A G E N D A

COUNCIL OF TEACHING HOSPITALS
ADMINISTRATIVE BOARD

Chicago Marriott Hotel
Wisconsin Room
November 14, 1988
7:30-9:00a

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
COTH ADMINISTRATIVE BOARD MEETING
September 8, 1988

PRESENT

J. Robert Buchanan, MD
Spencer Foreman, MD
Gary Gambuti
Jerome H. Grossman, MD
Leo M. Henikoff, MD
William H. Johnson, Jr.
Larry L. Mathis
James J. Mongan
Charles M. O'Brien, Jr.
Max Poll
Raymond G. Schultze, MD
C. Edward Schwartz
Barbara A. Small

ABSENT

John E. Ives
Alexander H. Williams

GUESTS

D. Kay Clawson, MD
John W. Colloton
Edward J. Stemmler, MD

STAFF

Ivy Baer
James D. Bentley, PhD
Catherine Cahill
Joanna Chusid
G. Robert D'Antuono
Linda E. Fishman
Robert F. Jones, PhD
Joyce V. Kelly, PhD
Richard M. Knapp, PhD
Joan Hartman-Moore
Robert G. Petersdorf, MD
Kathleen S. Turner
Melissa H. Wubbold
Stephen C. Zimmermann

COTH ADMINISTRATIVE BOARD
MEETING MINUTES

September 8, 1988

I. CALL TO ORDER

Dr. Buchanan called the meeting to order at 8:00a in the Caucus Room of the Washington Hilton Hotel. He welcomed the Board and suggested Dr. Bentley take this opportunity to introduce new staff in the Division of Clinical Services and any pertinent division updates.

Dr. Bentley introduced the three individuals new to the Division since the last Board meeting. He introduced Robert D'Antuono, noting that Robert joined the Division the following week as a staff associate whose primary reponsibility will be that of staffing the recently formed Group on Faculty Practice. Robert received his BA from the University of Maryland and his Masters in Hospital Administration from the George Washington University; he had previously been a consultant for a healthcare firm in New Jersey with an emphasis on physician reimbursement. Dr. Bentley also introduced Joanna Chusid, who came to the Division from the American Association of Retired Persons (AARP)and the National Council of Senior Citizens. Ms. Chusid received her Master of Public Health degree from Johns Hopkins and her law degree from Suffolk University. She joined the Division as a staff assistant and will be the individual responsible for the publication of the COTH Report and the newly created GFP Notes. Stephen (Chip) Zimmermann, research assistant, joined the Division in late August. Chip graduated from American University and was an economist with the U.S. General Accounting Office. He will be responsible primarily for the data gathering, analyses, and execution of the Housestaff Survey and the Executive Salary Survey, as well as providing research support to the Commonwealth Fund Project and its database. Dr. Bentley noted that the survey questionnaire for the Executive Salary Survey had been mailed to constituents that week. And lastly, for the benefit of those Board members not present at the June Administrative Board meeting, he introduced Dr. Joyce Kelly, Associate Vice President for Clinical Services, who joined the Division in June.

Dr. Buchanan welcomed these individuals and suggested the Administrative Board take this opportunity identify and introduce themselves.

II. CONSIDERATION OF THE MINUTES

ACTION: It was moved, seconded, and carried to approve the minutes of the June 23, 1988 COTH Administrative Board Meeting.

III. MEMBERSHIP

ACTION: It was moved, seconded, and carried to approve the following institution for full membership in the Council of Teaching Hospitals.

CHEDOKE-MC MASTERS HOSPITAL
Hamilton, Ontario, Canada

IV. MEDICARE POLICY ISSUES FOR 1989

Ivy Baer reviewed reasons for revising AAMC policy positions on Medicare payment, noting that teaching hospitals have operated profitably under PPS to date. Consequently, the graduate medical education and disproportionate share payments may be vulnerable. She identified six policy issues that are particularly relevant for teaching hospitals: the urban/rural differential, indirect medical education adjustment, outliers, disproportionate share adjustment, establishing PPS rate update factors, and direct medical education payments. Ms. Baer summarized staff recommendations on each policy issue: (1) maintenance of the urban/rural tiered rate structure until indices are available for both the wage and non-labor components of costs; (2) continuation of the policy on the indirect medical education adjustment, calling for computations using up-to-date data and only those variables used to determine PPS payments; with a modification calling for incremental changes based on analyses; (3) support for increasing the percentage of Medicare PPS payments used to compensate hospitals for high cost and long stay outliers as a means of more fully recognizing differences in patient severity of illness; (4) support for the continuation of a disproportionate share adjustment and for efforts to develop better measures of the impact of treating the poor on a hospital's costs; (5) support for rebasing PPS prices, so long as the process includes full disclosure and documentation; meanwhile PPS prices should be increased at a rate at least equal to the annual market basket rate; and (6) endorsement of existing AAMC policy on direct medical education payments, as detailed below.

A discussion of these items followed, during which distinctions were drawn between proposed AAMC positions and those of the AHA. The AHA recommends rebasing with protections and a "hold harmless" provision built into urban/rural rates. The AHA has no position on outliers. Dr. Schultze observed that hospital profits recently began to decline in California and he inquired whether current data might be used to set hospital rates. Dr. Buchanan suggested that recent dramatic declines in hospital profitability provide a special incentive for hospitals to provide their financial data promptly to organizations that are monitoring hospital profits such as the AAMC. Dr. Bentley described difficulties in using institutional financial statements to study trends in profitability. Dr. Schultze observed that hospital profits reflect cost savings. Dr. Bentley noted that some legislators believe that hospitals are not constraining costs sufficiently.

Mr. O'Brien speculated about the political consequences of arguing against the equalization of base rates, since rural hospitals are not in a compromising mood. Dr. Bentley noted that the proposed AAMC position does not argue against a single rate, rather it asks that the rate be properly adjusted. Mr. Poll suggested that teaching hospitals are faring well compared to rural institutions and perhaps a stronger case should be made for the teaching function per se. Dr. Buchanan observed that community hospitals are necessary allies. Dr. Foreman noted that the aggregate pool of available revenue is increasing at a substantially lower rate than hospital expenses. He suggested a focus on functions such as the provision of charity care that are less related to the teaching mission per se.

Following the general discussion, Dr. Buchanan called for specific discussions of the six recommendations, beginning with recommendation number one on the urban/rural differential. After brief discussion, the Board unanimously accepted the recommendation as follows:

ACTION: It was moved, seconded, and carried that the AAMC support a tiered rate structure for Medicare PPS payments which recognizes cost differences between urban and rural hospitals until adequate and tested indices for both wage and non-labor components of hospital costs are available.

