

COTH AD HOC MEMBERSHIP COMMITTEE

Berkshire Hotel  
New York City  
June 16, 1972

- I. The charge to the committee was set forth in ACTION #1 of the February 4, 1972 meeting of the COTH Administrative Board:

It was moved, seconded and carried that a moratorium be declared on new applications for COTH membership. The Chairman was directed to activate a committee with the following charge:

- A) To examine the institutional characteristics of the present COTH membership.
- B) To examine the current criteria for membership, and make recommendations for desirable changes for the future.
- C) To examine the selection process including the possibility of moving toward some form of institutional evaluation and review.

- II. Members of the committee are as follows:

Irvin G. Wilmot, Chairman  
New York University Medical Center

Arthur J. Klippen, M.D.  
Veterans Administration Hospital  
Minneapolis, Minnesota

Sidney Lewine  
Mount Sinai Hospital of Cleveland

Charles B. Womer  
Yale-New Haven Hospital

- III. Background material which may be useful to the committee are listed on the following page.

## BACKGROUND MATERIAL

- |      |   |       |
|------|---|-------|
| I.   | Communication from the Associated Medical Schools of Greater New York   | TAB A |
| II.  | Brief Listing of COTH Membership by Ownership and Number of Residency Programs  | TAB B |
| III. | Present COTH Rules and Regulations  | TAB C |
| IV.  | Excerpts from the Hospital Code of New York State <u>And</u> Associated Hospital Service of New York                  | TAB D |
| V.   | Blue Cross of Western Pennsylvania Agreement (page 3)   | TAB E |
| VI.  | Minutes of Previous Meetings Related to the Subject   |       |
| A.   | June 2, 1971<br>Task Force to Recommend Goals and Objectives for COTH as well as Future Criteria for Membership       | TAB F |
| B.   | September 24, 1971<br>Task Force to Recommend Goals and Objectives for COTH as well as Future Criteria for Membership | TAB G |
| C.   | May 25, 1971<br>Task Force to Analyze the Higher Costs of Teaching Hospitals  | TAB H |

THE ASSOCIATED MEDICAL SCHOOLS OF GREATER NEW YORK  
2 EAST 103rd STREET, NEW YORK, N. Y. 10029

February 2, 1972

Mr. John M. Danielson  
Director  
Council of Teaching Hospitals  
One Dupont Circle N.W.  
Washington, D. C. 20036

Dear John:

Following our meeting on January 25th, and at the suggestion of Dr. James, I made a few changes and additions to the recommendations which were sent to you by the Associated Medical Schools of New York and New Jersey.

As you can see, the only specific changes are under item two:  
All staff members hold academic appointments in the medical school.

In the first draft it simply asked that medical school approve appointment.

The second addition is in item 4:

Whether or not a hospital applying for membership, or nominated by a dean, should be visited for the purpose of reviewing at first hand its facilities, staffing and educational training programs.

(Medical schools themselves are accustomed to being visited and inspected at regular intervals by an accreditation team).

As you may recall, at the time of the meeting I felt some deans are under such pressure that they are often forced to nominate a hospital which could not meet the high standards and academic program.

THE ASSOCIATED MEDICAL SCHOOLS OF GREATER NEW YORK

2 EAST 103rd STREET, NEW YORK, N. Y. 10029

Mr. John M. Danielson

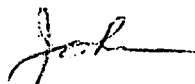
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February 2, 1972

An associate membership would certainly be a much more acceptable term for a hospital with limited teaching responsibilities, or teaching only a specialty, should they seek membership in COTH.

Hope to see you in Chicago.

Best wishes,



John E. Deitrick, M. D.  
Director

Associated Medical Schools of  
Greater New York

JED:pe

January 28, 1972

The deans of the Associated Medical Schools of New York and New Jersey met with the directors of their major teaching hospitals on January 25, 1972. Mr. John Danielson of COTH was a guest.

Two major topics were discussed: (1) the classification for the reimbursement of teaching hospitals by third party payers and, (2) the criteria or standards for membership in the COTH. The latter topic received the most attention because it seemed basic to any classification. There was general agreement with the comments and suggestions made by the Associated Medical Schools of New York and New Jersey on December 9, 1971 on the preliminary report of the Task Force to Recommend Goals and Objectives for the Council of Teaching Hospitals. On John Danielson's suggestion, Dr. James asked Dr. Deitrick to make additions to the suggestions in the paper of December 19, 1971. In that paper we suggested that the major objective of the COTH should be to raise the standards of teaching hospitals and improve the quality of the educational opportunities for undergraduate and post M.D. students. This would mean that the COTH must set its own standards and not rely upon the minimum requirements presently established by other agencies. for a hospital to qualify as an acceptable teaching and training institution.

