association of american medical colleges

MEETING SCHEDULE
COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD

June 27-28, 1984
Washington Hilton Hotel

WEDNESDAY, June 27, 1984

6:30pm	COTH ADMINISTRATIVE BOARD MEETING Grant Room (Discussion with Mr. Cogan/OMB)
7:30pm	COTH ADMINISTRATIVE BOARD RECEPTION Hamilton Room
8:30pm	COTH ADMINISTRATIVE BOARD DINNER Grant Room

THURSDAY, June 28, 1984

9:00am	COTH ADMINISTRATIVE BOARD MEETING Jackson Room
1:00pm	JOINT ADMINISTRATIVE BOARDS LUNCHEON Hemisphere Room
2:00pm	EXECUTIVE COUNCIL BUSINESS MEETING Military Room

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VITA

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New York City, New York

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Education

A.B., UCLA, 1969, Economics
Ph.D., UCLA, 1976, Economics

Ph.D. Dissertation Title: "Reservation Wages, Labor Force Participation Rates and Hours of Work of Married Women" (Main supervisor: Finis Welch)

Honors

Rockefeller Foundation Fellow, 1972-73

Present Positions

Associate Director for Human Resources, United States Office of Management and Budget, U.S. Government.
Senior Research Fellow, Hoover Institution (on leave).

Previous Positions

Associate Director for Economics and Government, United States Office of Management and Budget, 1983.
Assistant Secretary for Policy, U.S. Department of Labor, 1981-1983.
Associate Economist, The Rand Corporation, 1975-1980.
National Fellow, Hoover Institution, 1979.
Acting Assistant Professor of Economics, Stanford University, 1978-1979.
Visiting Scholar, National Bureau of Economist Research, 1978-1979.
Visiting Assistant Professor of Economics, Stanford University, 1-4/1978.
Consultant, Foundation for Research in Economics and Education, 1975.
Lecturer in Economics, University of California at Santa Barbara, 1974-1975.
Resident Consultant, The Rand Corporation, 1971-1974.

Publications and Papers

"Alternative Estimators of Married Women's Labor Supply Functions: A Comparison," in J.P. Smith (ed.), Female Labor Supply: Theory and Estimation, Princeton: Princeton University Press, 1980.

"Labor Supply with Costs of Work," in J.P. Smith (ed.), Female Labor Supply: Theory and Estimation, Princeton: Princeton University Press, 1980.

"Fixed Costs and Labor Supply," Econometrica, (also NBER Working Paper), July 1981.

"New Evidence on Work Disincentives," Challenge Magazine, July/August 1978.

Book Review of The New Jersey Income Maintenance Experiment, Vol. 2: Labor Supply Responses, in Watts and Rees (ed.), Journal of Political Economy, April 1979.

"New Evidence of the Work Disincentives of a Negative Income Tax," (Testimony before U.S. Senate), published in Welfare Research and Experimentation: Hearings Before the Subcommittee on Public Assistance of the Committee on Finance, U.S. Senate, 95th Congress, 2nd Session, November 1978.

"The Decline in Black Teenage Employment: 1950-1970," American Economic Review, September 1982.

"The Labor Response to Negative Income Taxes: New Evidence from the New Jersey-Pennsylvania Experiment, Economic Inquiry, October, 1983.

"Energy and Jobs: A Long-run Analysis," with M. Bruce Johnson and Michael P. Wand, International Institute for Economic Research, Original Paper 3, July 1976.

"The Nature of Modern Day Unemployment," Vital Speeches, Vol. XLVII, No. 12, April 1982.

"Labor Supply and the Value of the Housewife's Time," The Rand Corporation, R-1461-OEA/EDA/RF, April 1975.

"Labor Supply with Time and Money Costs of Participation," The Rand Corporation, R-2044/HEW, October 1977.

"Negative Income Taxation and Labor Supply: New Evidence from the New Jersey-Pennsylvania Experiment," The Rand Corporation, R-2155/HEW, February 1978.

Publications and Papers (Continued)

"Family Formation, Labor Market Experience and Wages of Married Women," with Franklin Berger, The Rand Corporation, R-2310, April 1978.

"Must a Rise in Wage Rates Reduce Participation in NIT Programs?" The Rand Corporation, P-2304, June 1978.

"Conditional Labor Supply Functions," The Rand Corporation, R-2045/DOL, September 1978.

"Some Observations on Youth Employment," (mimeo) The Hoover Institution, July 1980.

"Black Teenage Employment and the Minimum Wage: A Time Series Analysis," The Hoover Institution, Working Paper No. E-81-9, August 1981.

"Black Employment in the 1970s," with Peter Godat, The Hoover Institution, July 1981.

"Black Teenage Employment and the Declining Central City Hypothesis," with Peter Godat, The Hoover Institution, July 1981.

AGENDA

COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD MEETING

June 28, 1984
Washington Hilton Hotel
Jackson Room
9:00am - 1:00pm

I.	CALL TO ORDER	
II.	CONSIDERATION OF MINUTES April 12, 1984	Page 1
III.	REVIEW OF 1984 COTH SPRING MEETING	Page 18
IV.	DISCUSSION OF NEW CHALLENGES PAPER	Page 35
V.	RELATIONSHIPS WITH INVESTOR-OWNED ORGANIZATIONS	Executive Council Agenda - Page 76
VI.	INTERIM REPORT OF THE AAMC AD HOC COMMITTEE ON CAPITAL PAYMENTS FOR HOSPITALS	Executive Council Agenda - Page 81
VII.	FACULTY SALARIES FROM NIH GRANTS AND CONTRACTS	Executive Council Agenda - Page 116
VIII.	GRADUATE MEDICAL EDUCATION ISSUES	Executive Council Agenda - Page 117
IX.	PATENT REFORM/GENERIC DRUG LEGISLATION	Executive Council Agenda - Page 129
X.	NIH PROPOSED POLICY CHANGES	Executive Council Agenda - Page 130
XI.	REPORT OF THE PROJECT PANEL ON THE GENERAL PROFESSIONAL EDUCATION OF THE PHYSICIAN AND COLLEGE PREPARATION FOR MEDICINE	Executive Council Agenda - Page 15
XII.	MEMBERSHIP APPLICATION	Page 50
	Women's Hospital Las Vegas, Nevada	
XIII.	NEW BUSINESS	
XIV.	ADJOURNMENT	

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COTH ADMINISTRATIVE BOARD MEETING
April 12, 1984

PRESENT

Haynes Rice, Chairman
Sheldon S. King, Chairman-Elect
Earl J. Frederick, Immediate Past Chairman
J. Robert Buchanan, MD
Jeptha W. Dalston, PhD
Robert E. Frank
Irwin Goldberg
William B. Kerr
Glenn R. Mitchell
Eric B. Munson
Thomas J. Stranova
William T. Robinson, AHA Representative

ABSENT

Spencer Foreman ,MD
David A. Reed
C. Thomas Smith

GUESTS

Robert M. Heyssel, MD
John R. Hogness, MD
Richard Janeway, MD

STAFF

David S. Baime
James D. Bentley, PhD
John A. D. Cooper, MD
Charles B. Fentress, Jr.
Thomas J. Kennedy, Jr., MD
Richard M. Knapp, PhD
Karen L. Pfordresher
Nancy E. Seline
August G. Swanson, MD
Melissa H. Wubbold

COTH ADMINISTRATIVE BOARD
Meeting Minutes
April 12, 1984

I. CALL TO ORDER

Mr. Rice called the meeting to order at 9:00am in the Jackson Room of the Washington Hilton Hotel. Before moving to the agenda, Mr. Rice indicated that he had two committee appointments to announce and a number of other items he wished to cover. Dr. Scott Inkley, President, University Hospitals of Cleveland, has been appointed to the AAMC Flexner Award Committee. John Reinertsen, Assistant Vice President for Health Services, University of Utah Medical Center, has been appointed the third member of the COTH Nominating Committee. By tradition that Committee has been chaired by the Immediate Past Chairman and includes the current Chairman and an at-large appointment. Thus, Mr. Frederick will chair the Committee; John Reinertsen and Haynes Rice will serve with him.

Mr. Rice then introduced J. Robert Buchanan, MD; William B. Kerr; Eric B. Munson; and Thomas J. Stranova as new Administrative Board members. He welcomed each of them, hoped that they would join in the discussions early, and before moving ahead asked each of them to say a few words about their career and current position.

Mr. Rice called upon Dr. Knapp for his announcements. Dr. Knapp reported that Joe Isaacs had left the AAMC in February to join the staff of the National Health Policy Forum. He then introduced Karen Pfordresher who joined the staff of the Department of Teaching Hospitals in February. She had been employed previously for six years at Georgetown University where she had worked in the planning office of the Georgetown University Hospital, the grants office in the Georgetown University Medical School, and most recently as administrator of the Department of Medicine's Faculty Practice Plan at the Georgetown Medical School. She will be doing the annual Housestaff Survey, writing the COTH Report, and taking on other assignments as well. Dr. Knapp indicated that Nancy Seline had been doing the Housestaff Survey which was most recently completed, published and mailed to the membership in January. Nancy will now be doing the Executive Salary Survey and the University Owned Hospital Survey. The new COTH Directory has been published and mailed. The Board was asked to take note of the fact that Melissa Wubbold compiles this Directory along with her other responsibilities serving as Dr. Knapp's secretary and being responsible for all logistical matters for the COTH Spring Meeting, the COTH portion of the AAMC Annual meeting and Administrative Board meetings. Finally Dr. Knapp noted that Karen Pfordresher was not intended to be Joe Isaacs' replacement. Another position had been added prior to Joe's departure and Karen has filled this additional position. Therefore, a position is available and as the needs of the Department related to the skills and desires of the departmental staff become clear, another individual will be recruited.

II. CONSIDERATION OF THE MINUTES

ACTION: It was moved, seconded, and carried to approve the minutes of the September 22, 1983 and November 7, 1983 COTH Administrative Board meetings.

III. RELATIONSHIPS WITH OTHER ORGANIZATIONS

A. American Hospital Association

Mr. Rice indicated that Mr. Reed and Mr. Smith were serving as American Hospital Association council chairmen. They are not in attendance at this Board meeting because the AHA General Council was meeting. Mr. Rice expressed his best wishes on behalf of the Board concerning these appointments, and indicated his pleasure that members of the COTH Administrative Board had been called upon in these capacities by the American Hospital Association. Mr. Rice then called on Mr. Frederick, Chairman of the COTH Nominating Committee.