Dr. Henikoff called attention to recommendation number two on the indirect medical education adjustment, suggesting that it be revised by striking the last phrase. Dr. Foreman observed that the adjustment may be a useful surrogate measure of severity. Dr. Grossman noted that when data from Massachusetts are added, the empirically-derived indirect medical education adjustment will decline even further. At this point, Dr. Bentley reviewed the history of the analytic approach that the AAMC has supported noting that current empirical analyses indicate that the adjustment could be reduced to between 3 and 5.5 percent. Several Board members suggested that language be added to the recommendation, noting that the indirect medical education adjustment partially compensates for unmeasured severity of illness differences between teaching and nonteaching hospitals.

Dr. Foreman inquired about possible political consequences of changing the AAMC policy supporting a formula-based approach. Dr. Knapp replied that the largest political problem facing teaching hospitals is the perception of their relatively high profits. He suggested that staff could continue to function effectively if the Association withdrew its support of the formula. Mr. Colloton observed that, in the absence of a severity adjustment, the Association could argue that the formula is an incorrect approach. Dr. Foreman moved that staff draft a revised recommendation calling for continuation of the current payment level for indirect medical education. This motion was unanimously approved. The staff drafted the following:

ACTION: It was moved, seconded, and carried that the AAMC support, as a floor, the October, 1988 formula (yielding 7.7% per 0.1 residents per bed) for the indirect medical education adjustment. This is in recognition of the multiple roles and accompanying costs teaching hospitals have in the nation's health care system, including caring for the most severely ill patients, introducing new diagnostic and treatment services, caring for patients in the high cost core cities of urban areas, and providing clinical education programs in the health professions.

Dr. Schultze initiated a discussion of recommendation number three on outliers, inquiring whether the definition depends on the amount of money allocated for outliers. Dr. Bentley replied affirmatively. Dr. Schultze observed that outliers at UCLA Medical Center have stays and charges far above the mean for relevant DRGs. He argued for the recommendation supporting an increased allocation for outliers. The recommendation was unanimously adopted as follows:

ACTION: It was moved, seconded, and carried that the AAMC support increasing the percentage of Medicare PPS payments used to compensate hospitals for high cost and long stay outliers as a means of more fully recognizing differences in patient severity of illness.

Dr. Mongan addressed recommendation number four on the disproportionate share adjustment, suggesting that the recommendation be revised to specifically refer to the poor and their impact on the hospital's financial status. A discussion ensued regarding the wisdom of linking Medicare, indigence and hospital financial status. Drs. Mongan and Schultze argued for linking these concepts, noting that hospitals must remain solvent in order to serve the aged poor. Dr. Knapp noted that there may be political resistance to this linkage. After further discussion, the recommendation was amended per Dr. Mongan's language and unanimously accepted as follows:

ACTION: It was moved, seconded, and carried that the AAMC support the inclusion of a disproportionate share adjustment in the Medicare PPS system and support efforts to develop better measures of the impact of treating the poor, including the aged poor, on a hospital's overall costs and financial status.

Recommendation number five on rebasing was unanimously accepted

with little discussion, as follows:

ACTION: It was moved, seconded, and carried that the AAMC support rebasing PPS prices, but only when rebasing includes full, public documentation and release of methodology and data; contemporary hospital cost data; and a rulemaking process with comment and appeal. If these conditions are not met, the AAMC supports an annual increase in PPS prices at least equal to the annual increase in the price of goods and services purchased by hospitals.

Mr. Gambuti initiated a discussion of recommendation number six on direct medical education payments. The recommendation is as follows:

ACTION: It was moved, seconded, and carried to recommend that the Executive Council endorse the existing AAMC policies that:

- o residents in approved training programs should be funded largely by payments to teaching hospitals by patient care payers at least through the number of years required to achieve initial Board eligibility in their chosen discipline.
- o one additional year of funding beyond initial Board eligibility should be provided from teaching hospital revenues for fellows in accredited training programs to the extent that the hospital funded such training in 1984
- o an individual should be supported from patient care payers' payments to teaching hospitals for a maximum of six years of graduate medical education.

It is also recommended that the AAMC adopt the following new position:

While public and private organizations may adopt positive financial incentives to encourage physicians to train in particular disciplines they should not adopt financial disincentives for a particular discipline during the period of its initial Board eligibility.

Mr. Schwartz inquired about the use of "1984" as a base period. Dr. Clawson noted that this implies that new programs since 1984 may not be covered and he suggested that the definition is static. Dr. Knapp noted that this section only applies to fellowships.

Dr. Buchanan then asked Board members' opinions regarding financial disincentive. Dr. Grossman and others argued against disincentives. Following further discussion, the recommendation was approved as shown above. The discussion concluded with a review of the AAMC and AHA positions, with Dr. Bentley observing that the presence of the AHA's "hold harmless" provision is the single largest difference in the positions of the two organizations, if rebasing is adopted.

V. AAMC AD HOC COMMITTEE ON AIDS: REPORT ON INSTITUTIONAL POLICIES

Ivy Baer called the Board's attention to the recommendations on page 19 of the Agenda for the Executive Council Meeting. She noted that the COTH Board was being requested to approve the report prepared by the AAMC Committee on AIDS. Essentially this report is to be used as a guideline to help institutions establish policies regarding AIDS. Also, she noted that the Executive Council was requested to defer action on the Committee motion until it had an opportunity to review data from the AAMC's Group on Student Affairs survey of institutional health policies and health care services. The survey will be conducted this fall. The motion was as follows:

ACTION: It was moved, seconded, and carried that the Executive Council of the AAMC examine and address the issue of health care and disability compensation arrangements raised by the possibility of HIV infections that are acquired by medical students, residents, and faculty/staff in the course of medical training and/or employment. The purpose would be to establish effective dialogue with insurers and develop model mechanisms and costs to address this issue.

Robert Jones, Director of the Section for Institutional Studies of the AAMC and staff to the Committee on AIDS, joined the group for the discussion that ensued. A major problem exists in the case of employees or residents who may have AIDS or who contract AIDS while working in the hospital. Mr. Gambuti commented upon the report noting that it was well done and sensitive to the issues. After further discussion, the Board unanimously recommended that the report be distributed.