The following is a repeat of the suggestions made in the December 9th memorandum with additions:

A full membership in the COTH should require that a hospital:

- 1- Have a definite written agreement with a medical school and is involved in both the education of medical students and the training of housestaff.
- 2- Essentially all staff members hold academic appointments in the medical school.
- 3- Have a nucleus of full time staff (preferably salaried, but at least geographic full time with all professional activities limited to the hospital and medical school facilities).
- 4- The hospital applying for membership or nominated by a dean should be visited for the purpose of reviewing at first hand its facilities, staffing and educational training programs.  
(Medical schools themselves are accustomed to being visited and inspected at regular intervals by an accreditation team).

An Associate Membership might be established for specialized hospitals or hospitals not meeting the requirements for full membership.

TASK FORCE RECOMMENDED GOALS AND OBJECTIVES  
for  
COUNCIL OF TEACHING HOSPITALS

The deans of the Associated Medical Schools of New York and New Jersey enthusiastically support the recommendation made by the Task Force to Recommend Goals and Objectives for COTH "that an appropriate affiliation with a school of medicine be required for membership".

Thus far the COTH has been able to accomplish little to improve the standards or quality of the clinical education of students, nor of the training of interns and residents. The Council on Medical Education of the American Medical Association sets minimal standards for an approved internship on the advice of the Internship Review Committee which COTH apparently accepts. Residency program standards accepted by COTH are established by review committees composed of members appointed by the Council on Medical Education and by the specialty boards.

A hospital may be nominated for membership in COTH by a dean or on self nomination, if it has an approved internship program and approved residencies in four (4) specialties, two of which must be in major departments.

The result of these requirements for membership is that forty hospitals in New York City belong to COTH. Thirteen have no definite medical school affiliation. The major educational responsibilities of these latter hospitals is for the training of foreign graduates as interns and residents.

Foreign graduates constituted more than 80% of the house staffs of eleven of these hospitals. We wonder if the quality of these programs is such as to warrant membership in COTH and if the programs were reviewed by a site visit before a membership was granted.

We have not seen the complete report of the COTH Task Force, but would suggest that to become a member a hospital must:


- 1- Have a definite written agreement with a medical school and is involved in both the education of medical students and the training of house staff.


- 2- Have its staff appointments approved by the medical school.
- 3- Have a nucleus of full time staff, (not necessarily fully salaried, but geographical full time with practice limited to hospital facilities).

Hospitals not meeting such requirements, but having some minor teaching responsibilities for medical students and a recognized internship and residency program might be termed secondary teaching hospitals and given a limited membership in COTH.

We are of the opinion that the Council of Academic Societies is developing in a fashion similar to that of COTH; that is growing in size and numbers without due regard for academic standards. Many members of the present societies hold no academic positions and carry no educational responsibilities. We believe the Council of Academic Societies should be limited to associations of faculty members.

ASSOCIATED MEDICAL SCHOOLS OF GREATER NEW YORK

  
George James, M. D.  
President

  
John E. Deitrick  
Director



Comparison of Selected Expenses Among COTH Members -  
By Medical School Affiliation 1971

| <u>Affiliation</u>   | <u>%<br/>Occup</u> | <u>Avg<br/>Leng<br/>Stay</u> | <u>%<br/>Payroll<br/>/Exp</u> | <u>Avg<br/>EMR<br/>Visit<br/>Per<br/>Bed</u> | <u>MD/DDS<br/>% Per<br/>Exp</u> | <u>I&amp;R<br/>%<br/>Per<br/>Exp</u> | <u>Prof<br/>Fees<br/>% Tot<br/>Rev</u> | <u>Trng<br/>% Per<br/>Exp</u> | <u>Surg<br/>Ops<br/>%<br/>Adm</u> | <u>Avg Exp<br/>Per Adj<br/>Inp Day</u> | <u>Avg<br/>FT Pers<br/>Per<br/>Census</u> | <u>Employee<br/>Benefits<br/>/Total<br/>Payroll</u> |
|----------------------|--------------------|------------------------------|-------------------------------|--|---------------------------------|--------------------------------------|--|-------------------------------|-----------------------------------|--|---|---|
| University-<br>Owned | 77.94%             | 11                           | 61.82%                        | 51   | 2.58%                           | 4.97%                                | 2.69%                                  | 5.49%                         | 51.44%                            | \$104                                  | 4   | 8.15%   |
| Major                | 80.84              | 11                           | 64.27                         | 76   | 5.09                            | 4.58                                 | 1.90                                   | 5.20                          | 49.15                             | 102                                    | 3   | 7.85  |
| Limited              | 84.53              | 10                           | 62.63                         | 58   | 3.89                            | 3.19                                 | 2.70                                   | 4.01                          | 57.38                             | 88                                     | 3   | 7.04  |
| Unaffiliated         | 84.76              | 9                            | 63.88                         | 69   | 3.56                            | 3.33                                 | 3.21                                   | 3.60                          | 52.10                             | 88                                     | 3   | 7.51  |
| AGGREGATE            | 80.54              | 10                           | 63.46                         | 55   | 3.23                            | 4.15                                 | 2.63                                   | 4.70                          | 51.75                             | 95                                     | 3   | 7.72  |