Mr. Frederick recalled for the Board the following action taken on November 7.

> The COTH Administrative Board requests the COTH Nominating Committee recommend the names of three individuals to be approved by the Board in January 1984 who would be recommended to the AHA Board of Trustees . Further, the Chairman of the COTH Administrative Board or COTH Nominating Committee should appear and present these names to the AHA Nominating Committee at its hearing on the subject on January 30, 1984 and each year thereafter.

Mr. Frederick also pointed out that it was agreed at that meeting that there would be a need to move ahead quickly since the next COTH Board meeting was not have been held until January 18-19, 1984 and that the Nominating Committee had been given authority to move ahead in the absence of approval of the recommendations by the COTH Administrative Board. Given the fact that the Board did not meet in January, this authority turned out to have been very necessary for the Nominating Committee to move ahead. Mr. Frederick indicated that he and Dr. Knapp had appeared before the AHA Nominating Committee on January 30. In attendance at the meeting were the following individuals: Sister Irene, Chair; Stanley Nelson; Bernie Lachner; Harry Gifford; Don Cordes; John Colloton; Don Shropshire. Mitch Rabkin, MD; Tom Smith; and David Thompson, MD were the names that were presented and discussed with the Committee as recommendations to be considered for membership on the American Hospital Association's Board of Trustees. Mr. Frederick indicated that the matter had been discussed with each of these three individuals before their names were placed in nomination.

As a final matter, Mr. Frederick reminded the Board that a memorandum will go out shortly to the entire COTH membership requesting nominations for

the COTH Administrative Board. He asked each Board member to give this matter some serious attention.

Mr. Rice next called on Mr. Kerr to give a report on the newly organized Metropolitan Hospital Section of the American Hospital Association. Mr. Kerr reported that COTH member hospitals are well represented in the governance of the Section and in the list of those individuals who had signed a preference card indicating their wish to become members of the Section. He did indicate that since the Metropolitan Hospital Section is the only "non-rural" section which was available, there is a distinct possibility that a very broad interest group has been established whose interests may not always be coincident with those who are COTH members. He indicated that initial activity has been pursued in four major areas. Increased communication has been a major effort to improve participation regarding the views of more individuals concerning the political alternatives to the policy issues that are being debated. The issues upon which the most attention has thus far been focused are the matter of capital payments under the Medicare Prospective Payment Program, the status and future of the Prospective Payment System under Medicare, and the matter of uncompensated care. With regard to uncompensated care, efforts are being made to go beyond the policy discussion in an effort to find alternatives that might have some chance for implementation. Mr. Kerr indicated that he felt the Section was getting off to an excellent beginning and that the activities should serve to strengthen the relationship between the Council of Teaching Hospitals and the American Hospital Association.

B. Association of Academic Health Centers

Mr. Rice indicated that Dr. Hogness, President of the Association of Academic Health Centers, had planned to join the Board for this meeting. However, Dr. Farmer, Chairman of the Association of Academic Health Centers, died earlier in the week and Dr. Hogness was attending a memorial service for him in Baltimore. (Dr. Hogness did join the meeting at approximately 12:30pm.) Dr. Knapp reported that the proposal to establish a joint AAMC/AAHC task force on teaching hospitals as set forth on page 26 of the agenda had been discarded and was no longer under consideration. The AAHC has established a Board level committee on teaching hospitals, chaired by Dr. Langfitt of the University of Pennsylvania and including three other vice presidents plus Dr. Dalston who would serve as the teaching hospital representative on the Committee. The purpose of the Commitee is to discuss current trends and implications of events on teaching hospitals and the Committee is to make recommendations as to what the AAHC might do for its members in this area.

C. Healthcare Financial Management Association

Dr. Bentley reported that on March 19, a communication had been sent directly to the chief financial officers of COTH member hospitals from Dr. Knapp and Michael Doody, President, Healthcare Financial Management Association (HFMA) urging attendance at a program developed by teaching

hospital chief financial officers with the assistance of HFMA and AAMC staff. The purpose of this communication and this particular program is to encourage greater participation of teaching hospital chief financial officers in the affairs of the HFMA. The reason for bringing this matter to the Booard's attention is the fact that this is the first time that a communication has gone directly to someone in the teaching hospital organization other than the teaching hospital chief executive.

IV. NEW CHALLENGES FOR THE COUNCIL OF TEACHING HOSPITALS AND THE DEPARTMENT OF TEACHING HOSPITALS

Dr. Knapp indicated that as a general initiative the discussion paper had been well received throughout the AAMC. The Council of Academic Societies and Council of Deans are now embarking on a similar discussion papers for their respective responsibilities and constituents. Attention was called to the letters from Drs. Moy and Butler concerning the paper. Dr. Knapp indicated that he had had extensive discussions with both Drs. Moy and Butler, and based on those discussions had prepared a set of suggested changes that he recommended be considered by the Board as amendments to the paper as presented in the Executive Council agenda book. A copy of those suggested changes appears as Appendix A to the minutes of this meeting. The Board discussed each of the suggested changes as they were presented. An extensive discussion took place regarding whether or not the appendices setting forth the hospitals that are in each of the seven newly proposed categories of teaching hospitals should be deleted. Similarly, the question of whether or not the list of medical schools should be included in which the majority of medical school chairmen of clinical departments are not hospital chiefs of service in one particular teaching hospital was also debated. Several individuals felts that in order to make clear the distinctions that were being drawn and the issues at debate, it was necessary to operationalize those issues by setting forth the respective lists of institutions. There were other individuals who felt that such lists tend to create more emotion and personal or institutional argument and tend therefore to make the debate more emotional than substantive. Following extensive discussion, it was agreed that the suggestion to delete these two lists should be adopted.

The following other changes were suggested (underlining denotes the words that have been added or changed):

- Item A should be corrected to read, "delete the word 'major' on page 25, lines 4 and <u>5</u>."

- It was also recommended that Item J should be reworded as follows: <u>There are a variety of issues about which specific groups of hospitals within the membership have expressed special concern.</u> In particular, <u>a segment of the membership which views as itself as representing</u> the institutions which teach the teachers and support major research programs on occasion express the view that their unique contributions and problems are not fully articulated. They and some of their colleagues seem to feel the rest of the COTH constituency dilutes their message. When asked specifically to show how the diverse

constituency has diluted or changed the AAMC objectives, the response has not been helpful. At the same time, other segments of the COTH constituency seem to believe the organization is dominated by the aforementioned group of members.

- It was also recommended that the following staff comment on page 46 of the AAMC Executive Council agenda book be deleted: "At this time, the staff of the Department of Teaching Hospitals does not believe that advocacy on behalf of this limited group of teaching hospitals is the proper course to pursue."

- It was also suggested that the staff be sure that all the percentages and numbers in the new tables add properly to 100% and to the totals which are expressed.

Dr. Knapp distributed a letter from David Gee, President, Jewish Hospital in St. Louis, to indicate the sensitivity with regard to how hospitals are classified that exists. A copy of this letter appears as Appendix B to these minutes. This kind of sensitivity appears to be inherent in Dr. Moy's letter as well.

There being no further discussion, the following Action was taken:

ACTION: The COTH Administrative Board receives the report as amended in its discussion and recommends that the report as amended be transmitted to all AAMC constituents with a request for review and comment.

V. COTH MEMBERSHIP MEETINGS

A. 1984 COTH Spring Meeting

Mr. Mitchell made the following report concerning the forthcoming COTH Spring Meeting in May.

- As of Wednesday, April 11, there were 150 paid registrants for the meeting. That number is on schedule with the 1983 turn out in New Orleans.

- The COTH colleagues in Baltimore are arranging an extraordinary evening at the National Aquarium on Thursday evening, May 17. The Aquarium will be exclusively devoted to the COTH attendees with an open bar and hor d'oeuvres. Mr. Mitchell asked for a vote of thanks to COTH colleagues in Baltimore and particularly to Dr. Foreman for taking the lead in getting this organized.

- Bernie Tresnowski, President, Blue Cross/Blue Shield Association, scheduled to speak on Thursday morning, has had some difficult scheduling problems. Rather than try and work around these problems, it has been decided to accept a substitute rather than tamper with the program's schedule of speakers.

- The PBS Frontline show entitled, "Crisis at General Hospital" which sets forth the series of events which have caused serious problems at Tampa General Hospital may not have been seen by all those attending the meeting. A videotape of this program has been purchased and a special showing will be held at 5:00pm on Thursday, May 17 prior to the reception for those who are interested. Julian Rice, Executive Director of Tampa General Hospital, will be at the meeting to review what has happened since the program was filmed.

Dr. Knapp asked if there were any particular preferences or suggestions regarding how the session on Friday morning devoted to a discussion of the "Challenges" paper should be organized. After brief discussion, it was agreed that COTH Board members ought to be identified and encouraged to participate in the discussion, but that no special efforts should be made for involvement, and that the matter should be handled by Mr. King, who will be chairing the session, and Dr. Knapp.

B. Future COTH Spring Meetings

The sites of past Spring Meetings and scheduled meeting sites through 1986 were reviewed and the possibilities of having the 1987 meeting in Dallas, Houston, or Chicago were discussed. After brief discussion, it was agreed that the meeting should be held at the Fairmont Hotel in Dallas, Texas.

Dr. Knapp related the fact that the Fairmont Hotel in San Francisco has indicated that scheduling would be tight for the meeting in 1985. This is due to the fact that another meeting is scheduled directly behind the COTH Spring Meeting. While this is not a major matter, the management of the hotel has requested consideration of alternatively beginning the meeting on Tuesday evening, rather than Wednesday, and running through Thursday noon. In exchange for moving the COTH Spring Meeting back one day, the hotel management would guarantee 1983 hotel sleeping room rates for the 1985 meeting. Ms. Wubbold explained that while there might be some minor inconveniences, the hotel felt that if the Board did not choose to make the requested date changes they could still fulfill the COTH meeting requirements and provide the negotiated services. Following discussion it was agreed that it would be unwise to change the format, and the meeting should remain scheduled from Wednesday evening through Friday noon.