VI. NURSING SHORTAGE FOLLOW-UP

In the discussion on the follow-up to the dinner, the following were among the major points made:

Mr. Schwartz suggested that there may be an agenda that academic medical centers can pursue. For instance, he wants to explore the notion that salaries should be compressed at the entry level and made up at the other end;

Ms. Small questioned whether the nursing leadership at the dinner represented practicing nurses today. She wants to speak to some "hands-on nurses" to see if the leadership speaks for them;

Dr. Grossman would like COTH to bring together representatives from its own hospitals to structure and run pilot programs aimed at addressing problems in nursing; and

There was general agreement that the idea of a nursing internship -similar to what physicians go through - should be explored. As Dr. Henikoff pointed out, this should not be couched in terms of adding another year to the nursing degree but as a way to use the final year of a nursing program to turn nursing education into nursing practice;

It was decided that the Board should recommend a small committee be established to come up with a set of next steps. Also, a COTH representative should be sent to the American Organization of Nurse Executives' (AONE) October 7 meeting in Chicago. It is hoped that a dinner with nurse-representatives will occur again in the future.

VII. JACHO FOLLOW-UP

Dr. Bentley opened the discussion by giving a brief history of the JCAHO special project on academic medical centers. Mr. Schwartz noted that five medical centers that met at his hospital recommended that the special JCAHO survey of teaching hospitals be halted. Dr. Bentley reported that this was consistent with the Board's June recommendation. While the JCAHO staff seem to accept this position, he noted that doing anything further will be up to the teaching hospitals. The only idea that will be pursued at this point is adding "academic types" to survey teams.

VIII. PRESIDENT'S REPORT

Dr. Petersdorf joined the Board at 10:00a, and commenced his report by announcing recent AAMC staff appointments: Dr. Thomas Malone, AAMC Vice President for Biomedical Research and former Deputy Director of the NIH; and Dr. Herbert Nickens, AAMC Vice President for Minority Affairs, Health Promotion, and Disease Prevention, former head of the Bureau of Minority Affairs at DHHS and Robert Wood Johnson Clinical Scholar.

Dr. Petersdorf summarized AAMC activities and projected undertakings announcing that a five-year strategic plan for the Association would be unveiled at the December AAMC Officers' Retreat, and would be made available to the Administrative Board and constituents soon after.

He noted the Association's paper on fetal research and the use of fetal tissues in research, authored by Dorothy Lehrman in the AAMC

Division of Biomedical Research. He praised the paper and noted that an NIH committee formed to deal with this issue is using the paper as a "text" in its study. Negotiations with a foundation are being considered to implement a follow-up of the AAMC's GPEP Report. This follow-up study will evaluate how medical schools have responded to the Report's recommendations over the past four years. Additionally, the AAMC's Journal of Medical Education (JME) will be discontinued at the end of 1989 to make way for the new journal, Academic Medicine. Dr. Petersdorf stressed the new format and content of this journal with emphasis on health policy and health services research as well as the current peer-reviewed papers on medical education issues. A point-counterpoint evaluation of the role of academic medicine in a new environment by Dean Ross and President, Robert M. Heyssel, MD of Johns Hopkins will be featured in an early issue. This new journal will also highlight a number of regular articles, including a book review column by Sherman Mellinkoff.

Dr. Petersdorf noted the eleventh week of processing applications for the 1989 medical school entering class coincided with a decline in applications of 11% over 1988. He noted that similar numbers in 1988 parlayed out to a lower number of a 4.7% decline, however. A popular figure of a 10% decline appears to be exaggerated from 4.7. Additionally, this overall figure is not regionally representative as the west coast schools continue to be deluged with applications as opposed to a number of large state schools in the central states that report a major falloff in applications. Dr. Petersdorf felt that if the current trend, albeit exaggerated, continues the anticipated drop in quality of applicants will occur.

A discussion ensued of the upcoming 1988 AAMC Annual Meeting; Dr. Petersdorf announced that Tommy Hunter, former dean at UVA, will be the recipient of this year's Flexner Award; Al Gilman from the University of Texas will receive the Research Award. It is also planned to accord some teaching awards to be jointly sponsored by the AAMC and AOA. Dr. Petersdorf also noted that an hoc meeting on fraud in research had taken place September 7 at which COTH was represented by Dr. Foreman and Mr. Poll. He indicated that it was clear attention might soon be focused on the conflict of interest component of this issue, and the Association needed to monitor this matter closely.

Dr. Petersdorf concluded his report with an assessment of the American University of Beirut's membership in the Association and their University Hospital's membership in COTH. Following deliberations on the school's New York charter, the fact that its current membership might encourage applications for membership by other unqualified institutions, the delicacy of the situation with the AAMC's perceived bias against FMGs, the fact that this school has not received LCME accreditation, and the AAMC bylaw stating member schools will reside in the continental United States with the exceptions of Alaska, Hawaii, and Puerto Rico, Dr. Petersdorf asked that on the recommendation of the Executive Committee, the following action be taken.

ACTION: It was moved, seconded, and carried that the AUB be asked to voluntarily resign membership in the AAMC, and as a last resort, that the Executive Council recommend to the Assembly in November that the AUB's membership be discontinued. This action would in addition terminate AUB University Hospital's membership in COTH.

Dr. Petersdorf felt that possibly another type of school membership in the Association, such as corresponding, warranted future consideration but did not feel that this would apply to AUB in any event. Dr. Buchanan stressed his support of the Executive Committee's recommendation and asked for the Board's support at the Annual Meeting should this issue come to the Assembly.

IX. STRATEGIC GOALS FOR THE AAMC

A handout was distributed outlining seven proposed strategic goals for the Association (Attachment A). Review and discussion of the seven points ensued at Mr. Colloton's request. The following recommendations were made:

Substitute the word "promote the attractivness" for "attract" in goal 1; substitute the word "evolving" for "future" in goal 2; substitute "To promote: high quality patient care, high quality biomedical research, and medical education and training of high quality consistent with the evolving practice of medicine." for goal 3; substitute "intellectual, organizational" for "organizational" in goal 4; substitute "promote" for "create," and "all participating" for "all" in goal 5; no difficulties were encountered with goals 6 and 7.

X. REVISION OF THE GENERAL REQUIREMENTS SECTION OF THE ESSENTIALS OF ACCREDITED RESIDENCIES

Dr. Bentley reviewed this Executive Council agenda item, explaining that any revisions in these essentials must be ratified by the five sponsoring organizations of the Accreditation Council for Graduate Medical Education (ACGME). The proposed revisions are listed in the September Executive Council blue agenda on pages 60-61.

