months prior written notice is given by the UNIVERSITY to each of the HOSPITALS; or
3. By the HOSPITALS, as of July 1 of any year provided that not less than twelve months prior written notice has been given by the HOSPITALS to the UNIVERSITY.

B. In addition to the provisions of Section XIV (A) above, any HOSPITAL may terminate this Agreement as it relates to such HOSPITAL, or the UNIVERSITY may terminate this Agreement as it relates to any HOSPITAL, as of July 1 of any year provided that not less than twelve months written notice has been given to each of the parties to this Agreement.

XVI.

This Agreement shall be binding upon and inure to the benefit of each of the parties hereto and its respective successors and assigns.

WAYNE STATE UNIVERSITY

Thomas N. Bonner  
Thomas N. Bonner, President

Lawrence M. Weiner  
Lawrence M. Weiner, Ph.D., Dean  
School of Medicine

July 29, 1980

Date

HARPER-GRACE HOSPITALS

Joseph L. Hudson, Jr.  
Joseph L. Hudson, Jr., Chairman  
Board of Trustees

George E. Cartmill  
George E. Cartmill, President

May 28, 1980

Date

HUTZEL HOSPITAL

Paul H. Townsend, Jr.  
Paul H. Townsend, Jr., Chairman  
Board of Trustees

Frank P. Iacobell  
Frank P. Iacobell, President

June 23, 1980

Date

REHABILITATION INSTITUTE

B.W. Burlingame  
B.W. Burlingame, Chairman  
Board of Trustees

Leonard F. Bender  
Leonard F. Bender, M.D.  
President

June 12, 1980

Date

CHILDREN'S HOSPITAL OF MICHIGAN

Warren Sheldon  
 Warren Sheldon, Chairman  
 Board of Trustees

Robert H. Gregg  
 Robert H. Gregg, M.D., President

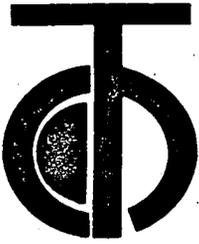
June 23, 1980  
 Date

DETROIT RECEIVING HOSPITAL AND UNIVERSITY  
HEALTH CENTER

John B. Waller, Jr.  
 John B. Waller, Jr., Dr. PH  
 Acting Chairman, Board of Trustees

W. A. Himmeslbach, Jr.  
 W. A. Himmeslbach, Jr., President

July 21, 1980  
 Date



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: Frankford Hospital  
 Hospital Address: (Street) Knights and Red Lion Roads  
 (City) Philadelphia (State) Penna. (Zip) 19114  
 (Area Code)/Telephone Number: ( 215 ) 934-4000  
 Name of Hospital's Chief Executive Officer: John B. Neff, F.A.C.H.A.  
 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):	<u>399</u>	Admissions:	<u>15,283</u>
Average Daily Census:	<u>365</u>	Visits: Emergency Room:	<u>52,574</u>
Total Live Births:	<u>2,273</u>	Visits: Outpatient or Clinic:	<u>11,120</u>

B. Financial Data

Total Operating Expenses: \$ 45,643,507

Total Payroll Expenses: \$ 24,070,693 (Includes fees)

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: \$ 1,068,167  
 Supervising Faculty: \$ 425,000

C. Staffing Data

Number of Personnel: Full-Time: 2  
 Part-Time: 4

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 275  
 With Medical School Faculty Appointments: 25

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

Internal Medicine    Surgery    \_\_\_\_\_  
Ob/Gyn    \_\_\_\_\_

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

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:

<u>Clinical Services Providing Clerkships</u>	<u>Number of Clerkships Offered</u>	<u>Number of Students Taking Clerkships</u>	<u>Are Clerkships Elective or Required</u>
Medicine	<u>8</u>	<u>6</u>	<u>both</u>
Surgery	<u>6</u>	<u>6</u>	<u>both</u>
Ob-Gyn	<u>2</u>	<u>0</u>	<u>elective</u>
Pediatrics	<u>0</u>	<u>-</u>	<u>-</u>
Family Practice	<u>0</u>	<u>-</u>	<u>-</u>
Psychiatry	<u>0</u>	<u>-</u>	<u>-</u>
Other: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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### 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.