C. COTH GENERAL SESSION AT 1984 AAMC ANNUAL MEETING

Dr. Knapp indicated that the staff had discussed possible topics to be addressed at the COTH General Session for the AAMC Annual meeting. They included the following:

- A presentation by Dr. James Sammons, Executive Vice President of the American Medical Association, which would outline his views on teaching physicians, teaching hospitals and the future of the academic medical center.

- o A presentation by Dr. Alain Enthoven. Dr. Enthoven three-four years ago was a prominent speaker whose views were embraced by many individuals. He could be asked to assess what has happened in the past three-four years and make some observations about the future for teaching hospitals.

- o A session could be developed concerning the future of the Medicare Prospective Payment System and its accomplishments to date. Dr. Carolyne Davis, HCFA Administrator, together with Dr. Stuart Altman, Chairman of the Prospective Payment Assessment Committee could be asked to address this topic.

These three suggestions were briefly discussed by the Board without any great enthusiasm, particularly with regard to the Medicare/DRG payment issues. There was agreement that the subject was of major importance; however, there was the feeling that it might be healthy to discuss something else for a change. The staff was requested to investigate the possibility of one or more of the following three alternatives:

- o An assessment by AHA President Alex McMahon of the past ten years and how he sees the future;

- o An assessment by an "old hand" (e.g., Dave Pomrinse, MD; Russ Nelson, MD) of what the past 10-15 years has been like and what they see in the future;

- o An individual be selected to outline the business cycle of deregulation in some other industry be sought who would set forth the highlights and characteristics and early actions of those firms that emerge as winners from the deregulation process.

The staff was instructed to make its best assessment and go ahead and plan the program in consultation with the COTH Chairman and officers.

VI. MEDICARE PAYMENT ISSUES

A. Legislative Update

Dr. Bentley made a brief presentation on AAMC activities concerning Medicare's new prospective payment system. Because the January meeting had been cancelled, Board members had been polled by telephone on two issues: supporting a second 75/25% phase-in year and supporting the American Hospital Association's proposal to determine the blended rate based on the statistical variation in DRG prices. Board members recommended supporting both proposals. The agenda contained a letter to the Ways and Means Committee supporting both proposals. Other letters in the agenda (1) opposed both the elimination of the 1% technology factor for Medicare and the reduction in Medicaid payment rates to states and (2) supported adequate funding for the Prospective Payment Assessment Commission.

The Board was informed that the AAMC has contracted with Judith R. Lave, Ph.D., Professor, Health Economics, University of Pittsburgh, to prepare a paper on the history development and future prospects for the Medicare indirect medical education adjustment. Since this issue is not well understood by legislative staff members, some COTH members and others who are important participants in policy debates, Dr. Lave has been asked to include the implicit and explicit purposes of the adjustment, the decision-making process by which its implementation was achieved, and the basic computations used to develop it for both Medicare routine service and TEFRA limits and for the Medicare prospective payment system. She will present a preliminary draft of the paper at the COTH Spring Meeting in Baltimore.

The prospective payment impact survey, recently mailed by the AAMC to chief executive officers of COTH member institutions, should begin to provide some data to better understand the direct medical education costs and the indirect adjustment, and also provide some indication of how COTH members are doing under prospective payment. However, as of the board meeting date, several telephone calls and survey forms were received with indications that institutions were having difficulty completing the questionnaire with the information at hand. It is not known if this is entirely due to lack of data or to the number of surveys received by hospitals at this time.

B. Capital Payments Under Medicare

Mr. Frank reported the deliberations of the AAMC Ad Hoc Committee on Capital Payments for Hospitals. At its January 6th meeting, the Committee developed tentative positions and requested staff to gather information that could be used to assess them. One product of the staff effort was the paper on capital costs in COTH hospitals included in the agenda. While a second committee meeting had originally been planned for April, it was rescheduled for May in order to have it follow a major AHA meeting where new data would be released. Using both the additional AAMC and AHA data, Mr. Frank expected committee members to evaluate their initial ideas and prepare a proposal for the administrative boards's June meeting.

Board members were encouraged to make sure the Prospective Payment Impact Survey would be completed and returned to the AAMC.

VII. JOINT COMMISSION ON THE ACCREDITATION OF HOSPITALS

In response to a request for topics of future review and discussion by the JCAH Professional and Technical Advisory Boards, the Board strongly recommended several problems be brought to the attention of JCAH officials. Primarily it was stated that surveyors imposed inflexible and often inapplicable standards upon teaching hospitals. Members of the survey teams do not appear to understand the environment and specific operational differences of teaching hospitals. It was suggested that an approach similar to that used by the LCME would be more appropriate, especially for teaching hospital accreditation reviews. That is, review by inspection teams composed of members "from the field" that have a

fundamental understanding of both the teaching hospital and multi-hospital systems.

The issue of possible substantial changes in the clinical laboratories as a result of changes in Medicare payment policies was briefly addressed. The Board did not believe this to be a priority issue that should get special attention from survey teams at the present time.

VIII. STATUS OF RESEARCH FACILITIES AND INSTRUMENTATION

Dr. August Swanson met with the Board and briefly summarized the issues of funding research resources as described on page 81 of the Executive Council Agenda. He reminded the Board that in June of 1981, the Executive Council had decided to establish an ad hoc committee to examine issues related to the funding of research resources, but that project had been delayed because the immediate threat to funding disappeared. However, he stated that concern had been renewed as a result of three proposed studies. They are (1) a national survey of academic research instruments and instrumentation needs sponsored by the National Science Foundation and NIH, and conducted by Westat, Inc.; (2) a project to assess and disseminate alternative approaches to fulfilling university research equipment needs; and (3) an interagency study of academic science and engineering laboratory facilities. Dr. Swanson recommended that the Association: (1) urge its members to cooperate insofar as possible with any of the aforementioned studies; (2) delay any further action until the reports and analyses of these studies are under way; and (3) closely monitor the progress and outcome of these studies.

ACTION: The Board concurred with Dr. Swanson's recommendations.

In a related matter, Dr. Swanson also distributed information on "the university research capacity restoration act of 1984," a bill introduced by Senators Danforth and Eagleton. While commending the intent of this proposed legislation which seeks to expedite the process by which additional funding can be supplied to promising research areas, Dr. Swanson criticized the specifics of the bill for placing time and dollar limitations on funding for NIH. He asked that the Board recommend to the Executive Council that they espouse the objectives stated in the findings and purposes of the proposal but not to support the bill as currently written.

ACTION: The Board concurred with Dr. Swanson's recommendation.

IX. AMERICAN COUNCIL ON TRANSPLANTATION

The AAMC has been invited to join the American Council on Transplantation. This is a multifaceted group with the desirable purpose of supporting transplantation by arousing public awareness of the need for organs in hopes of creating more organ donors, and generating federal and local support for transplants. The Board briefly reviewed the information provided in the Executive Council Agenda on the ACT and the merits of joining this organization. There was some concern expressed over the fact that those surgeons that transplant vital organs had

initially been reluctant to join this organization. Mr. Kerr, who had been one of those involved in the organization of the ACT, suggested that the AAMC might adopt a "wait and see" attitude, not joining the Council at this time but generally being supportive of its missions.

ACTION: The Board agreed to recommend that the AAMC not join the ACT at this juncture, but monitor its progress and consider membership at a later date.

X. AUTONOMY OF SPECIALTY CERTIFYING BOARDS

Drs. Cooper and Swanson described the current problem of specialty boards having complete autonomy to change educational requirements for those seeking certification. As the bylaws of the American Board of Medical Specialties (ABMS) are currently written, each board may make changes in its requirements without ratification from any other agency. The only requirement is that they submit a notice of the planned changes to the ABMS 180 days in advance of their effective date. This has resulted in some problems, such as when the American Board of Pathology added a fifth year of broad clinical training to their program without consulting the board or program directors of the other specialties such as internal medicine, pediatrics, surgery, or psychiatry, who would be expected to provide the additional year of training. In addition to the concern over the lack of coordination, Dr. Cooper raised the concern that constrained resources for graduate medical education in this country underscored the need for thoughtful consideration of any planned increase in requirements. Dr. Cooper recommended that the Board suggest that the AAMC submit a formal request for a change in the bylaws of the ABMS that would require member boards to submit all changes in educational requirements for approval.

ACTION: The Board adopted Dr. Coopers' recommendation.

XI. HEALTH MANPOWER LEGISLATION

Dr. Kennedy reported that no legislative proposal had been introduced into the House or Senate concerning renewal of manpower legislation. Senate Labor and Human Resources Committee Chairman, Orrin Hatch (R-Ut) , did provide a summary of intended legislation for renewing Title VII authorizations and Senator Edward Kennedy (D-Ma) also submitted specifications for such legislation similar to Hatch's, especially in regard to authorization ceilings. The AAMC had been scheduled to testify in the House outlining issues the Health Subcommittee should address, but the hearing was cancelled.

XII. UPDATE ON NIH RENEWAL LEGISLATION

Dr. Kennedy informed the Board that, although there were frantic efforts on the "hill" to schedule renewing legislation for review, the NIH renewal issue had not been addressed as of yet. The House passed their version of this renewal legislation on November 17, 1983 (H.R. 2350) and the Senate has been urged to do likewise with its bill (S.773). However, an amendment has been introduced into the Senate bill that would address the fetal and infant research issue. This

amendment, introduced by Senator Jeremiah Denton, (R-Al) makes the bill very controversial and Senator Robert Packwood (R-Or) and five other senators have put a "hold" on the bill in order to fight the restrictions on fetal research.

Dr. Kennedy also briefly described a recent bill introduced by Parren Mitchell (D-Md), Chairman of the House Small Business Committee, that would require that any procurement contract under $2M be automatically set aside for small businesses, and also that any procurement action by contract at any price in which two or more small businesses bid, or if the procurement officer has reason to believe two or more small businesses would bid, be automatically set aside. The House agreed to a committee amendment allowing a research and development waiver for the first provision; however, they would allow no such compromise on the second provision. There is stiff opposition to this bill and six committee chairmen have agreed to write a substitute amendment that would address their objections.

In related issues:

The National Academy of Sciences is in the process of forming a government-university-industry research roundtable for the purpose of discussing issues and problems of common interest to all three parties.

Claude Pepper (D-Fl), presiding over the House Select Committee on Aging has staged a series of hearings to address the need for a technology assessment mechanism. The AAMC was asked to testify on the provision to reconstitute the National Center for Health Care Technology.