After appropriate discussion, the Board approved the following changes:

- Addition to Section 1.3 was approved with the following changes:

  Delete "Residents must be provided with," beginning the sentence with "Adequate." Add "Must be accessible to residents" following the phrase "food facilities." Delete the word "rapid" following the word "including."

- New section following 1.3 was approved as presented.

- o Addition to Section 5.1.3 was approved as presented.

- o New Section 5.1.5 was not approved in favor of the following language:

  The institution must provide residents with a written statement of policy pertaining to the effect of leaves of absence, for any reason, toward the completion of their residency programs.

ACTION: It was moved, seconded, and carried to recommend ratifying the four proposed revisions to the ACGME Essentials with the above-noted changes.

(The letter sent to Dr. John Gienapp of the ACGME following Executive Council deliberation on revision of these Essentials is included in these minutes as Attachment B.)

XI. REVISION OF THE ACGME BYLAWS

ACTION: It was moved, seconded, and carried to approve ratification of the ACGME bylaw revisions as shown in the September Executive Council blue agenda, pp. 63-70.

XII. SELECTION OF 1991 COTH SPRING MEETING SITE

Keeping in mind the June Administrative Board discussion of the COTH Spring Meeting, and with an eye to competitive hotel rates, staff asked the Administrative Board to give consideration to the selection of a meeting site for the 1991 Spring Meeting. The 1989 meeting is scheduled for San Diego, and the 1990 meeting for Boston. Staff recommended at this time either Chicago, IL or New Orleans, LA as possible 1991 COTH Spring Meeting sites.

The Board expressed strong support for Chicago, however, Dr. Henikoff expressed concern about the format of the meeting. He felt the same opportunity for social networking provided by the COD Spring Meeting was not present at the COTH Spring Meeting, and believed that a program designed to include spouses provided an environment that encouraged a different level of participant interaction. Dr. Buchanan agreed that the Deans' meeting, though less informational, was more congenial and a resort setting would be "a big plus." It was noted that this debate had transpired several times in the past and the general sentiment had traditionally been in favor of the current format. Mr. Poll suggested that many CEOs attended other resort-based meetings, and he did not feel he had the time to commit to another three-four day meeting. Additional concern was expressed regarding travel time; it was decided to put this item on the November Board meeting agenda for further deliberation.

XIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 12:30p.

ATTACHMENT A

AAMC GOALS

At the June Administrative Board and Executive Council meetings, the following mission statement for the AAMC was adopted:

> The Association of American Medical Colleges has as its purpose the improvement of the nation's health through the advancement of academic medicine. As an association of medical schools, teaching hospitals, and academic societies, the AAMC works with its members to set a national agenda for medical education, biomedical research and health care, and assists its members by providing services at the national level that facilitate the accomplishment of their missions. In pursuing its purpose, the Association works to enhance the search for biomedical knowledge, to advance research in health services, and to integrate education and research into the provision of effective health care.

As a next step in the Board's participation in the Association's strategic plan, John Colloton has asked each Board member to review and discuss the following seven strategic goals at the September meeting:

1. To attract the most talented and broadly representative persons into medicine.

2. To promote medical education and training of high quality consistent with the future practice of medicine.

3. To ensure an environment in which biomedical research can flourish.

4. To promote the organizational and financial vitality of medical schools and teaching hospitals.

5. To create a community of interest in academic medicine among all professionals.

6. To provide representation about the Association's purposes, capabilities, and positions to its constituents, the public and their elected and appointed representatives.

7. To maintain the Association's intellectual and financial resources needed to achieve these goals.

ATTACHMENT B

September 9, 1988

John C. Gienapp, Ph.D.
Secretary
Accreditation Council for
Graduate Medical Education
535 North Dearborn Street
Chicago, Illinois 60610

Dear John:

The Executive Council of the Association considered the revisions of the General Requirements section of the Essentials of Accredited Residencies that had been forwarded for ratification by the ACGME on September 8th. The new section to immediately follow Section 1.3, pertaining to autopsies was ratified. The additional text to Section 5.1.3 pertaining to supervision was approved as ratified.

The addition of new text to section 1.3 was ratified with the following amendments:

> ~~Residents must be provided with~~ Adequate sleeping, lounge, and food facilities (must be accessible to residents) during assigned duty hours. Adequate clinical support services must be provided on a 24-hour basis, including ~~rapid~~ retrieval of medical records and of laboratory and radiological information in a manner appropriate for quality patient care and educational programs.

The reasons for these amendments are:

> The statement "must be provided" could be interpreted to mean that facilities are required at sites that are not consistent with the most efficient use of institutional resources. The term "accessible" is meant to require that such facilities be available, but not necessarily on every service or floor.
>
> The deletion of the word "rapid" is based on the belief that the definition of what is rapid is open to broad interpretation.

New Section 5.1.5, regarding leave of absence policies, was not ratified. A substitute is presented as follows:

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

5.1.5 The institution must provide residents with a written statement of policy concerning the effect of leaves of absence, for any reason, on the satisfaction of the criteria for completion of the residency program.

This substitution is based upon the belief that the General Requirements should delineate the institution's responsibility for the educational program of residents, and not be directed toward policies relating to the terms of employment of hospital personnel (of which there are many types). If a resident for any reason, either voluntarily or involuntarily, takes a leave of absence, how that hiatus in his or her program affects the satisfactory completion of the program is a legitimate concern of the resident, the institution, and the ACGME.

Sincerely yours,

August G. Swanson, M.D.
Vice President for Academic Affairs

cc: D. Kay Clawson
Robert Petersdorf
Louis Kettel
Olga Jonasson
Tom Morris
Jay Sanford

COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

APPLICATION FOR MEMBERSHIP

Membership in the Council of Teaching Hospitals is limited to organizations 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
One Dupont Circle, N.W.
Suite 200
Washington, D.C. 20036

I. HOSPITAL IDENTIFICATION

Hospital Name: Harris County Psychiatric Center

Hospital Address: (Street) 2800 S. MacGregor Way

(City) Houston (State) TX. (Zip) 77021

(Area Code)/Telephone Number: (713) 741-7811

Name of Hospital's Chief Executive Officer: Louis A. Faillace

Title of Hospital's Chief Executive Officer: Executive Director

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

Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn): 250

Average Daily Census: 212

Total Live Births: _____

Admissions: 3,000

Visits: Emergency Room: _____

Visits: Outpatient or Clinic _____

B. Financial Data

Total Operating Expenses: $ 24,000,000

Total Payroll Expenses: $ 12,000,000

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: $ 1,010,000
Supervising Faculty: $ 1,800.000

C. Staffing Data

Number of Personnel: Full-Time: 520
Part-Time: Nil

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 24
With Medical School Faculty Appointments: 24

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

Psychiatry

Does the hospital have a full-time salaried Director of Medical Education?: Chairman of Medical School Department of Psychiatry

III. MEDICAL EDUCATION DATA

A. Undergraduate Medical Education

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

Clinical Services Providing Clerkships	Number of Clerkships Offered	Number of Students Taking Clerkships	Are Clerkships Elective or Required
Medicine			
Surgery			
Ob-Gyn			
Pediatrics			
Family Practice			
Psychiatry	150	150	Yes
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.