<u>Type of Residency</u> <sup>1</sup>	<u>Positions Offered</u>	<u>Positions Filled by U.S. &amp; Canadian Grads</u>	<u>Positions Filled by Foreign Medical Graduates</u>	<u>Date of Initial Accreditation of the Program</u> <sup>2</sup>
First Year Flexible	16	2	14	1972
Medicine	11	11	0	
Surgery	4	4	0	
Ob-Gyn	4	3	1	
Pediatrics	-	-	-	-
Family Practice	-	-	-	-
Psychiatry				
Other:				
Podiatry	2	2		
Emergency Med.	24	24		

<sup>1</sup>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.

<sup>2</sup>As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

#### 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: Medical College of Pennsylvania

Dean of Affiliated Medical School: Alton Sutnick, M.D.

Information Submitted by: (Name) Ronald E. Cohn, M.D.

(Title) Medical Director

Signature of Hospital's Chief Executive Officer:

John B. Jeff (Date) 7/1/81

## THE MEDICAL COLLEGE OF PENNSYLVANIA

3300 HENRY AVENUE PHILADELPHIA, PA. 19129 215-842-7007

SENIOR VICE PRESIDENT FOR HEALTH AFFAIRS AND DEAN

July 9, 1981

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

Gentlemen:

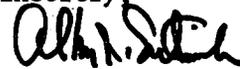
This letter is to document the commitment of Frankford Hospital and its staff to medical educational programs at The Medical College of Pennsylvania.

Frankford Hospital became an affiliate of The Medical College of Pennsylvania on March 3, 1976. Since that time joint teaching programs have proliferated under the leadership of Frankford's Medical Director, Ronald Cohen, M.D. At this time, there are four totally integrated residency training programs in Internal Medicine, Surgery, Emergency Medicine, and Obstetrics and Gynecology. Most of our residents view their experience at Frankford Hospital as not only beneficial, but as a really positive attribute of our training programs. Additionally, junior students from the Medical College rotate to Frankford Hospital for part of their required clerkships in Medicine and Surgery. Some of our senior students rotate through Frankford Hospital in fulfillment of their required medical subinternship. There are four senior electives offered at Frankford which are quickly filled by our students.

The commitment of the staff at Frankford Hospital to teaching has been considerable. The willingness of the hospital administrators to work out difficulties and to provide leadership in the development of educational programs has been impressive.

I highly recommend that Frankford Hospital become a member of the Council of Teaching Hospitals of the AAMC. If you have any further questions, do not hesitate to contact me.

Sincerely,



Alton I. Sutnick, M.D.

AIS:sch

AGREEMENT BETWEEN THE MEDICAL COLLEGE OF PENNSYLVANIA  
AND FRANKFORD HOSPITAL

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This Agreement is made this 1st day of July, 1976 by and between Frankford Hospital of Philadelphia, Pennsylvania ("Frankford") and The Medical College of Pennsylvania ("MCP"), both of which are Pennsylvania non-profit corporations.

WHEREAS, MCP operates a medical school and general hospital and shares with Frankford common goals of patient care, education and research, and community service; and

WHEREAS, MCP and Frankford wish to cooperate towards the development of cooperative educational programs for undergraduate medical students, interns, residents, and practicing physicians. (Such programs are hereinafter collectively referred to as the "Program".)

NOW, THEREFORE, for good and valuable consideration, the legal sufficiency of which is hereby acknowledged, the parties hereto, intending to be legally bound hereby, agree as follows:

1. Effective July 1, 1976, Frankford Hospital and MCP shall jointly initiate, establish, and conduct the Program which shall be carried out at Frankford in those Frankford clinical departments mutually agreed upon by MCP and Frankford.

2. Frankford and MCP shall remain separate corporations. Each shall continue to conduct its own business and affairs under the control of its own officers and Board of Directors or Trustees and each of them shall remain solely responsible in all respects for the management of its own affairs.

3. Frankford and the members of its medical staff shall continue to be solely responsible for the treatment and welfare of patients at Frankford.

4. MCP shall contribute to the establishment and conduct of the Program as follows:

(a) MCP shall designate a member of its Dean's staff as MCP's institutional liaison representative with Frankford (the "MCP Coordinator").

## 2.

(b) MCP shall collaborate with the educational coordinator for the Program (the "Educational Coordinator") designated by Frankford Hospital and with the department directors of Frankford in providing guidance for the establishment, development, and operation of the Program; and MCP shall invite such Frankford department directors to appropriate meetings, and keep them informed of MCP education plans and policy decisions in an appropriate manner. The Educational Coordinator and department directors at Frankford shall inform MCP of any unique educational opportunities in, or special related problems of, Frankford.