XIII. ORGAN TRANSPLANTATION LEGISLATION

Dr. Kennedy briefly summarized the current status of legislation designed to facilitate organ transplantation. Both the House and the Senate were considering bills that would promote organ transplantation through a study of the medical, ethical, legal, economic, and social issues raised by procurement and transplantation of human organs, provide for a network to assist in the disbursement of organs, and provide seed money for organizations that would actually procure the organs. In addition, the House bill (H.R. 4080) contained a controversial passage that seemingly would authorize the Secretary to designate which hospitals, physicians, and patients could have access to any type of new or existing technology, including but not limited to organ transplant technology. The AAMC has already sent a letter to the relevant House committee suggesting revisions that would narrow the scope of the controversial provision to encompass just new technologies or procedures related to organ transplantation.

No Board action was required on this matter.

XIV. LENGTHENING OF TRAINING BY AMERICAN BOARD OF PATHOLOGY

Drs. Janeway and Cooper discussed the addition of an additional pathology training year as an example of the genuine problem that specialty boards are not accountable for the economic and programmatic impact of their decisions. The

Board agreed that specialty board authority needed to be balanced with responsibility and that the pathology case was an example of a broader problem.

ACTION: It was moved, seconded, and carried that the Board affirm the Executive Committee's January 25 decision opposing the lengthening of the training requirements in pathology.

XV. MEMBERSHIP APPLICATIONS

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

(1) JOHN PETER SMITH HOSPITAL, Ft. Worth, Texas for corresponding membership;

(2) THE MEDICAL CENTER, Columbus, Georgia for corresponding membership;

(3) MEMORIAL MEDICAL CENTER, Savannah, Georgia for full membership;

(4) ST. MARY'S HOSPITAL, San Francisco, California for full membership.

An additional application from St. Elizabeth's Medical Center of Dayton, Ohio was also presented to the Board. St. Elizabeth's, presently a corresponding member, was applying to be reclassified as a full member. Because 30 of the hospital's 40 residents are in a single residency program and because revised membership criteria have been postponed pending discussions of the new challenges paper, the Board voted to table St. Elizabeth's request.

Following review of the membership applications, Dr. Knapp brought to the Board's attention a telephone conversation he had had with the Vice President of the Germantown Hospital and Medical Center in Philadelphia, PA, Donald Caccia. Mr. Caccia had called to determine on what basis the Germantown Hospital and Medical Center had been assigned to corresponding membership rather than as a full COTH member. It was explained to him that while the institution met the requirement of four residency programs in the required specialties, the size of the resident staff and other educational commitments of the institution were not such that the Administrative Board felt full teaching hospital membership was warranted. Mr. Caccia did point out that as he reviewed the COTH Directory, he noted seven or eight institutions that had a fewer number of residents. Dr. Knapp reported that he believed that at sometime while the discussion of the "Challenges" paper takes place the possibility of a minimum membership requirement that was absolute in the number of residency positions filled should be considered.

XVI. ADJOURNMENT

Mr. Rice reported that for the first time in his memory, the COTH Administrative Board had talked longer than the Boards of the Council of Deans or Council of Academic Societies. The meeting was adjourned at 12:45pm.

SUGGESTED CHANGES TO THE PAPER ENTITLED, "NEW CHALLENGES FOR THE COUNCIL OF TEACHING HOSIPTALS AND THE DEPARTMENT OF TEACHING HOSPITALS"

A. Delete the word "Major" on page 25, lines 4 and 6.

B. The following section should be inserted on page 29 under the heading COTH MEMBERSHIP:

There are two categories of COTH membership: teaching hospital membership and corresponding membership. Both membership categories require the applicant institution to have a documented affiliation agreement with a medical school accredited by the Liaison Committee on Medical Education and a letter recommending membership from the dean of the affiliated medical school.

Teaching hospital membership is limited to not-for-profit-- IRS 501(C)(3)--and publicly-owned hospitals which sponsor or significantly participate in, at least four approved, active residency programs. At least two of the approved residency programs must be in the following specialty areas: internal medicine, surgery, obstetrics-gynecology, pediatrics, family practice or psychiatry. Other considerations evaluated in determining a hospital's participation in medical education activities are:

- The availability and activity of undergraduate clerkships;
- the presence of full-time chiefs of service or a director of medical education;
- the number of internship and residency positions in relation to bed size, and the proportion (in full-time equivalents) which are filled by foreign medical graduates;
- the significance of the hospital's educational programs to the affiliated medical school and the degree of the medical school's involvement in them; and
- the significance of the hospital's financial support of medical education.

In the case of specialty hospitals--such as children's, rehabilitation and psychiatric institutions--the COTH Administrative Boad is authorized to make exceptions to the requirement of four residency programs provided that the specialty hospital meets the membership criteria within the framework of the specialized objectives of the hospital.

Teaching hospital members receive the full range of AAMC and Council services and publications. In addition, their COTH representatives are eligible to participate in the AAMC's governance, organization and committee structure.

Non-profit and governmental hospitals and medical education organizations (e.g., consortia, foundations, federations) not eligible for teaching hospital

membership may apply for corresponding membership. To be eligible for corresponding membership an organization must have a demonstrated interest in medical education, a documented affiliation agreement with a medical school accredited by the LCME, and a letter recommending membership from the dean of the affiliated school. Corresponding members are eligible to attend all open AAMC and COTH meetings and receive all publications. Representations of corresponding members are not eligible to participate in the governance of the AAMC. Hospitals which are eligible for teaching hospital membership are not eligible for corresponding membership. There are currently 35 corresponding members of COTH.

C. The classification of COTH members on pages 29 and 30 should be deleted and set forth as follows:

Teaching Hospital Relationships With The College of Medicine

	Number of Members	Percent
1. Common ownership with the college of medicine	64	15%
2. Separate non-profit hospitals where the majority of the medical school department chairmen and the hospital chiefs of service are the same person	28	7%
3. Public hospitals where the majority of the medical school department chairmen and the hospital chiefs of service are the same person	23	6%
4. Affiliated hospitals not otherwise classified which are designated by the medical school dean as a major affiliate for the school's clinical clerkship program*	152	37%
5. Affiliated hospitals not otherwise classified which are designated by the medical school dean as a limited affiliate for the school's clinical clerkship program*	44	11%
6. Specialty hospital	27	7%
7. Veterans Administration hospitals	74	19%

(*Source: 1983-84 Directory of Institutions and Agencies Participating in Residency Training, Accreditation Council For Graduate Medical Education, pp. 351-421.)

D. The statement on page 30 referencing Appendix A should be omitted, and Appendix A should be deleted, pages 51-75.

E. The first paragraph on page 31 should be re-written beginning with the third sentence as follows:

TABLE II shows that when the geographic distribution of the initial three categories of member hospitals set forth on page 29 is analyzed, nine states account for a majority of members, and only Michigan drops out of the group. Of the 127 accredited U.S. medical schools, 107 have a relationship with a teaching hospital in the initial three categories listed on page 29. Three schools have a relationship with a hospital in one of these three categories, but the hospital has not elected to become a COTH member. Humana Hospital University, related to the University of Louisville School of Medicine, is ineligible to join COTH under current membership criteria. In 16 medical schools, the majority of medical school chairmen of clinical departments are not hospital chiefs of service in one particular teaching hospital.

F. Prior to the summary paragraph on page 31, the following statement should be inserted.

This categorization of the Council of Teaching Hospitals portrays the membership as it currently exists. It should be understood that teaching hospital/medical school relationships are continually evolving. Hospitals affiliated with newer medical education programs will mature and become more closely integrated and longstanding hospital relationships with medical schools may change in character. In addition a recent survey reveals that 14 medical schools have stated that they have an affiliation relationship with an investor-owned hospital or health delivery organization.

G. The heading on TABLE II, page 33, should be changed to read, "Distribution of the Initial Three Membership Categories by State." The heading on the first column should be changed to read, "Number of Hospitals in Initial Three Membership Categories." In addition, a footnote should be added stating, "These categories are set forth on page 29."

H. TABLE III should be deleted; TABLE IV then becomes TABLE III.

I. The following points should be added to the list on page 36:

- o The American Hospital Association has established constituency centers, including one for "metropolitan hospitals," in which teaching hospitals have a very significant role as members and officers;
- o The Catholic Health Association has reorganized and substantially strengthened its Washington office.

J. The third paragraph on page 40 should be reworded after the underlined sentence as follows:

In particular, some large, private hospitals, which view themselves as the institutions which teach the teachers and support major research programs, on occasion express the view that their unique contributions and problems are not fully articulated. They and some of their colleagues seem to feel the rest of the COTH constituency dilutes their message. When asked specifically to show how the diverse constituency has diluted or changed the AAMC objectives, the response has not been helpful. At the same time, other segments of the COTH constituency seem to believe the organization is dominated by the large, private, traditional teaching hospitals.

K. In the first line on page 41, the words "would have" should be substituted for "has."

L. The second sentence on page 46 should be changed to read as follows:

A number of COTH and AAMC members believe, however, that they would be better served if the AAMC perceived its role as advocating the particular needs of only a limited group of teaching hspitals (i.e., the first three membership categories set forth on page 29).

JEWISH
HOSPITAL
AT WASHINGTON UNIVERSITY MEDICAL CENTER

December 14, 1983

Richard Knapp, Ph.D., Director
Council of Teaching Hospitals
Association of American Medical Colleges
One Dupont Circle, N. W.
Washington, D. C. 20036

Dear Dick:

I saw a copy of Haynes Rice's December 7th letter to Alex McMahon regarding COTH representatives on the AHA Board. The statement is made that, "There are six individuals from COTH member hospitals on the AHA Board. However, only two of them are from medical center based hospitals, and in neither case is the representative the hospital chief executive." I am on the AHA Board. The Jewish Hospital is based within the Washington University Medical Center, is organizationally and physically part of it, and I am the hospital's Chief Executive.

Possibly you had something different in mind.

Sincerely yours,

David A. Gee
President

DAG:gac

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216 South Kingshighway Boulevard
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(314) 454-7000

REVIEW OF COTH SPRING MEETING IN BALTIMORE

Correspondence received concerning the COTH Spring Meeting in Baltimore is presented in the following pages. All indications are that the meeting was very successful. In the interest of continued efforts to improve the meeting, the staff would appreciate suggestions and/or observations to consider for the 1985 SPRING MEETING in San Francisco. Themes, speakers, logistics, amenities and all other matters are open for review and discussion.