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	6	6	0	
Medicine				
Surgery				
Ob-Gyn				
Pediatrics				
Family Practice				
* Psychiatry	47	44	3	-
Other:				

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

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

*A Total of 53 residents rotate between Hermann Hospital and the Harris County Psychiatric Center with 34 F.T.E.'S funded by HCPC.

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 Texas Medical School at Houston

Dean of Affiliated Medical School: John Ribble, M.D.

Information Submitted by: (Name) D. Kent Norman

(Title) Assistant Administrator

Signature of Hospital's Chief Executive Officer: [signature]

(Date) 8-24-84

Harris County
hcpc
Psychiatric Center

September 28, 1988

P.O. Box 20249
Houston, Texas 77225-0249
(713) 741-5000

James D. Bentley, Ph.D.
Vice President of Clinical Services
Association of American Medical Colleges
Council of Teaching Hospitals
One Dupont Circle. N.W.
Suite 200
Washington, DC 20036

Dear Dr. Bentley:

You have already received the Harris County Psychiatric Center application for membership in the Council of Teaching Hospitals. I am now forwarding to you those items which should have been submitted along with the application. Those items include the letter of recommendation from John C. Ribble, M.D., Dean of the University of Texas Medical School at Houston, the Hospital's enabling legislation, Senate Bill 1295, and the Lease and Operating Agreement which together serves as a Hospital Affiliation Agreement with the Medical School.

The Harris County Psychiatric Center is owned by the Texas Department of Mental Health and Mental Retardation and the Harris County Mental Health and Mental Retardation Authority, but is operated under a long term agreement by the University of Texas System as part of the University of Texas Health Science Center at Houston. The Board of Regents of the University of Texas serves by legislative mandate as the governing body of the hospital.

The Harris County Psychiatric Center has educational affiliations with the Texas Women's University, the University of Texas System School of Nursing, Texas Southern University, the University of Houston, the University of Texas at Austin, Prairie View A & M College of Nursing, and Texas Christian University. These affiliations cover undergraduate and graduate programs in nursing, psychology, social work, pharmacy, and allied health.

In addition to the medical and allied health education mission of the hospital, state law requires the hospital to participate in programs of research in mental health and mental illness. The hospital serves as the inpatient division for psychiatric and mental health research programs based at the University of Texas Mental Sciences Institute. The Mental Sciences Institute is funded by state appropriations, local income, and state and federal grants. The education, research, and patient care

activities of the Medical School Department of Psychiatry, the University of Texas Mental Sciences Institute, and the Harris County Psychiatric Center are closely coordinated by the Chairman of the Department of Psychiatry and Behavioral Sciences who serves as the Director of the Mental Sciences Institute and the Hospital. Likewise faculty and students of the research institute and the hospital are the same of those of the Department of Psychiatry and Behavioral Sciences.

I hope that your Board favorably acts on the Harris County Psychiatric Center's application for membership. Please do not hesitate to call me if you have any questions.

Sincerely,

D. Kent Norman
Assistant Administrator

The University of Texas
Health Science Center at Houston

MEDICAL SCHOOL
John C. Ribble, M.D., Dean

6431 Fannin
P.O. Box 20708
Houston, Texas 77225
(713) 792-5000

September 6, 1988

James D. Bentley, Ph.D.
Vice President of Clinical Services
Association of American Medical Colleges
Council of Teaching Hospitals
One Dupont Circle, N.W.
Suite 200
Washington, DC 20036

Dear Dr. Bentley:

This letter is written in support of the Harris County Psychiatric Center's application for membership in the Council of Teaching Hospitals of the Association of American Medical Colleges. The Harris County Psychiatric Center is an acute care, inpatient, psychiatric hospital owned by the Texas Department of Mental Health and Mental Retardation and Harris County, Texas, and leased and operated by The University of Texas System as part of The University of Texas Health Science Center at Houston.

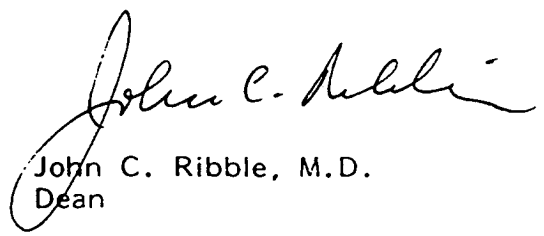
The University of Texas Medical School at Houston faculty serves as the medical staff of the Harris County Psychiatric Center. The majority of the faculty are provided by the Medical School's Department of Psychiatry and Behavioral Sciences with consultative staff provided by the other clinical departments of the Medical School.

The hospital funds positions for 34 of the 53 post-graduate medical residents and fellows of the Department of Psychiatry and Behavioral Sciences. Additionally, the Harris County Psychiatric Center annually serves as a clinical setting for 150 to 180 clinical psychiatry clerkships as part of the required program of the Medical School's curriculum.

The hospital also provides a clinical setting for residents and medical students from other clinical departments of the Medical School as well as allied health students from The University of Texas and four other universities. These students are from programs in nursing, social work, psychology, pharmacy, dietetics, pastoral care and medical records technology. The faculty and students of these universities participate in clinical education at the Harris County Psychiatric Center as well as in an array of research projects funded from local, state and federal sources.

In summary, the Harris County Psychiatric Center is an essential component of the program in graduate and post-graduate medical education and allied health education at The University of Texas Health Science Center at Houston. I strongly endorse the hospital's application for membership in the Council of Teaching Hospitals. Please do not hesitate to contact me if you have any questions.