Percentage of COTH Members With Special Facilities -  
By Medical School Affiliation

1971

| <u>Affiliation</u> | <u>Int</u><br><u>Care</u> | <u>Int</u><br><u>Car</u><br><u>Care</u> | <u>Oht</u><br><u>Sur</u><br><u>Fac</u> | <u>X</u><br><u>Ray</u> | <u>Cob</u><br><u>Thr</u> | <u>Rad</u><br><u>Thr</u> | <u>Rad</u><br><u>Iso</u><br><u>Fac</u> | <u>His</u><br><u>Lab</u> | <u>Org</u><br><u>Bnk</u> | <u>Bld</u><br><u>Bnk</u> | <u>EEG</u> | <u>Inh</u><br><u>Thr</u> |
|--------------------|---------------------------|---|--|------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|------------|--------------------------|
| University-Owned   | 94%                       | 92%                                     | 94%                                    | 96%                    | 90%                      | 98%                      | 100%                                   | 98%                      | 43%                      | 100%                     | 98%        | 90%                      |
| Major              | 96                        | 79                                      | 70                                     | 77                     | 52                       | 68                       | 92                                     | 97                       | 25                       | 88                       | 92         | 94                       |
| Limited            | 93                        | 88                                      | 53                                     | 81                     | 60                       | 75                       | 96                                     | 94                       | 11                       | 93                       | 95         | 98                       |
| Unaffiliated       | 92                        | 77                                      | 42                                     | 81                     | 44                       | 77                       | 89                                     | 90                       | 13                       | 94                       | 95         | 85                       |
| AGGREGATE          | 94                        | 83                                      | 64                                     | 81                     | 58                       | 76                       | 93                                     | 95                       | 22                       | 92                       | 94         | 93                       |

| <u>Affiliation</u> | <u>Prm</u><br><u>Nrs</u> | <u>Slf</u><br><u>Cre</u> | <u>Ext</u><br><u>Care</u> | <u>Inp</u><br><u>Ren</u><br><u>Dys</u> | <u>Opd</u><br><u>Ren</u><br><u>Dys</u> | <u>Phy</u><br><u>Thr</u> | <u>Occ</u><br><u>Thr</u> | <u>RhB</u><br><u>Inp</u> | <u>Rhd</u><br><u>Opd</u> | <u>Psy</u><br><u>Inp</u> | <u>Psy</u><br><u>Opd</u> | <u>Psy</u><br><u>Prt</u> | <u>Psy</u><br><u>EMR</u> |
|--------------------|--------------------------|--------------------------|---------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| University-Owned   | 84%                      | 26%                      | 6%                        | 86%                                    | 71%                                    | 100%                     | 82%                      | 63%                      | 69%                      | 86%                      | 88%                      | 61%                      | 71%                      |
| Major              | 61                       | 21                       | 16                        | 70                                     | 55                                     | 94                       | 74                       | 55                       | 55                       | 66                       | 77                       | 39                       | 57                       |
| Limited            | 75                       | 20                       | 12                        | 55                                     | 40                                     | 95                       | 56                       | 41                       | 36                       | 59                       | 48                       | 32                       | 46                       |
| Unaffiliated       | 77                       | 13                       | 10                        | 52                                     | 39                                     | 92                       | 58                       | 27                       | 31                       | 45                       | 55                       | 13                       | 53                       |
| AGGREGATE          | 71                       | 20                       | 12                        | 65                                     | 50                                     | 95                       | 49                       | 48                       | 48                       | 63                       | 67                       | 36                       | 55                       |