At the April COTH Administrative Board meeting, Mr. Munson suggested that attendance at the Baltimore meeting be analyzed. The results are as follows:

Hospitals under common ownership with a university, or where the majority of clinical department chairmen are hospital chiefs of service	
CHIEF EXECUTIVE OFFICERS	53
OTHERS	41
Affiliated hospitals not otherwise classified which are designated by the medical school dean as a major or limited affiliate for the school's clinical clerkship program	
CHIEF EXECUTIVE OFFICERS	40
OTHER	26
Specialty hospitals	
CHIEF EXECUTIVE OFFICERS	5
OTHER	2
Veterans Administration hospitals	
CHIEF EXECUTIVE OFFICERS	12
OTHER	1
Speakers, invited guests, and staff	36
TOTAL	216

ALLIANCE
HEALTH SYSTEM

18 Koger Executive Center, Suite 202, Norfolk, Virginia 23502 • (804) 466-6615

June 1, 1984

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

Dear Dick:

I thought the spring meeting was terrific, too. As I indicated on the phone, the success was largely accomplished by you and your fine management staff, although I thought our committee was a good one, also. I have three suggestions:

1. I thought we would have been better off with one or two less speakers on Thursday. The day was a long one and a bit taxing.

2. Would we be better off to let people be on their own for lunch--especially if we are in an area such as the Baltimore harbor where so many different foods are available? This would require a little longer for lunch and might create an attendance problem.

3. I still think institutions would benefit by the presence of board representation. I was disappointed that only a couple of board members attended.

Youse did well!

Sincerely,

Glenn R. Mitchell
President

cc: Planning Committee
Haynes Rice

The University of Iowa

Iowa City, Iowa 52242

The University of Iowa Hospitals and Clinics
Office of the Director and Assistant to
The President for Statewide Health Services

(319) 356-1616

1847

May 22, 1984

Dr. Richard Knapp, Ph.D., Director
Department of Teaching Hospitals
Association of American Medical Colleges
1 Dupont Circle, NW, Suite 200
Washington, D.C. 20036

Dear Richard:

Just a short note to let you know that I felt the most recent Spring meeting was one of the very best that we've had in COTH. Congratulations to you, Glenn Mitchell and the others who arranged it. In addition to the stimulating array of speakers, the evening at the aquarium arranged by our colleagues from Baltimore was a real capstone for the meeting. The only low point for me during the entire session was the lack of depth and precision from our after dinner speaker on the first evening. That not only surprised me, but also left me a bit depressed as we contemplate our future liaison with the Congress.

Look forward to seeing you one of these days.

Sincerely,

John W. Colloton
Director and Assistant to the President
for Statewide Health Services

JWC:phj

cc: Dr. John Cooper
Mr. Glenn Mitchell

UNIVERSITY HOSPITAL
UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

June 4, 1984

Mr. Richard M. Knapp, Ph.D
Director
Department of Teaching Hospitals
Suite 200/One Dupont Circle, N.W.
Washington, D.C. 20036

Dear Dick:

Thanks for your note of the 24th. I thought the Spring Meeting was excellent. The topics were well chosen and the speakers did a good job. The only comment I would make is that an evening program after cocktails and dinner is more than we can expect out of the COTH crowd. People had difficulty staying awake.

Perhaps it would be best just to have a cocktail party the night before - be on your own for dinner and start the meeting promptly at 8:30 a.m. on Thursday morning.

Sincerely,

Robert H. Muilenburg
Executive Director
University of Washington Hospitals

RHM:cc

JEWISH
HOSPITAL
AT WASHINGTON UNIVERSITY MEDICAL CENTER

May 21, 1984

Richard Knapp, Ph.D., Director
Council of Teaching Hospitals
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C. 20036

Dear Dick:

The spring meeting was excellent in its quality as usual. Baltimore was a very good place to meet. You can hold it there again as far as I am concerned.

I thought that Jim Bentley's presentation was one of the most revealing even though the data is not yet complete.

Cordially yours,

David A. Gee
President

DAG:skw

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American Hospital Association

AHA

840 North Lake Shore Drive
Chicago, Illinois 60611
Telephone 312.280.6000

To call writer, telephone

May 23, 1984

Richard M. Knapp, Ph.D.
Director
Department of Teaching Hospitals
Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, DC 20036

Dear Dick

I just wanted to drop you a note to congratulate you on a very good spring meeting. I must say that the opportunity that the COTH group presents to me to be exposed to some real thinkers and doers is most appreciated.

The program, although quite busy, really did address some of the very significant issues facing this group of hospitals. You and the program planning committee are to be commended for that.

One final word: It was great to have the meeting held were it was. The Inner Harbor area of Baltimore has really undergone an astonishing transformation. The hospitality of the Baltimore area COTH members, as shown by the reception at the Aquarium, could not have been any better. Thanks again for inviting me. I look forward to continue to work with COTH.

Sincerely

Robert P. Katzfey
Director
Section for Metropolitan Hospitals

RPK/lrl

the
children's
memorial
hospital

2300 children's plaza
chicago, illinois 60614
312 880-4000

May 23, 1984

Richard Knapp, Ph.D.
Director
AAMC/COTH
One Dupont Circle, N.W.
Suite 200
Washington, D.C. 20036

Dear Dick:

I think the latest Spring Meeting of COTH was the best that we have held thus far. Each year these meetings seem to get better and I think it reflects the evolutionary change underway which forces the subjects to be dealt with in more specific terms.

I think it would be desirable to publish the three papers presented Friday morning by Doctors Kaufman, Kmetz, and Buchanan. These three presentations were most revealing and could be quite helpful to a variety of COTH member hospitals as they reason through their future. It was obvious to me that George Washington University and the University of Louisville are up against it in the long term as to how they are going to finance their teaching facilities. Thus the course of action they have taken is much better understood. A number of medical centers throughout the country may follow in the same light as their options are quite narrow. Although there is a great deal of concern as to how the academic thrust of the medical center will be financed over the near and long term, I guess the major question is whether a proprietary health company also will survive. This seems to be a more compelling matter for the long pull. For example, what happens if Humana is bought by Beatrice Foods down the road and Beatrice decides that the present priorities of Humana should be changed in order to meet the corporate parent's profit objective. It may not be possible to protect against all the potentials that lie ahead, but significant change lies ahead for those medical centers who are not in good financial position. The Friday morning papers certainly could benefit many of our members who should be addressing these matters in a more deliberative fashion.

I thought both Karl Bays and Larry Lewin made excellent presentations and broadened our thinking about what lies ahead. I would be particularly interested in hearing Lewin's thesis on the future of the teaching hosptial to go with his understanding and thoughts with respect to the uninsured patient.

Congratulations to you and the Committee. I think this was an excellent meeting. Perhaps the true measure is the few defections that we had throughout

Richard Knapp, Ph.D.

the course of the meeting. Their interest was held from beginning to end.

Kindest personal regards.

Sincerely,

Earl J. Frederick
President

EJF/at

Medical College of Ohio Hospital **Office of the Executive Director**

419-381-4172 419-381-3411

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May 24, 1984

Richard M. Knapp, Ph.D.
Director, Department of Teaching Hospitals
AAMC
One DuPont Circle, N.W.
Suite 200
Washington, D.C. 20036

Dear Richard:

A note of thanks and congratulations on a most stimulating COTH Meeting in Baltimore. This was the first meeting that I have attended of the Teaching Hospitals, and found it to be very worthwhile. If misery loves company, I have lots of compassionate friends out there.

We ended the session on what I thought was a very appropriate subject, namely the role of the proprietary hospitals within the Council. It is my feeling that the difference between for-profit and not-for-profit hospitals is growing much smaller and it is awfully difficult in many cases to differentiate between these types of organizations. I won't even comment on the fact that some proprietary hospitals now own or manage what everyone would consider a teaching hospital, i.e. Louisville. There appears to be a move in this country, which the teaching hospitals have certainly picked up on, and that is to become "more like a business" and worry about the "bottom line". I would suspect that most teaching hospitals have some sense of entrepreneurial spirit, have developed subsidiary or parent organizations, in many cases on a for-profit basis; or have or are in the process of developing relationships with for-profit companies, such as home health agencies, durable medical equipment suppliers and the like. Thus the clear demarcation between proprietary hospitals and non-profit hospitals, except for perhaps profits accruing to the owners in the case of proprietary hospitals is now blurred.

During the course of the comments, someone said that the criteria for membership in the Council should be related to the teaching mission of the institution, and I would agree. However even that is somewhat hazy, and I use MCO as an example. During this past year, while developing a budget for the hospital, we went on to a variable budgeting process. In looking at the various levels of occupancy, we reached the point where I, as Director of a medical school hospital, had to question whether we can keep all the house staff that we have and spoke to the Dean of the medical school about this. One

-- continued

might argue where a proprietary hospital and a non-profit teaching hospital may begin to make cuts in the education program, but what I am saying is that nothing is sacred and even in a medical school hospital, we need to look at the amount of money that goes into teaching.

The sum and substance of all this is that I would certainly support the inclusion of legitimate for-profit hospitals in the Council of Teaching Hospitals, if they indeed have as one of their primary goals the education mission that we require of our non-profit members.

Once again, it was a super meeting, and I hope that over time I may become more involved in COTH. Take care.