Sincerely yours,



John C. Ribble, M.D.
Dean

JCR/ppe

SEP 19 1988

COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES

APPLICATION FOR MEMBERSHIP

Membership in the Council of Teaching Hospitals is limited to organizations 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
One Dupont Circle, N.W.
Suite 200
Washington, D.C. 20036

I. HOSPITAL IDENTIFICATION

Hospital Name: Medical Center of Central Georgia

Hospital Address: (Street) 777 Hemlock Street

(City) Macon (State) GA (Zip) 31201

(Area Code)/Telephone Number: (912) 744-1000

Name of Hospital's Chief Executive Officer: Damon King, FACHE

Title of Hospital's Chief Executive Officer: President

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

Patient Service Data

Licensed Bed Capacity (Adult & Pediatric excluding newborn):	518	Admissions:		21,858
Average Daily Census:	407	Visits:	Emergency Room:	49,439
Total Live Births:	2,579	Visits:	Outpatient or Clinic	40,104

B. Financial Data

Total Operating Expenses: $ 93,151,882.00

Total Payroll Expenses: $ 42,658,919.00

Hospital Expenses for:

House Staff Stipends & Fringe Benefits: $ 2,106,624.12
Supervising Faculty: $ 4 093,375.88 *(including support personnel)*

C. Staffing Data

Number of Personnel: Full-Time: 1903
Part-Time: 346

Number of Physicians:

Appointed to the Hospital's Active Medical Staff: 209
With Medical School Faculty Appointments: 135

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

Family Practice | OB/GYN | Pediatrics | _____

Internal Medicine | Surgery | Psychiatry | _____

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

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	
	Jr.	Sr.	Jr.	Sr.	Jr.	Sr.
Medicine	1	10	24	14	yes	no
Surgery	1	14	23	7	yes	no
Ob-Gyn	1	4	23	4	yes	no
Pediatrics	1	9	23	0	yes	no
Family Practice	1	6	23	7	yes	no
Psychiatry	1	6	23	19	yes	yes
Other: _____						
Critical Care		1		19	no	yes

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

Type of Residency[1]	Positions Offered	Positions Filled by U.S. & Canadian Grads	Positions Filled by Foreign Medical Graduates	Date of Initial Accreditation of the Program[2]
First Year Flexible				
Medicine	18	9	2	1987
Surgery	12	12	0	1960
Ob-Gyn	8	7	0	1963
Pediatrics				
Family Practice	24	24	1	1962
Psychiatry				
Other:				

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

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

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: Mercer University School of Medicine

Dean of Affiliated Medical School: W. Douglas Skelton, M.D.

Information Submitted by: (Name) John A. Hudson, M.D.

(Title) Director of Medical Education

Signature of Hospital's Chief Executive Officer:

(Date) 8-22-88

MERCER

School of Medicine
Office of the Provost for Medical Affairs/Dean

August 22, 1988

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

Dear Sirs:

It is a pleasure to recommend the Medical Center of Central Georgia for membership in the Council of Teaching Hospitals. The Medical Center is an important partner in the medical education program of Mercer University School of Medicine, and its support of the program is crucial.

All core clerkships for the School of Medicine are conducted at the Medical Center; the Associate Dean for Clinical Education serves as the Medical Center's Director of Medical Education and the Medical Center's Medical Director serves as our Associate Dean for Clinical Affairs. The hospital provides approximately $6 million dollars/year in support of the medical education program. In addition, the MedCen Foundation provides funding for faculty research projects at both the hospital and the school. All clinical faculty at the Medical Center hold academic appointments at the Medical School, and school-based faculty have staff privileges at the hospital.

The School's medical education building was built through a bond issue providing funds to the Medical Center. The School occupies the building under a long-term lease agreement with the Medical Center. In addition, the School and the Medical Center jointly funded the medical education area at the Medical Center.

MERCER UNIVERSITY
1400 Coleman Avenue
Macon, Georgia 31207
(912) 744-2600

In summary, the Medical Center of Central Georgia plays a vital part in our medical education program. I am pleased to recommend the Medical Center for membership in the Council of Teaching Hospitals.

Sincerely,

Doug Skelton

W. Douglas Skelton, M.D.
Provost for Medical Affairs
Dean, School of Medicine

November 3, 1988

MEMORANDUM

TO: COTH Administrative Board

FROM: Spencer Foreman, M.D., Chairman, COTH Nominating Committee

SUBJECT: Nominations for COTH Administrative Board and AAMC Assembly

On behalf of the nominating committee -- which consisted of Bob Buchanan, Earl Frederick, and myself -- I am pleased to report the nominations that the Committee will be presenting to the COTH membership at its Annual Business Meeting and Luncheon on November 14. The Committee met several times by telephone conference call and considered a large number of individuals for the positions available. In our deliberations, we considered both the personal qualities of the individuals being considered and, to obtain balance and diversity, the institutional characteristics of the hospitals where they serve as CEO. The experience of Chairing the Nominating Committee was both meaningful and frustrating -- meaningful in that we identified a large number of very confident COTH CEOs whom we believe will provide an outstanding resource for COTH leadership now and in the future, and frustrating in that we have a limited number of positions and that requires passing over a great many competent individuals. Therefore, after due deliberation, the Committee presents the following nominations:

- COTH Chairman, Gary Gambuti, President, St. Luke's-Roosevelt Hospital Center;
- Chairman-Elect, Raymond Schultze, M.D., Director, UCLA Medical Center.

Three-year COTH Administrative Board Term:

- Calvin Bland, President, St. Christopher's Children's Hospital, Philadelphia;
- Sister Sheila Lyne, President, Mercy Hospital and Medical Center, Chicago; and
- Robert Muilenburg, Executive Director of Hospitals, University of Washington, Hospitals.