(c) MCP shall provide, when requested by Frankford, appropriate faculty members to conduct programs in continuing medical education during the academic year.

(d) MCP and Frankford shall develop plans for the training of house staff for the Program which will involve the interchange or rotation of such physicians as are supplied for the Program by MCP. Frankford shall bear the costs of the number of residents rotated by MCP to Frankford at such rates as are prevailing for MCP residents from time to time and such costs shall include salaries, fringe benefits and such other overhead costs as are attributable to the time such residents devote to the Program.

(e) MCP and Frankford shall agree mutually on the number of undergraduate medical students assigned to Frankford. MCP shall have the sole responsibility for assigning those MCP students who are to participate in the Program at Frankford for part of their clinical training. The period of time for such assignments shall be determined by MCP after consultation with the Educational Coordinator and department director of Frankford in Frankford's appropriate participating department. MCP shall provide Frankford Hospital with adequate advanced notification of the number and names of students assigned to Frankford.

(f) MCP shall provide such faculty members to supervise educational programs at Frankford as may be mutually agreed to between MCP and Frankford. Frankford shall bear the costs of such faculty in an amount proportional to the time such faculty are assigned to Frankford and such costs shall include salary, fringe benefits and appropriate overhead costs, including malpractice insurance.

3.

5. Frankford shall contribute to the establishment and conduct of the Program as follows (all without any charge whatsoever to MCP):

(a) Frankford shall provide the Educational Coordinator, who shall serve as the overall coordinator of the Program.

(b) Frankford shall assign a Frankford staff physician for each of Frankford's participating departments who shall be primarily responsible for the supervision of that portion of the Program as is conducted in his department. Such Frankford staff physicians so designated shall coordinate the department's program with both the Educational Coordinator and the appropriate MCP clinical department chairman relative to these supervisory responsibilities.

(c) Frankford shall permit the use of its equipment, physical facilities, medical library and space in Frankford as mutually agreed to be reasonably necessary for the conduct of the Program.

(d) Frankford shall permit the use of its "on-call" quarters and cafeteria by the medical students and house staff rotated to Frankford from MCP.

6. Frankford shall encourage its medical staff to give favorable consideration to the appointment to its consulting staff of MCP faculty as shall be mutually deemed appropriate and necessary for the implementation of the Program.

7. Frankford agrees to continue its practice that all patients admitted to Frankford, unless specifically exempted by their attending physician or by patient choice shall be eligible for inclusion in the Program.

8. No physician shall be assigned for teaching undergraduate medical students who are in the Program unless such physician is a member of the MCP faculty. The supervisory teaching activities of a department director or other Frankford faculty shall in no way relieve the private physician of his responsibilities to his private patient or infringe on his legal or moral obligation to direct, manage and take action in the best interest of his patient.

9. The Frankford departmental directors or their designees, the MCP Coordinator, the Educational Coordinator and the MCP academic chairmen will routinely review the Program, including an evaluation of the facilities and patients available for the Program.

4.

10. Medical research conducted at Frankford shall be directed toward efforts which potentially will benefit mankind through improvements in technology and "state-of-the-art" and no research will be directed toward potential destruction or incapacitation of human life. Clinical research shall follow World Health Organization guidelines. Authors of papers or applicants for research grants who are department chiefs or staff members of Frankford and who plan to list their MCP faculty position as part of their title must receive prior approval for such listing from MCP.

11. During the term of this Agreement, MCP shall appoint to its medical college faculty, at a suitable rank, the department directors of Frankford involved in the Program. Such appointments shall follow the guidelines for faculty appointments of MCP.

(a) Within a reasonable time following the execution of this Agreement, MCP shall also consider for appointment to its medical faculty other members of the active staff of Frankford who are recommended for such appointment by the Frankford departmental directors of their respective specialties. These physicians, if so appointed, shall be assigned to the appropriate departments at MCP. These physicians shall constitute the Frankford faculty for the Program. No members of Frankford's staff not appointed to the MCP faculty or who shall not have accepted appointment shall be given faculty responsibilities in the Program. All such appointments to MCP faculty shall be made pursuant to the procedures for such appointments as are regularly employed by MCP. Except for those Frankford faculty desiring admitting privileges at MCP, the Frankford faculty will not be required to attend MCP departmental, medical staff committee, or faculty meetings or participate in teaching rounds at MCP. Frankford faculty having admitting privileges will not be required to duplicate teaching responsibilities at both institutions.