Sincerely yours,

David J. Kolasky
Executive Director

cb

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RHODE ISLAND HOSPITAL
Providence RI

HUNT, Roger S.
INDIANA UNIV HOSPITALS
Indianapolis IN

HURT, Delbert
UNIV NEBRASKA MEDICAL CENTER
Omaha NE

HUSTON, Samuel R.
UNIVERSITY HOSPITALS OF CLEVELAND
Cleveland OH

IGLEHART, John K.
NEW ENGLAND JOURNAL OF MEDICINE
Potomac MD

INKLEY, Scott R. MD
UNIVERSITY HOSPITALS OF CLEVELAND
Cleveland OH

ISAACS, Joseph C.
NATIONAL HEALTH POLICY FORUM
Washington DC

ISBISTER, James D.
BC/BS ASSOCIATION
Washington DC

IVES, John E.
SHANDS HOSPITAL AT UNIV OF FLORIDA
Gainesville FL

1984 COTH SPRING MEETING REGISTRANTS

JENKINS, Charles D.
THE UNION MEMORIAL HOSPITAL
Baltimore MD

JENKINS, William I.
MILWAUKEE CO MEDICAL COMPLEX
Milwaukee WI

JENNINGS, Jan R.
MILLARD FILMORE HOSPITAL
Buffalo NY

JOHNSON, Lawrence B. MD
DC GENERAL HOSPITAL
Washington DC

JOLLY, Paul PhD
AAMC
Washington DC

JONES, Anne A. PhD
THE JOHNS HOPKINS HOSPITAL
Baltimore MD

KANE, Daniel A.
MT. SINAI MEDICAL CENTER
Milwaukee WI

KATZFEY, Robert P.
AMERICAN HOSPITAL ASSOCIATION
Chicago IL

KAUFMAN, Ronald P. MD
GEORGE WASHINGTON UNIV MED CTR
Washington DC

KENNEDY, Thomas J. Jr. MD
AAMC
Washington DC

KING, Al B.
BAPTIST MEMORIAL HOSPITAL
Memphis TN

KING, Sheldon S.
STANFORD UNIVERSITY HOSPITAL
Stanford CA

KING, Theodore M. MD
THE JOHNS HOPKINS HOSPITAL
Baltimore MD

KLEIT, Stuart A. MD
INDIANA UNIV HOSPITALS
Indianapolis IN

KMETZ, Donald R. MD
UNIV LOUISVILLE SCHOOL OF MEDICINE
Louisville KY

KNAPP, Richard M. PhD
AAMC
Washington DC

KOLASKY, David J.
MEDICAL COLLEGE OF OHIO HOSPITAL
Toledo OH

KOPPEL, Guy E.
UNIV CA, DAVIS, MED CTR
Sacramento CA

KUES, Irvin
THE JOHNS HOPKINS HOSPITAL
Baltimore MD

LASH, Myles P.
MEDICAL COLLEGE OF VIRGINIA HOSPS
Richmond VA

LAVE, Judith R. PhD
UNIVERSITY OF PITTSBURGH
Pittsburgh PA

LEE, Andre L.
GW HUBBARD HOSPITAL
Nashville TN

LEE, John J.
VETERANS ADMINISTRATION MC
Long Beach CA

LERNER, Wayne M.
RUSH-PRESBYTERIAN ST. LUKE'S
Chicago IL

LEVINSON, Rachel E.
NATIONAL INSTITUTES OF HEALTH
Bethesda MD

LEVITAN, Mark S.
SMS-SHARED MEDICAL SYSTEMS CORP
Malvern PA

LEWIN, Lawrence S.
LEWIN & ASSOCIATES
Washington DC

LEWIS, C.S. Jr. MD
TULSA MEDICAL ED FOUNDATION
Tulsa OK

LIEBERT, Arthur E.
ROCHESTER GENERAL HOSPITAL
Rochester NY

LITMAN, George I. MD
AKRON GENERAL MEDICAL CENTER
Arkon OH

LLOYD, Frank P. MD
METHODIST HOSPITAL OF INDIANA, INC.
Indianapolis IN

LUBELL, Ira MD MPH
BRONX-LEBANON HOSPITAL CENTER
Bronx NY

LUSKIN, Richard S.
THE CHILDREN'S HOSPITAL
Boston MA

MALLOY, James
UNIV ILLINOIS HOSPITAL
Chicago IL

1984 COTH SPRING MEETING REGISTRANTS

MARKS, Leon J.
VETERANS ADMINISTRATION MED CTR
Boston MA

MARLER, J. David PhD
AULTMAN HOSPITAL
Canton OH

MARYLANDER, Stuart J.
CEDARS-SINAI MEDICAL CENTER
Los Angeles CA

MASON, Joseph J.
VETERANS ADMINISTRATION MED CTR
Fresno CA

MATCH, Robert K. MD
LONG ISLAND JEWISH-HILLSIDE MC
New Hyde Park NY

MATHIS, Larry L.
THE METHODIST HOSPITAL
Houston TX

MC FADDEN, G. Bruce
MIDDLESEX GENERAL-UNIV HOSPITAL
New Brunswick NJ

MC GHEHEY, Jacqueline J.
SW MICHIGAN AREA HEALTH EDUC CTR
Kalamazoo MI

MERSON, Michael
FRANKLIN SQUARE HOSPITAL
Baltimore MD

MIDDLETON, E. G.
ALLIANCE HEALTH SYSTEM
Norfolk VA

MITCHELL, Glenn R.
ALLIANCE HEALTH SYSTEM
Norfolk VA

MOON, James E.
UNIVERSITY OF ALABAMA HOSPITALS
Birmingham AL

MORIARTY, Ralph F.
THE LANKENAU HOSPITAL
Philadelphia PA

MUCKERMAN, Richard I.C. MD
ST. JOHN'S MERCY MEDICAL CENTER
St. Louis MO

MUELLER, John F., MD
PRESBYTERIAN/ST. LUKE'S MC
Denver CO

MUILENBURG, Robert H.
UNIVERSITY OF WASHINGTON HOSPITALS
Seattle WA

MUNGERSON, Gerald W.
ILLINOIS MASONIC MEDICAL CENTER
Chicago IL

MUNSON, Eric B.
NORTH CAROLINA MEMORIAL HOSPITAL
Chapel Hill NC

McCASLIN, James B.
EPISCOPAL HOSPITAL
Philadelphia PA

McHENRY, Gary D.
HERMANN HOSPITAL
Houston TX

NESSON, H. Richard MD
BRIGHAM AND WOMEN'S HOSPITAL
Boston MA

NEWELL, William T. Jr.
UNIV HOSPITAL, SUNY STONYBOOK
Stony Brook NY

NEWMAN, Ray G.
PARKLAND MEMORIAL HOSPITAL/DCHD
Dallas TX

NICHOLSON, Robert M. MD
SW Michigan Area Health Education Center
Kalamazoo MI

NOIE, Nancie
AMERICAN HOSPITAL ASSOCIATION
Chicago IL

O'BRIEN, Charles M. Jr.
GEORGETOWN UNIVERSITY HOSPITAL
Washington DC

O'DONNELL, Randall L. PhD
ARKANSAS CHILDREN'S HOSPITAL
Little Rock AR

PATERSON, John A. DDS
ST JOSEPH'S HOSPITAL & MED CTR
Paterson NJ

PETASNICK, William D
NORTH CAROLINA MEMORIAL HOSPITAL
Chapel Hill NC

PETERSEN, John R.
MILWAUKEE CO MEDICAL COMPLEX
Milwaukee WI

PETERSON, Howard J.
MILTON S. HERSHEY MEDICAL CENTER
Hershey PA

PETERSON, Todd
UNIV CALIFORNIA, DAVIS, MED CTR
Sacramento CA

PFORDRESHER, Karen L.
AAMC
Washington DC

PIERSON, Richard A.
UNIV ARKANSAS HOSPITAL
Little Rock AR

1984 COTH SPRING MEETING REGISTRANTS

OMERVILLE, R.J.
ST. LUKE'S HOSPITAL
Cleveland OH

POWELL, Joseph H.
BAPTIST MEMORIAL HOSPITAL
Memphis TN

PROVENZANO, Louis M.
AKRON GENERAL MEDICAL CENTER
Akron OH

PRYCE, Richard J.
AULTMAN HOSPITAL
Canton OH

QUICKEL, Kenneth E., Jr., MD
THE GEISINGER MEDICAL CENTER
Danville PA

RABKIN, Mitchell T. MD
BETH ISRAEL HOSPITAL
Boston MA

RALLO, Vito F.
ROGER WILLIAMS GENERAL HOSPITAL
Providence RI

RAPOPORT, Morton I. MD
UNIVERSITY OF MARYLAND MED SYS
Baltimore MD

RAPP, Peter F.
MEDICAL COLLEGE OF VIRGINIA HOSPS
Richmond VA

READ, Peter K.
ST. LUKE'S HOSPITAL
Cleveland OH

REED, David A.
SAMARITAN HEALTH SERVICE
Phoenix AZ

REIF, Richard A. Jr.
THE UNION MEMORIAL HOSPITAL
Baltimore MD

REINERTSEN, John A.
UNIVERSITY OF UTAH HOSPITAL
Salt Lake City UT

RICE, Haynes
HOWARD UNIVERSITY HOSPITAL
Washington

RICE, Julian I.
TAMPA GENERAL HOSPITAL
Tampa FL

RICHARDSON, Jack W.
PITT COUNTY MEMORIAL HOSPITAL
Greenville NC

ROE, Dean K.
FROEDTERT LUTHERAN MEMORIAL HOSP
Milwaukee WI

ROWAN, John R.
VETERANS ADMINISTRATION MED CTR
Lexington KY

SACCI, Martha
THE JOHNS HOPKINS HOSPITAL
Baltimore MD

SAPIENZA, Anthony R. MD
ST. MARY OF NAZARETH HOSP CTR
Chicago IL

SEJNOST, Richard L.
HARPER-GRACE HOSPITALS
Detroit MI

SELINE, Nancy E.
AAMC
Washington DC

SHERLOCK, Gary V.
HUMANA HOSPITAL-UNIVERSITY
Louisville KY

SHORT, Richard R. EdD
LUTHERAN GENERAL HOSPITAL
Park Ridge IL

SHYAVITZ, Linda
UNIVERSITY HOSPITAL
Boston MA

SHYDLER, Daniel
STANFORD UNIVERSITY HOSPITAL
Stanford CA

SILVERMAN, Fred
BRONX-LEBANON HOSPITAL CENTER
Bronx NY

SKERRY, William J.
ST. ELIZABETH'S HOSPITAL
Boston MA

SLOMKA, Sister Stella Louis
ST. MARY OF NAZARETH HOSP CTR
Chicago IL

SMALL, Barbara A.
VETERANS ADMINISTRATION MED CTR
Boston MA

SMITH, C. Thomas
YALE NEW HAVEN HOSPITAL
New Haven CT

SMITH, Robert B.
UNIV MISSOURI HOSPITAL AND CLINICS
Columbia MO

SMITH, William F.
HERMANN HOSPITAL
Houston TX

SPERO, Barry M.
MT. SINAI MEDICAL CENTER
leveland OH

1984 COTH SPRING MEETING REGISTRANTS

SPYKER, Ellwyn D.
LEHIGH VALLEY HOSPITAL CENTER
Allentown PA

STEMMLER, Edward J. MD
UNIV OF PENNSYLVANIA SCH OF MED
Philadelphia PA

STICKLER, Daniel L.
PRESBYTERIAN-UNIVERSITY HOSPITAL
Pittsburgh PA

SWANSON, August G. MD
AAMC
Washington DC

SWIFT, Susan
UNIVERSITY OF MARYLAND MED SYS
Baltimore MD

TAYLOR, James H.
MED CTR HOSPITAL OF VERMONT
Burlington VT

TETIRICK, Jack E. MD
GRANT HOSPITAL
Columbus OH

THAYER, Harold E.
BARNES HOSPITAL
St. Louis MO

THOELE, Charles E.
ST. JOHN'S MERCY MEDICAL CENTER
St. Louis MO

TOWNSEND, Jessica
INSTITUTE OF MEDICINE
Washington DC

TRULL, David J.
NEW ENGLAND MEDICAL CENTER
Boston MA

TURCOTTE, R. L.
VETERANS ADMINISTRATION MED CTR
Omaha NE

TURNER, Kat
AAMC
Washington DC

URMY, Norman B.
VANDERBILT UNIVERSITY HOSPITAL
Nashville TN

VAN HULZEN, Donald
INDIANA UNIVERSITY HOSPITALS
Indianapolis IN

VANKO, Michael PhD
ALBANY MEDICAL CENTER HOSPITAL
Albany NY

VASILE, Gennaro J. PhD
UNITED HEALTH SERVICES
Johnson City NY

VICKERSTAFF, Hugh R.
VETERANS ADMINISTRATION MED CTR
Birmingham AL

WEINER, David S.
THE CHILDREN'S HOSPITAL
Boston MA

WESTERMAN, John H.
ALLEGHENY HEALTH SERVICES INC.
Pittsburgh PA

WHITE, Alex R. Jr.
CHILDREN'S MEMORIAL HOSPITAL
Chicago IL

WILLIAMS, Stuart J.
CHILDRENS HOSPITAL
Columbus OH

WOMER, Charles B.

Moreland Hills OH

WOOD, Charles
MANAGEMENT SYSTEMS INSTITUTE
Boston MA

WUBBOLD, Melissa H.
AAMC
Washington DC

WYNNE, John P. Jr.
STRONG MEMORIAL HOSPITAL
Rochester NY

ZACCAGNINO, Joseph A.
YALE-NEW HAVEN HOSPITAL
New Haven CT

ZELTEN, Robert A. PhD
UNIVERSITY OF PENNSYLVANIA
Philadelphia PA

DISCUSSION OF NEW CHALLENGES PAPER