For a one-year term on the AAMC Assembly to replace Andre Lee, who is no longer at Hubbard Hospital:

- Barbara Small, Medical Center Director, VA Medical Center, Durham; and

The following twenty-one individuals for three-year terms on the AAMC Assembly:

Calvin Bland
Executive Director
St. Christopher's Hospital for Children
Philadelphia, PA

Frank Butler
Hospital Director
University Hospital
Lexington, KY

James Christian
Medical Center Director
VA Medical Center
Baltimore, MD

Everett Devaney
Vice President/Administrator
Fairfax Hospital
Falls Church, VA

Dunlop Ecker
President
Washington Hospital Center
Washington, DC

James Farsetta
Medical Center Director
VA Medical Center
Brooklyn, NY

John Gregg
President
University Hospital of Jacksonville
Jacksonville, FL

David Handel
Director of Hospitals
Indiana University Hospitals
Indianapolis, IN

R. Edward Howell
Executive Director
Medical College of Georgia Hospital and Clinics
Augusta, GA

Peter Hughes
Deputy Provost/Executive Vice President
New York University Medical Center
New York, NY

Sister Sheila Lyne
President
Mercy Hospital and Medical Center
Chicago, IL

Robert Muilenburg
Executive Director of Hospitals
University of Washington Hospitals
Seattle, WA

Thomas Mullon
Medical Center Director
VA Medical Center
Minneapolis, MN

William Newell, Jr.
Executive Director
University Hospital
Stony Brook, NY

Harry Nurkin, Ph.D.
President
Charlotte Memorial Hospital and Medical Center
Charlotte, NC

Richard Pierson
Executive Director of Clinical Programs
University Hospital of Arkansas
Little Rock, AR

Bruce Satzger
Hospital Administrator
Valley Medical Center of Fresno
Fresno, CA

Robert Smith
Executive Director
University of Missouri Hospital and Clinics
Columbia, MO

Michael Sniffen
President/CEO
Overlook Hospital
Summit, NJ

John Springer
Vice Chairman/CEO
Hartford Hospital
Hartford, CT

James Stephens
Medical Center Director
VA Medical Center
Allen Park, MI

November 3, 1988

MEMORANDUM

TO: COTH Administrative Board

FROM: Jim Bentley

SUBJECT: Developing Program Topics for the 1989 COTH Spring Meeting

At its June 1988 meeting, the COTH Administrative Board decided to function as a committee of the whole for the purpose of planning the 1989 COTH Spring Meeting. To facilitate the Board's discussion, this memorandum summarizes background information on the meeting and suggests some possible topics.

Meeting Arrangements

The 1989 COTH Spring meeting will be held on May 10-12 at the del Coronado Hotel across the bay from San Diego, California. The hotel is located on the beach in an area of small shops and private homes. To go to downtown San Diego, a taxi or rental car must use a multi-lane toll bridge.

For planning purposes, the meeting may be thought of as having six segments:

Wednesday Evening
Thursday Morning
Thursday Luncheon
Thursday Afternoon
Thursday Evening
Friday Morning

Traditionally, the Wednesday evening segment has been a before dinner speaker, cocktails and dinner and the Thursday evening segment has included only a cocktail hour with attendees making their own dinner reservations. The only basis for the tradition is its historical precedent. In San Diego, where the hotel is not located in a downtown business district, the Board may wish to consider some afternoon "free time" to allow members to walk the beach or play tennis. The Board may also wish to consider a more planned on-site Thursday evening because all off-site events require a 30-45 minute bus ride.

Program Planning Suggestions

The Board's objective in functioning as a Committee of the whole is to have more ownership of the meeting and to pick topics with a more strategic rather than operational perspective. With these objectives in mind, the following list of possible topics is designed to stimulate discussion:

Topics on AAMC Activities

1. Report and discussion of the AAMC Task Force on Physician Supply with presentations by Steering Committee Chairman and Subcommittee Chairman. Breakout sessions could be hosted by Subcommittee Chairman and provide member feedback on draft recommendations.

2. Presidents Report. The AAMC strategic plan, which is the focus of December's Officer's Retreat, could be presented to the membership with Dr. Petersdorf setting themes and VPs presenting their own areas.

3. Orientation for New COTH Members. Could be presented as an optional, Wednesday afternoon session to explain COTH/AAMC to new members.

4. Staff Reports

   Legislative Update -- Richard Knapp

   Hospital Issues Update -- Jim Bentley

   ACGME Update -- Gus Swanson

   Research Issue Update -- Tom Malone

Topics of General Interest

Some of the topics discussed below summarize a known presentation while others state a question where a speaker could be sought. I have tried to describe major topics and associated presentations as briefly as possible.

MAJOR TOPIC: The 1990's Labor Market

1. A UCLA faculty member has developed a specialty in studying the implications of when minorities become the majority. Invite him to speak on what hospitals must prepare for as large numbers of young minorities enter the labor market.

2. A UCLA faculty group has monitored undergraduate student career preferences for many years. Invite someone to speak on changing trends in career interests.

3. As food service and hospitality chains confront a tight labor market, they are trying to hire older workers. What have they learned that hospitals should know?

4. With interest in medical careers falling, the acting dean at Hawaii is developing an integrated educational/employment program which would allow a person to enter in a technical career and ultimately graduate as a physician. The program would use the hospital as a

work site both during and between various programs. Should COTH challenge the dean to fully develop and present his proposal.

5. With mandatory retirement for faculty expected to end in the near future, what are the impacts expected to be on tenure and promotion policies, faculty structure and recruiting practices and how will these changes impact the hospital?

MAJOR TOPIC: Medical Information -- Implications for Hospitals

1. David Masys, director of the Lister Hill Center for Biomedical Communications could describe the changing world of medical information and the National Library of Medicine's role in creating and responding to change.

2. Columbia-Presbyterian Medical Center and the Georgetown Medical Center have major federal grants to develop an Integrated Academic Management System. They have followed very different approaches. Both approaches could be presented as the start of a discussion of strategic approaches to information networking between school and hospital.

MAJOR TOPIC: Changing Residency Requirements

1. An update on resident hours in New York State. What is about to happen, how much is the state willing to pay, and how was the cost estimated?

2. A review of ACGME/RRP recommendations on resident hours and supervision.

3. The ACGME has organized a committee to review/revise the General Essentials with Sheldon King as its chairman. What changes does Sheldon see the new essentials emphasizing?

4. John Benson, M.D. is president of the American Board of Internal Medicine. Invite him to address where he sees the Board going and what worries them.

5. A number of medical educators, led by some pathology chairmen are arguing the autopsy rate has fallen to too low a level. Ask a chairman advocating more autopsies and a clinical chair/program director to debate the issue.

MAJOR TOPIC: Management Issues

1. Does the Denning approach to management and quality which worked well in Japan, work in hospitals? Beth Israel Hospital, Boston, has a major project to test out this productivity and quality system. What have they learned?

2. Searching for a medical school chairman. A panel of deans and senior hospital CEOs could present their views on chairman searches with a breakout session on CEO roles in the search for clinical chairs.

3. Several academic medical centers have acquired community hospitals. How is it working and what have they learned?

MAJOR TOPIC: Environmental Scanning

1. Several COTH members are trial sites for the Joint Commission's "Agenda for Change." What have they learned and what are the implications for hospital CEOs?