(b) Upon execution of this Agreement, Frankford shall not appoint any new physician pursuant to Section 5(b) or any salaried staff physician with primary medical education responsibilities in any such departments unless the person to be appointed has previously been approved by MCP for appointment to the MCP faculty and has agreed to accept an appointment to the faculty of MCP, such approval being not unreasonably withheld.

(c) This Agreement does not affect other appointments to the medical staff of Frankford at any level, nor does it apply to or affect the position or tenure of physicians who are already members of the Frankford staff or who do not wish to participate in the Program.

5.

12. All activities at Frankford pursuant to this Agreement shall be carried out in accordance with policies and procedures established by or approved by Frankford.

13. While this Agreement is in force, Frankford shall not, without written approval of MCP, develop any affiliation with any other medical college for programs defined in the Program, with the exception of a residency program in internal medicine. MCP and Frankford will keep each other informed of any programs which either may develop with other hospitals in Pennsylvania related to the Program.

14. Since it is not feasible to provide for the conduct of the Program in further detail in this Agreement, and since MCP and Frankford have the fullest confidence that when situations arise that are not provided for in this Agreement, mutually satisfactory decisions can be reached, each agrees to the establishing of a joint Affiliation Committee (the "Committee"). The Committee shall consist of six members, three of whom shall be designated by MCP and three of whom shall be designated by Frankford. Representatives from Frankford on the Committee shall include the hospital's Chief Executive Officer or his designee, the Educational Coordinator, and a physician with educational responsibilities to the Program. The representatives from MCP shall include the MCP Coordinator and two other representatives designated by the Dean of MCP. The chairperson of the Committee shall be elected annually by the members of the Committee; provided, however, that (1) no such person shall hold the position of chairperson for any two or more consecutive terms and (2) no two successive chairpersons shall be representatives of the same institution. The purpose of the Committee shall be to assure coherent planning and coordination of the Program; to recommend solutions to problems; to suggest amendments to this Agreement; and, to foster additional areas of cooperation.

In matters that are not of a purely administrative nature or that cannot be resolved by unanimous consent, the respective recommendations of the representatives of each of the institutions shall be referred through appropriate channels in each of their respective institutions for review and action.

15. It is recognized that as a direct result of this affiliation certain funds may become available to one or both parties hereto for support of the Program. Each institution shall cooperate in securing such funds, provided this does not jeopardize its own fund raising position, and such funds shall be utilized in connection with the maintenance and improvement of the Program.

16. This Agreement shall continue in full force and effect until terminated pursuant to the next succeeding sentence. Either party may terminate this Agreement by giving written notice to the other party of intent to terminate not less than two years prior to the date of termination.

6.

17. This Agreement may be modified or amended only by a writing executed and delivered by both parties.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto on the day and year first above written.

FRANKFORD HOSPITAL OF PHILADELPHIA

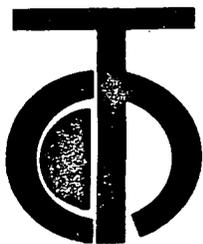
*S. J. [Signature]*  
President

*Robert [Signature]*  
Secretary

THE MEDICAL COLLEGE OF PENNSYLVANIA

*J. [Signature]*  
President

*Charles R. [Signature]*  
*Asst* Secretary



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: Veterans Administration Medical Center Hospital

Hospital Address: (Street) \_\_\_\_\_

(City) Mountain Home (State) Tennessee (Zip) 37684

(Area Code)/Telephone Number: ( 615 ) 926-1171

Name of Hospital's Chief Executive Officer: Joseph C. Snelling

Title of Hospital's Chief Executive Officer: Medical Center Director

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

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn):	<u>510</u>	Admissions:	<u>5,538</u>
Average Daily Census:	<u>433</u>	Visits: Emergency Room:	<u>0</u>
Total Live Births:	<u>0</u>	Visits: Outpatient or Clinic:	<u>50,047</u>

B. Financial DataTotal Operating Expenses: \$ 7,682,843Total Payroll Expenses: \$ 21,860,351

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: \$ 146,998  
Supervising Faculty: \$                     C. Staffing DataNumber of Personnel: Full-Time: 613  
Part-Time: 139