The "New Challenges" paper has identified a number of issues which need deliberation by all AAMC Administrative Boards. However, specific recommendations on some issues most probably should come from the COTH Administrative Board. The most basic issue which needs discussion concerns the requirements for membership in COTH. There are three somewhat distinctive questions.

- Should the COTH Administrative Board recommend that the Council limit its membership to that group of hospitals that would meet a very narrow definition of primary teaching hospitals? Such a direction would indicate a specific move in the direction of exclusivity.

- Should the COTH Administrative Board recommend that the Council require a minimum number of residents for a hospital to become a full COTH member?

- Should the COTH Administrative Board recommend that the Council provide full membersihp and participation for investor-owned teaching hospitals?

In order to generate discussion, the staff of the Department of Teaching Hospitals offers the following observations:

- It would be unwise to move in the direction of an "exclusive" membership. There are already at least five medical schools which currently have no affiliated hospitals eligible for COTH membership. The staff does not believe AAMC policies would change if the membership were more exclusive and the clear advantages of such a decision have not been well stated.

- With regard to the matter of a minimum number of residents required to be a full COTH member, there are at least three alternatives.

  1. One could set a minimum number which would result in some current full members becoming corresponding members. The distribution of COTH members by number of residents, and a list of those current COTH members with less than 50 filled residency positions appears on the following pages. The question of what would be accomplished by this course of action, and what would be the reasoning for choosing any particular number need to be discussed.

2. A second alternative would be to leave the membership criteria as it is, and as long as a hospital meets the literal requirements (no matter how small the number), the hospital becomes a full member.

3. A third alternative could state that any hospital listed in the Directory of Residency Training Programs which is recommended by the medical school dean is eligible for full membership. The corresponding member category would be for consortia or other non-hospital organizations.

The staff has a preference for the second or third options.

o Given the strong opinions, even though they appeared to be a minority view, at the COTH Spring Meeting, it would be unwise to propose opening the COTH membership to investor-owned hospitals without further deliberation. The issue should be debated at least once again in a public forum before a specific action is taken. A strong case can be made that representatives of these hospitals would be a minority in the organization, and to the extent their views were contrary to current COTH/AAMC policies and those of their colleagues, their views would not prevail. Additionally, in at least two cases currently, a teaching hospital which is the principal institution in which the medical school's programs are carried out are ineligible for membership.

These matters should be discussed and debated so that recommendations can be prepared for Executive Council review in September.

* * * * *

In response to the "New Challenges" paper, letters have been received from Dave Kinzer, Bob Cathcart, and Paul Hofmann; these are included on pages 43-49 in this agenda. With regard to other matters in the paper, a discussion of what next steps are in order would be helpful.

COTH MEMBERSHIP

Classified by FTE Resident Positions Filled*

Number of Residents	Short-term General (Non-federal) #	Short-term General (Non-federal) % of total	Veterans Administration (General, acute) #	Veterans Administration (General, acute) % of total
30 or less	7	2%	3	4%
31-50	37	11	5	7
51-100	91	28	38	54
101-150	56	17	19	27
151-200	28	9	3	4
201-250	33	12	2	3
251-300	20	6		
301 or more	51	16		
	323	100%	70	100%

* Data not available for 37 hospitals

COTH MEMBER INSTITUTIONS WITH LESS THAN 50 FILLED RESIDENCY POSITIONS TOTAL

Donald G. Shropshire
President and Chief Executive Officer
Tucson Medical Center
Tucson, Arizona (15)

Geneva A. Clymer
Executive Director
The Hospital of the Good Samaritan
Los Angeles, California (47)

Lawrence V. Foye, M.D.
Medical Center Director
Veterans Administration Medical Center
San Francisco, California (10)

M.A. Holton
Medical Center Director
Veterans Administration Medical Center
Newington, Connecticut (41)

Philip D. Cusano
President and Chief Executive Officer
The Stamford Hospital
Stamford, Connecticut (40)

Wadley R. Glenn, M.D.
Medical Director
Crawford W. Long Memorial Hospital
Atlanta, Georgia (32)

David S. Ramsey
President
Iowa Methodist Medical Center
Des Moines, Iowa (37)

Wayne Maddocks
Medical Center Director
Veterans Administration Medical Center
Des Moines, Iowa (33)

Joseph A. Heeb
Executive Director and Chief Executive Officer
St. Joseph Medical Center
Wichita, Kansas (38)

Henry C. Wagner
President (26)
Jewish Hospital
Louisville, Kentucky

J. L. Buckingham
Executive Director (44)
Touro Infirmary
New Orleans, Louisiana

Donald A. Pabst
Medical Center Director (42)
Veterans Administration Medical Center
Shreveport, Louisiana

James R. Wood
President (46)
Maryland General Hospital
Baltimore, Maryland

Sister Margaret Tuley
President (41)
Carney Hospital
Boston, Massachusetts

T. J. Stranova
Medical Center Director (26)
Veterans Administration Medical Center
Brockton, Massachusetts

Francis P. Lynch
President (34)
Mount Auburn Hospital
Cambridge, Massachusetts

John C. Johnson
President (45)
Berkshire Medical Center
Pittsfield, Massachusetts

Ella E. Crepeau
Interim Superintendent (47)
Worcester City Hospital
Worcester, Massachusetts

Sister Margaret J. Straney
President and Chief Executive Officer (48)
St. Mary's Hospital
Grand Rapids, Michigan

Sister Betty Brucker
Executive Director (42)
St. Mary's Health Center
St. Louis, Missouri

Jan R. Jennings
President (47)
Millard Fillmore Hospital
Buffalo, New York

Barbara Yetka
Executive Vice President (47)
The Jewish Hospital and Medical Center of Brooklyn
Brooklyn, New York

Sister Ann William Bradley
President (37)
St. Mary's Hospital
Rochester, New York

Dennis R. Barry
President (40)
Moses H. Cone Memorial Hospital
Greensboro, North Carolina

William F. Andrews
President (25)
Wake County Hospital System, Inc.
Raleigh, North Carolina

Sister Mary Blandine Fleming
Administrator (33)
St. Francis Hospital
Tulsa, Oklahoma

G. Rodney Wolford
President, Metropolitan Hospitals,Inc. (49)
Emanuel Hospital
Portland, Oregon

Ellwyn D. Spiker
Administrator (18)
Lehigh Valley Hospital Center
Allentown, Pennsylvania

Carl I. Bergkvist
President (42)
The Bryn Mawr Hospital
Bryn Mawr, Pennsylvania

Dana R. Lundquist
President (35)
Hamot Medical Center
Erie, Pennsylvania

Stanley W. Elwell
President (30)
Episcopal Hospital
Philadelphia, Pennsylvania

John B. Neff
President (42)
Frankford Hospital of the City of Philadelphia
Philadelphia, Pennsylavania

Steven Baron
Acting President (42)
The Miriam Hospital
Providence, Rhode Island

Vito F. Rallo
President (39)
Roger Williams General Hospital
Providence, Rhode Island

Douglas Hawthorne
President (17)
Presbyterian Hospital of Dallas
Dallas, Texas

W. A. Yasinski
Medical Center Director (40)
Veterans Administration Medical Center
White River Junction, Vermont

Richard K. Tompkins, M.D.
Executive Director (31)
Pacific Medical Center
Seattle, Washington

David J. Kilcoyne
Medical Center Director (4)
Veterans Administration Medical Center
Clarksburg, West Virginia

Fred E. Blair
Executive Director (37)
Ohio Valley Medical Center
Wheeling, West Virginia

Gordon N. Johnsen
President (32)
Madison General Hospital
Madison, Wisconsin

Gary A. Mecklenburg
President and Chief Executive Officer (41)
St. Joseph's Hospital
Milwaukee, Wisconsin

MHA MASSACHUSETTS HOSPITAL ASSOCIATION

5 New England Executive Park, Burlington, Mass. 01803 Tel. (617) 272-8000

David M. Kinzer, President

May 30, 1984

Dear Dick

Thanks for sending me your "New Challenges" discussion paper. I found it most interesting and provocative, partly because in this setting I am trying to cope with a microcosm of the problems so well identified in your paper and partly because, as a result of this exposure, I have some personal concerns on the general point that our academic medical centers seem to be getting a bum rap, and something effective needs to be done about it pretty soon.