2. For at least a decade, the aging of America has been synonymous with the increasing percentage of the population over age 75 (or 85). Now Lee Goldman, M.D., and his cardiology colleagues have found that the utilization impacts of the "baby boom" at middle age may be greater. If this unappreciated by hospitals, should Dr. Goldman be asked to present his model and describe its implications?

3. It has been suggested that the traditional distinctions between departments of medicine and surgery are breaking down as subspecialties pair (e.g., neurology/neurosurgery; cardiology/cardiovascular surgery; nephrology/urology). Will this lead to hospitals organized around institutes rather than traditional disciplines?

4. As nuclear and molecular biology and other "new" basic science disciplines advance, will the role and number of laboratories in teaching hospitals increase? How will this change the tertiary care hospital's mission and management?

5. What's new at the Institute of Medicine. Ask Sam Their to present his view of and agenda for the IOM.

6. The Harvard Relative Value Scale project has been discussed primarily from its impact on physician income. What changes will it stimulate in the role and use of hospitals?

MAJOR TOPIC: New Studies Underway

1. The Commonwealth Fund is supporting a major, national study to measure patient attitudes toward recent admissions. The study focuses on staff responsiveness, staff support and patient education rather than satisfaction with the amenities of room, food and parking. Preliminary findings from a survey of 6,400 patients and 2,000 care partners could be presented to summarize early findings and make CEOs aware of the project.

2. The Department of Health and Human Services has funded efforts at Hopkins and RAND to identify types of physicians and incidents which lead to malpractice cases. What have they learned?

MAJOR TOPIC: Financing Health Services

1. The Social Security Trust Fund is beginning to show major surpluses. Have a presentation on the projections for these surpluses, their implications for the federal deficit and their political impact on benefits design.

2. With medicare's catastrophic insurance component in place and with private long-term insurance increasing, have a presentation on the impact of long-stay patients on hospitals.

3. As accounting standards change to require publication of unfunded health insurance liabilities for retirees, hospitals have to rethink employee benefit structures and commitments. Will this lead to less generous health benefits in hospitals?

4. For several years, HCFA has funded social HMOs which integrate community social and health services for Medicare beneficiaries. What has been learned and what are the implications for hospitals?

In considering these topics and others you suggest, we must remember members repeatedly favor having breakout sessions/discussion groups to develop involvement rather than passive listening.

SELECTION OF 1991 COTH SPRING MEETING SITE

Keeping in mind the September Administrative Board discussion of the COTH Spring Meeting, and with an eye to competitive hotel rates, staff asks the Board to give consideration to the selection of a meeting site for the 1991 Spring Meeting.

The 1989 COTH Spring Meeting is scheduled for San Diego, and the 1990 for Boston.

The past Spring Meeting sites are listed below:

1978 St. Louis, MO
1979 Kansas City, MO
1980 Denver, CO
1981 Atlanta, GA
1982 Boston, MA
1983 New Orleans, LA
1984 Baltimore, MD
1985 San Francisco, CA
1986 Philadelphia, PA
1987 Dallas, TX
1988 New York, NY

MEMORANDUM

To: COTH Executive Board Members

From: Joanna Chusid, Staff Assistant

Re: COTH Report Reader Survey

Date: November 14, 1988

As the new editor of the COTH Report, I have had the oppportunity to review and evaluate it for both content and form. I would now like to do a reader survey to get suggestions and comments from COTH Report readers. Attached is a copy of the survey I plan to distribute. I would appreciate receiving comments from you regarding the survey.

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

association of american medical colleges

October 25, 1988

Dear COTH Member/CEO:

It is my pleasure to be the new editor of the COTH Report. During the past several weeks, I have had the opportunity to publish my first issue, and, during that process, to review and evaluate the newsletter for both content and format. I would now like to receive comments from you about the COTH Report so that I can make it a publication that you will find useful, informative and distinctive.

To this end, I am enclosing a reader survey. I would appreciate your taking a few moments to fill it out and return it to me so that I can receive your comments and suggestions. The COTH Report is your publication and I would like to learn from you what you want it to include.

Thank you for your help. I look forward to hearing from you.

Sincerely,

Joanna Chusid
Staff Assistant
Division of Clinical Services

JC/nrr

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

Name:(Optional)

Facility:(Optional)

1. Do you read the COTH Report regularly?

____Yes

____No

2. Who else in your organization reads it?

3. What types of articles would you most like to read in the COTH Report? (Please rate as follows: Very interested=1; somewhat interested=2; not interested=3)

Federal Activities	1	2	3
Legislation	1	2	3
Regulation	1	2	3
Summaries of Advisory Committees (e.g., ProPac, PPRC)	1	2	3
Government Report Summaries	1	2	3
Technology-Related	1	2	3
NIH Activities	1	2	3
NCHSR Report Summaries	1	2	3
Other Published Report Summaries	1	2	3
Medical Education	1	2	3
Changes in Residency Requirements	1	2	3
ACGME Activities	1	2	3
Changes in Specialty Board Requirements	1	2	3
Data Analyses	1	2	3
Teaching Hospital Data	1	2	3
Medical School Data	1	2	3
Residency Program Data	1	2	3
AAMC Activities	1	2	3
Summary of Executive Council Activities	1	2	3
Changes in AAMC Staff	1	2	3
Project Report Summaries	1	2	3

Literature	1	2	3
Bibliographies	1	2	3
Book Reviews	1	2	3
Synopses of Articles Worth Reading	1	2	3
COTH Member News	1	2	3
CEO Changes	1	2	3
Positions Available	1	2	3
Publications by Members	1	2	3
Management Studies	1	2	3
New Facilities	1	2	3
VA Hospital Activities	1	2	3
Medico-Legal Topics	1	2	3

Other:

4. Would you be interested in contributing articles to the COTH Report? If so, on what topics?

5. Which publications do you read regularly? (Check all that apply)

____JAMA

____AMA News

____Medical Economics

____New England Journal of Medicine

____Modern Healthcare

____Hospitals (AHA)

____Medicine and Health (McGraw-Hill)

____AHA Week

Other:

6. Preferred publcation frequency: monthly; bi-monthly; quarterly?

7. If less than monthly, would you be interested in special, in-depth reports during the months when the newsletter is not published?

8. Suggestions and comments as to format (for example, length, graphics, photos, etc.).

9. Other comments you would care to make.

Please return the survey by (date) to:

Joanna Chusid
Staff Assistant, Division of Clinical Services
AAMC
One Dupont Circle, NW
Washington, DC 20036