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: \*  
With Medical School Faculty Appointments: 9

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

Radiology Service \_\_\_\_\_  
(Other service chiefs majority of time in association  
Rehabilitation Medicine Medical School appointments).Does the hospital have a full-time salaried Director of Medical  
Education?: 6/8 timeIII. MEDICAL EDUCATION DATAA. Undergraduate Medical EducationPlease complete the following information on your hospital's participation  
in undergraduate medical education during the most recently completed  
academic year:

<u>Clinical Services Providing Clerkships</u>	<u>Number of Clerkships Offered</u>	<u>Number of Students Taking Clerkships</u>	<u>Are Clerkships Elective or Required</u>
Medicine	<u>4</u>	<u>8</u>	<u>Required</u>
Surgery	<u>4</u>	<u>23</u>	<u>Required</u>
Ob-Gyn	_____	_____	_____
Pediatrics	_____	_____	_____
Family Practice	_____	_____	_____
Psychiatry	<u>4</u>	<u>16</u>	<u>Required</u>
Other: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*8 Full Time Permanent, 9 Part Time Permanent, 1 Full Time Gemporary  
12 Part Time Temporary

## 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.

<u>Type of Residency</u> <sup>1</sup>	<u>Positions Offered</u>	<u>Positions Filled by U.S. &amp; Canadian Grads</u>	<u>Positions Filled by Foreign Medical Graduates</u>	<u>Date of Initial Accreditation of the Program</u> <sup>2</sup>
First Year Flexible				
Medicine	11	2	9	July 1977
Surgery	2	2	0	July 1980
Ob-Gyn				
Pediatrics				
Family Practice				
Psychiatry				
Other:				

<sup>1</sup>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.

<sup>2</sup>As accredited by the Council on Medical Education of the American Medical Association and/or the Liaison Committee on Graduate Medical Education.

#### 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.

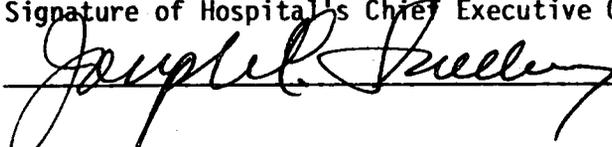
Name of Affiliated Medical School: Quillen-Dishner College of Medicine, ETSU

Dean of Affiliated Medical School: Frank M. Shepard, M. D., Acting

Information Submitted by: (Name) FLOYD B. GOFFIN, M.D.

(Title) Associate Chief of Staff for Education

Signature of Hospital's Chief Executive Officer:

 (Date) 7-29-81

**East Tennessee State University**

Dean's Office • Box 23320A • Johnson City, Tennessee 37614 • (615) 928-6426

June 18, 1981

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

Dear Dr. Knapp:

It gives me pleasure to recommend the Mountain Home Veterans' Administration Center Hospital for membership in the Council of Teaching Hospitals. The Mountain Home Veterans' Administration Medical Center is eminently affiliated with the Quillen-Dishner College of Medicine, the latter being one of the Teague-Cranston medical schools developed in association with Veterans' Administration hospitals. Mountain Home Veterans' Administration Hospital is not only the sight of our permanent medical school facilities, but it is also the affiliated institution which contributes the heaviest to our educational program in terms of faculty appointees, affiliated residency programs in internal medicine, surgery, and family practice, and student clerkship experiences.

I believe that it would be extremely helpful for the Mountain Home Veterans' Administration Hospital to participate in the activities of the Council of Teaching Hospitals and I enthusiastically recommend the institution for membership.

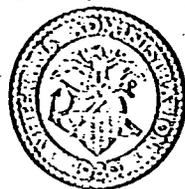
Sincerely yours,

A handwritten signature in cursive script, appearing to read "Frank M. Shepard".

Frank M. Shepard, M.D.  
Acting Dean

kld

*Rd E folder*



VETERANS ADMINISTRATION  
DEPARTMENT OF MEDICINE AND SURGERY  
WASHINGTON, D.C. 20420



*all*

SEP 30 1975

IN REPLY  
REFER TO: 14

Director (00)  
VA Center  
Mountain Home, Tennessee 37684

SUBJ: Memorandum of Agreement (Affiliation) between the Veterans Administration Center, (Johnson City) Mountain Home, Tennessee and East Tennessee State University School of Medicine, Johnson City, Tennessee

1. We are pleased to advise you that the subject Memorandum of Agreement has been approved by the General Counsel and signed by the Chief Medical Director.
2. You are to be congratulated on this affiliation with the East Tennessee State University School of Medicine. We hope that the quality of health care in your center will benefit greatly from the development of joint VA/University education and training programs. Our office will be pleased to give you assistance in helping to insure that this relationship will be beneficial to both the University and your center.
3. The signed agreement is enclosed for your files.