One general reaction to your piece: Though I recognize that your constituency has, as with many hospital associations, blurred and conflicting motivations, I think it would be tragic if you adopted an "all things to all people" strategy just to keep all of your members with you. Instead, I think you need to concentrate your resources on those issues that come into sharpest focus for our best teaching hospitals. I think you also must relate your programs and propaganda realistically to the fact that public support of the teaching hospital mission in graduate and undergraduate medical education will decline in pace with the realization that we are moving into a "doctor surplus" era. In other words, your hospitals need some other ways of justifying their existence. For example:

1. Clinical Excellence. As much as you can document your superiority here, and then crow about it publicly, I think you should. Example: The Stanford study recently published in NEJM.

2. Medical and Technological Innovation. The point is not made well or often enough that scientists in our academic medical centers are generating the life-extending or life-saving breakthroughs in medicine. This point seems to be getting overlooked by your many critics, expecially those in the business community, who now have singled out "teaching costs" as a prime target.

3. Charitable Care. Those of us in the field know that our teaching hospitals deliver an outsized proportion of the free care or bad debts given by our system. But I don't think many politicians know this. As you know, I am one of the "believers" who hold the hospital "social mission" to be important. Building on your contribution here is

one way of getting continuing financial support from government.

Also, Dick, I would like to see COTH more directly involved as a sponsor of research projects. On this, a suggestion: We need a study which documents the impact of "competitive market place" forces on teaching hospitals and on their capacity to "deliver" in the three arenas I have identified as valuable contributions. Study this in California as a prime example and, for comparison purposes, study what is going on in Massachusetts and/or Maryland.

Cheers

David M. Kinzer
President

DMK:MRH

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

PENNSYLVANIA HOSPITAL
The Nation's First Hospital / Founded 1751

DEPARTMENT FOR SICK AND INJURED
EIGHTH AND SPRUCE STREETS
PHILADELPHIA, PENNSYLVANIA 19107
TELEPHONE (215) 829/ 3312

May 21, 1984

Richard Knapp, Ph.D.
Association of American Colleges
One DuPont Circle, N.W.
Washington, D.C. 20036

Dear Dick:

The April 1984 discussion paper "New Challenges for the Council of Teaching Hospitals and the Department of Teaching Hospitals" has been reviewed.

All organizations, be they commercial for profit, public service, not-for-profit, associations, or governmental should, from time to time, pause and examine their role, mission and goals. This is good. I am glad the AAMC-COTH has done this. I assume that the COTH constituency has articulated a variety of concerns which may have triggered this most recent review. Such a questioning from the membership is to be expected and is in most instances a sign of desired vitality. Not to have a flow of comment might have been an indication of a very serious problem within the membership and a lack of involvement and interest in COTH.

As you proceed with your constituency relations and planning you might find it helpful to place greater emphasis on the near term (3 to 5 years) value of COTH--that of a well informed and strong voice when the debate and policies are finalized that relate to the financing of clinical medical education in the nation. It seems to me that this is one of the most visible and important issues available to COTH and of high interest to your membership. It might be worth your while to consider emphasizing this role that is so uniquely appropriate for COTH.

On page 10 a comment is made about the Voluntary Hospitals of America (VHA) "public policy advocacy role." It is my understanding, supported by the attached VHA policy statement that they envision their Washington presence as a business strategy. Please note that "routine representation for governmental affairs is not a function" of the Washington office.

Sincerely,

HRC

H. Robert Cathcart
President

HRC/eak
Enclosure

VHA

4545 Fuller Drive, Suite 336
Irving, Texas 75062
(214) 258-1737

Voluntary Hospitals of America, Inc.

PUBLIC POLICY INITIATIVE

The Public Policy Initiative of VHA is a business strategy designed to monitor public and private program initiatives in health care that it determines to have a special and important affect upon VHA and its shareholders; to assess the long and short range implications of such initiatives upon VHA and its shareholders; and to develop long and short term strategic policy options designed to deal with the changing health care environment.

The primary responsibility of the Public Policy Office is to assess, analyze, and, where possible, influence developments in the health care industry that have a special and important affect upon VHA and its shareholders and to develop strategic policy plans for VHA as a system of hospitals.

To meet these objectives, the Public Policy Office will work closely with shareholders of VHA to develop a communications network and a means of identifying new initiatives or changes in policy at the state and local levels; will develop and maintain appropriate contacts at the federal level to ensure access to and attention from federal decision makers; will closely follow federal policy; and, working with the appropriate representatives of the hospital industry, will ensure that the views of VHA on selected issues are known and considered at the federal level.

Routine representation for governmental affairs is not a function of the office and will be conducted by membership in hospital trade associations.

EMORY UNIVERSITY HOSPITAL
1364 Clifton Road, N.E. Atlanta, Georgia 30322
(404) 329-7221

Office of the
Executive Director

May 30, 1984

Richard Knapp, Ph.D.
Director, Department of Teaching Hospitals
Association of American Medical Colleges
One Dupont Circle, NW
Washington, DC 20036

Dear Dick:

I am sorry that I was unable to attend the COTH Spring Meeting in Baltimore. Unfortunately, I have been remiss in not suggesting that the COTH members belonging to the Sun Alliance be included in any subsequent revisions of Appendix A, "New Challenges for the Council of Teaching Hospitals and the Department of Teaching Hospitals."

Our 32 members employ some 70,000 people, admit more than 825,000 patients annually, and operate over 24,000 owned, leased and managed beds in 112 facilities. Although all of the Sun Alliance hospitals are not COTH members, I thought you would be interested in knowing the current membership as indicated in the attachment.

Sincerely,

Paul B. Hofmann
Executive Director

PBH:md
Att.

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: WOMENS HOSPITAL

Hospital Address: (Street) 2025 E. SAHARA AVENUE

(City) LAS VEGAS (State) NEVADA (Zip) 89116

(Area Code)/Telephone Number: (702) 735-7106

Name of Hospital's Chief Executive Officer: WILLA J. STONE

Title of Hospital's Chief Executive Officer: ADMINISTRATOR

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

*Fiscal period 10-01-82 THRU 09-30-83

A. Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn): 61

Average Daily Census: 29.41 adult days - for FYE 1983

Total Live Births: 2173

Admissions: 3546

Visits: Emergency Room: -0-

Visits: Outpatient or Clinic: -0-

B. Financial Data

Total Operating Expenses: $ 7,593,362.00

Total Payroll Expenses: $ 3,443,348.00

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: $ 16,408.00
Supervising Faculty: $ N/A

C. Staffing Data

Number of Personnel: Full-Time: 127
Part-Time: 64

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 67
With Medical School Faculty Appointments: 9

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

-0-	-0-	-0-	-0-
-0-	-0-	-0-	-0-

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

III. MEDICAL EDUCATION DATA

A. Undergraduate Medical Education

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

Clinical Services Providing Clerkships	Number of Clerkships Offered	Number of Students Taking Clerkships	Are Clerkships Elective or Required
Medicine	-0-	-0-	-0-
Surgery	-0-	-0-	-0-
Ob-Gyn	8 per year	48 total	Required
Pediatrics	-0-	-0-	-0-
Family Practice	-0-	-0-	-0-
Psychiatry	-0-	-0-	-0-
Other: -0-	-0-	-0-	-0-
-0-	-0-	-0-	-0-
-0-	-0-	-0-	-0-

B. Graduate Medical Education

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

Type of Residency[1]	Positions Offered	Positions Filled by U.S. & Canadian Grads	Positions Filled by Foreign Medical Graduates	Date of Initial Accreditation of the Program[2]
First Year Flexible	-0-	-0-	-0-	-0-
Medicine	-0-	-0-	-0-	-0-
Surgery	-0-	-0-	-0-	-0-
Ob-Gyn	7	6	1	early 1981
Pediatrics	-0-	-0-	-0-	-0-
Family Practice	-0-	-0-	-0-	-0-
Psychiatry	-0-	-0-	-0-	-0-
Other: -0-	-0-	-0-	-0-	-0-
-0-	-0-	-0-	-0-	-0-
-0-	-0-	-0-	-0-	-0-
-0-	-0-	-0-	-0-	-0-
-0-	-0-	-0-	-0-	-0-
-0-	-0-	-0-	-0-	-0-

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

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

IV. SUPPLEMENTARY INFORMATION

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

V. SUPPORTING DOCUMENTS

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

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

Name of Affiliated Medical School: University of Nevada - Reno, School of Medicine

Dean of Affiliated Medical School: DR. ROBERT M. DAUGHERTY, JR. MD, PHD

Information Submitted by: (Name) HARRISON H. SHELD, MD

(Title) CHAIRMAN, DEPARTMENT OF OB/GYN, UNIVERSITY OF NV-RENO SCHOOL OF MEDICINE

Signature of Hospital's Chief Executive Officer:

W.J. STONE W J Stone (Date) 2-13-84

UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

Associate Dean for Las Vegas
2040 W. Charleston Blvd
Suite 503
Las Vegas Nevada 89102
(702) 383-2638

April 5, 1984

Richard Knapp, Ph.D.,Director
Department of Teaching Hospitals
American Association of Teaching Hospitals
One Dupont Circle, N.W.
Washington, D.C. 20036

Dear Dick:

I am writing to support the application of Women's Hospital in Las Vegas for corresponding membership in the Council of Teaching Hospitals. Women's Hospital shares with Southern Nevada Memorial Hospital our required junior clerkship as well as our affiliated residency in Ob/Gyn. The administration and staff of the hospital have a commitment to medical education, and we count them as a critical and important part of our programs.

Therefore, I recommend without reservation that Women's Hospital, as an integral part of the School of Medicine, be endorsed for corresponding membership in the Council of Teaching Hospitals.

Sincerely,

Robert Daugherty, Jr., M.D., Ph.D.
Dean

/bj