*Bill M. Domm*  
BILL M. DOMM, M. D.

Assistance Chief Medical Director  
for Academic Affairs

*cy:05*

RECEIVED  
OCT 13 10 22 AM '75  
CENTER DIRECTOR  
VA CENTER  
MTN. HOME, TN.

Show veteran's full name, VA file number, and social security number on all correspondence.

VETERANS ADMINISTRATION  
Office of the Administrator of Veterans Affairs  
Washington, D. C. 20420

SEP 29 1975

141B

Robert E. Jewett, H. D.  
Dean, College of Medicine  
East Tennessee State University  
Johnson City, Tennessee 37601

Dear Dr. Jewett:

I was delighted to approve the proposed affiliation between East Tennessee State University College of Medicine, and the Veterans Administration Center, Mountain Home, Tennessee. This should bring together institutions which can establish and maintain superb opportunities for medical education at both undergraduate and graduate levels.

I know that Dr. John D. Chase, our Chief Medical Director, has appointed a Deans Committee from nominations you have submitted. Will you please express my best wishes to the Committee members for success in their work toward a mutually advantageous relationship between the University and the Veterans Administration?

Sincerely,

RICHARD L. ROUBENUSH  
Administrator

cc: Director (00) ✓  
VA Center  
Mountain Home, Tennessee

(1065)

SIGNED &amp; DISPATCHED

SEP 29 1975

ADMINISTRATOR'S OFFICE

RECEIVED  
VA CENTER  
MOUNTAIN HOME, TENN.

MEMORANDUM OF AGREEMENT (AFFILIATION)  
BETWEEN

THE VETERANS ADMINISTRATION CENTER, (JOHNSON CITY), MOUNTAIN HOME,  
TENNESSEE, AND EAST TENNESSEE STATE UNIVERSITY SCHOOL OF MEDICINE,  
JOHNSON CITY, TENNESSEE

This agreement, when approved by the United States Veterans Administration and the East Tennessee State University School of Medicine at Johnson City, Tennessee, shall authorize the Veterans Administration Center to affiliate with the East Tennessee State University School of Medicine at Johnson City, Tennessee, for the purposes of education and training. The School of Medicine accepts advisory responsibility for the education and training programs conducted with the Veterans Administration Center. The Veterans Administration retains full responsibility for the care of patients, including all administrative and professional functions pertaining thereto.

Responsibilities shall be divided as follows:

1. The East Tennessee State University School of Medicine at Johnson City, Tennessee

a. Will organize a Deans Committee, composed of senior members of the faculty of the School, and other appropriate educational representatives, and recommend its nomination to the Chief Medical Director of the Veterans Administration.

b. Will nominate to the Veterans Administration Center Director on an annual basis a staff of consulting and attending specialists in the number and with the qualifications agreed upon by the Deans Committee and the Veterans Administration.

c. Will supervise, through the Veterans Administration Center Director and the staff of consulting and attending specialists, the education and training programs of the Veterans Administration Center and such programs as are operated jointly by the Veterans Administration and the School.

d. Will nominate all physicians for residency or other graduate education and training programs in the numbers and with the qualifications agreed upon by the Deans Committee and the Veterans Administration.

2. The Veterans Administration

a. Will operate and administer the Veterans Administration Center.

b. Will appoint qualified physicians to full-time and regular part-time staff of the Center. Nominations to the Center Director

by the Deans Committee for full-time and regular part-time positions shall be welcomed; and, unless there be impelling reasons to the contrary, shall be approved wherever vacancies exist. The regularly appointed staff, including chiefs of service, shall be fully responsible to their immediate superiors in the Veterans Administration.

c. Will consider for appointment the attending and consulting staff and the physician trainees nominated by the Deans Committee and approved by the Veterans Administration.

d. Will cooperate fully with the East Tennessee State University School of Medicine in the conduct of appropriate programs of education, training, and research.

3. The Director, Veterans Administration Center, (Johnson City), Mountain Home, Tennessee

a. Will be fully responsible for the operation of the Veterans Administration Center.

b. Will cooperate with the Deans Committee in the conduct of education and training programs and in evaluation of all participating individuals.

4. Chiefs of Service

a. Will be responsible to their superiors in the Veterans Administration for the conduct of their services.

b. Will, in cooperation with consulting and attending staff, supervise the education and training programs within their respective services.

5. The Attending Staff

a. Will be responsible to the respective chiefs of service.

b. Will accept responsibility for the proper care and treatment of patients in their charge upon delegation by the Center Director or his designee.

c. Will provide adequate training to house staff assigned to their service.

d. Will hold faculty appointments in the East Tennessee State University School of Medicine, or will be outstanding members of the profession with equivalent professional qualifications acceptable to the Medical School and the Veterans Administration.

Consultants

a. Will be members of the faculty, of professional rank, in the East Tennessee State University School of Medicine, subject to VA regulations concerning consultants.

b. Will, as representatives of the East Tennessee State University School of Medicine, participate in and take responsibility for the education and training programs of the Veterans Administration Center, subject to VA policy and regulations.

c. Will afford to the Center Director, Chief of Staff, and the appropriate Chief of Service the benefit of their professional advice and counsel.

TERMS OF AGREEMENT:

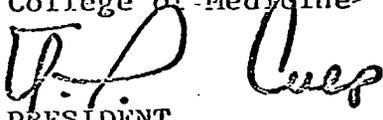
1. The East Tennessee State University School will not discriminate against any employee or applicant for employment or registration in its course of study because of race, color, sex, creed, or national origin.

2. Nothing in this agreement is intended to be contrary to State or Federal laws; and in the event of conflict, the State and Federal laws will supersede this agreement.

3. Civil actions arising from alleged negligence or wrongful conduct of house staff while engaged in patient care or related activities at VAC, (Johnson City), Mountain Home, Tennessee, will be considered and acted upon in accordance with the provisions of 38 U.S.C. 4116.

4. This agreement may be terminated at any time upon the mutual consent of both parties or upon six (6) months notice given by either party. An annual review of policies and procedures will be made.

  
DEAN  
College of Medicine

  
PRESIDENT  
East Tennessee State University

  
CENTER DIRECTOR  
Veterans Administration Center

  
CHIEF MEDICAL DIRECTOR  
Department of Medicine and Surgery  
Veterans Administration

### AAMC Position on Competition Legislation

Although several competition bills have been introduced in Congress this year, the budget and tax bills have precluded hearings and debate on the proposals. That situation will change early this Fall and next year. The House Ways and Means Health Subcommittee has scheduled hearings for September; Representative Gephardt and other competition bill sponsors remain strongly committed to their initiatives as are other Congressmen; the Administration's bill is expected to be completed around the end of the year; and associations and other groups are continuing to speak out on this issue.

Earlier this year, no one was predicting early passage of competition legislation. Those expectations are changing. The Administration is committed to even sharper budget cuts next year. Because defense, social security benefits, debt, and other large spending programs are relatively immune from budget cuts, health will emerge as a likely candidate for severe reductions. Vouchers for Medicare and Medicaid beneficiaries tied to a competitive scheme would be consistent with the Administration's dual efforts to reduce spending and increase competition. The swift, astounding victories on the budget and tax legislation makes one hesitate to underestimate the possibilities of health care financing reforms along these lines next year.

The AAMC has made two public statements on competition: its testimony before the Senate Finance Committee in March, 1980 and the widely distributed document; "Price Competition in the Health Care Market Place: Issues for Teaching Hospitals". Both raised concerns about price competition. Neither offered general endorsement or opposition. In addition, no specific suggestions were provided. It is important that these concerns continue to be voiced. However, the problems for teaching hospitals under price competition have been explained, and sponsors of bills are looking for solutions.

Suggestions will be made by economists, congressional staffers, and individual teaching hospitals and medical schools. If the AAMC would like to participate in the resolution of the issues raised, specific recommendations must be developed and communicated to Congressional sponsors of competition legislation soon.

#### Possible Position on Competition

Teaching hospitals make important societal contributions, such as education and clinical research, which are in addition to their direct patient care services. These hospitals also provide a large amount of patient care that is uncompensated or reimbursed at less than cost. Most of these commitments presently are financed by patient care dollars, which increases the immediate patient care cost of patients treated at teaching hospitals compared to those at non-teaching hospitals. If adequate funding for teaching hospitals' societal contributions could be attained, teaching hospitals could continue these efforts and not necessarily be placed at a disadvantage in a price competitive market. To meet these conditions, the AAMC could recommend that competition legislation contain, among its other provisions, the following five principles:

##### 1) Medicare and Medicaid Participation

If competition legislation is enacted, assuring Medicare and Medicaid participation should be a top priority.

##### Rationale

Over 25 percent of all health expenditures are attributable to the Medicare and Medicaid programs. It would be inconsistent for the Federal government to promulgate broad changes for private health care insurance and financing if it were not willing to initiate similar changes for public spending. More importantly, it would be unfair and

inappropriate to subject hospitals to two sets of reimbursement rules (cost-based and price competition) which often may have conflicting incentives.

## 2) Charity and Uncompensated Care

Competition legislation should include provisions for adequately compensating providers for treating patients unable to pay for services rendered.

### Rationale

If price competition achieves its goal of encouraging hospitals to behave in a businesslike fashion, hospitals will be increasingly reluctant to provide care to those who cannot pay their bills. The relatively few hospitals already providing most of the uncompensated care would be the most likely providers for patients refused admission elsewhere. These hospitals would be forced to increase charges to cover the costs of treating the non-paying patients. Higher charges, in turn, would tend to drive away the paying patients, leaving the hospital in a tenuous fiscal position at best.

## 3) Pricing

Hospitals must be permitted to modify present pricing policies. It must be recognized that some services would be priced significantly higher, and others might be much lower than the present price structures based on average cost.

### Rationale

Under cost-based reimbursement, hospital charges often reflect neither the cost of the service provided nor the value of the service in the market place. In a price sensitive market, charges would have to be re-evaluated and modified to assure that services would be profitable

enough to support their continuation. It is likely, for example, that teaching hospitals would increase charges for some tertiary services but reduce charges for routine care in order to compete with other hospitals.

#### 4) Special Fund for Societal Contributions of Teaching Hospitals

In order to support the societal contributions of teaching hospitals, such as education and applications of clinical research, competition legislation should establish a fund with the following characteristics:

- o The fund should cover total expenditures for the stipends and benefits of all residents in approved residency programs.
- o A mechanism to collect money for the fund should be based on a tax that should be spread equally among all purchasers of health care.
- o The fund should be distributed on a per resident basis to the providers where the resident is receiving his/her training.

The amount of the fund in the first year would be equal to present nationwide resident stipends and benefits, updated by an inflation factor and changes in the total number of resident in succeeding years.

First year expenditures would be about \$1.5 billion.

#### Rationale

Without some financial assistance for teaching hospitals' societal contributions, they may not be price competitive. One way to increase price equity among teaching and non-teaching hospitals would be to fund separately the direct costs of resident stipends and benefits.

This approach, despite its shortcomings, is recommended because:

- o It is based on a tangible, reasonable measure of the level of educational effort that is publicly understandable and supportable.

- o It allocates funds to teaching hospitals using a method that is reasonably equitable and administrable.
- o It establishes a level which could be viewed as politically acceptable in light of present governmental budget concerns. (If the \$1.5 billion is spread equally across all payers, the federal government would be paying only \$.3 to \$.5 billion of the total).
- o It does not have to define which hospitals receive funds because the dollars will be distributed based on the location of residents, not hospitals.

#### 5) Evaluation

A commission should be appointed to monitor and evaluate the implementation and impact of competition legislation. As a part of this effort, the implications of the above four activities for various types of institutions should be carefully reviewed.

#### Rationale

It is essential that any legislation have a provision that will facilitate changes required by unforeseen outcomes or erroneous assumptions in the original law. Particular attention will have to be given to impact of the level of the special fund and the method used to collect and distribute those funds on different hospitals. The commission should be charged to examine the extent to which additional funding is appropriate to cover the costs of societal contributions of teaching hospitals not recognized by the above formula. These costs, along with the residents' stipends and benefits, have been estimated to exceed \$6 billion annually.

Questions for the Administrative Board

The Board is asked to review this five point position and comment on the following:

- 1) Should the AAMC be working on this or any other position statement?
- 2) With whom should the document be discussed? Should the points be included in upcoming hearings?
- 3) Are there additions or deletions to the issues covered?
- 4) If a competition bill is responsive to the five points mentioned above, should the AAMC support it?