Comparison of Selected Expenses Among COTH Members  
By Size of Bed Complement 1971

| <u>Bed<br/>Complement</u> | <u>%<br/>Occup</u> | <u>Avg<br/>Leng<br/>Stay</u> | <u>%<br/>Payrol/<br/>Expense</u> | <u>Avg<br/>EMR<br/>Visit<br/>Per<br/>Bed</u> | <u>MD/DDS<br/>% Per<br/>Exp</u> | <u>I&amp;R<br/>%<br/>Per<br/>Exp</u> | <u>Prof<br/>Fees<br/>% Tot<br/>Rev</u> | <u>Trng<br/>% Per<br/>Exp</u> | <u>Surg<br/>Ops %<br/>Adm</u> | <u>Avg Exp<br/>Per Adj<br/>Inp Day</u> | <u>Avg FT<br/>Pers Per<br/>Census</u> | <u>Employee<br/>Benefits<br/>/Total<br/>Payroll</u> |
|---------------------------|--------------------|------------------------------|----------------------------------|--|---------------------------------|--------------------------------------|--|-------------------------------|-------------------------------|--|---------------------------------------|---|
| Less than<br>355          | 80.78%             | 9                            | \$63.12                          | 85   | 4.55                            | 3.66                                 | 1.93                                   | 4.05                          | 53.21                         | \$108                                  | 4                                     | 7.8   |
| 355-479                   | 81.31              | 10                           | 62.99                            | 69   | 4.87                            | 3.88                                 | 2.89                                   | 4.45                          | 53.23                         | 94                                     | 3                                     | 7.5   |
| 480-659                   | 83.82              | 10                           | 63.49                            | 62   | 3.78                            | 4.10                                 | 2.60                                   | 4.34                          | 53.10                         | 94                                     | 3                                     | 8.2   |
| 660 & Over                | 81.30              | 11                           | 63.80                            | 62   | 4.14                            | 4.53                                 | 2.31                                   | 5.39                          | 50.31                         | 95                                     | 3                                     | 7.4   |
| AGGREGATE                 | 80.54              | 10                           | 63.46                            | 55   | 3.23                            | 4.15                                 | 2.63                                   | 4.70                          | 51.75                         | 95                                     | 3                                     | 7.7   |

Percentage of COTH Members With Special Facilities -  
By Size of Bed Complement 1971

| <u>Bed<br/>Complement</u> | <u>Int<br/>Care</u> | <u>Int<br/>Car<br/>Care</u> | <u>Oht<br/>Sur<br/>Fac</u> | <u>X<br/>Ray</u> | <u>Cob<br/>Thr</u> | <u>Rad<br/>Thr</u> | <u>Rad<br/>Iso<br/>Fac</u> | <u>His<br/>Lab</u> | <u>Org<br/>Bnk</u> | <u>Bld<br/>Bnk</u> | <u>EEG</u> | <u>Inh<br/>Thr</u> | <u>Prm<br/>Nrs</u> |
|---------------------------|---------------------|-----------------------------|----------------------------|------------------|--------------------|--------------------|----------------------------|--------------------|--------------------|--------------------|------------|--------------------|--------------------|
| Less than<br>355          | 87%                 | 64%                         | 53%                        | 63%              | 32%                | 53%                | 82%                        | 89%                | 13%                | 87%                | 83%        | 88%                | 50%                |
| 355-479                   | 96                  | 81                          | 51                         | 76               | 72                 | 72                 | 96                         | 96                 | 13                 | 91                 | 96         | 95                 | 73                 |
| 480-659                   | 96                  | 90                          | 70                         | 91               | 65                 | 85                 | 96                         | 96                 | 21                 | 92                 | 98         | 93                 | 75                 |
| 660 & Over                | 96                  | 94                          | 84                         | 93               | 84                 | 91                 | 99                         | 98                 | 41                 | 96                 | 98         | 94                 | 83                 |
| AGGREGATE                 | 94                  | 83                          | 64                         | 81               | 58                 | 76                 | 93                         | 95                 | 22                 | 92                 | 94         | 93                 | 71                 |

| <u>Bed<br/>Complement</u> | <u>Slf<br/>Cre</u> | <u>Ext<br/>Cre</u> | <u>Inp<br/>Ren<br/>Dys</u> | <u>Opd<br/>Ren<br/>Dys</u> | <u>Phy<br/>Thr</u> | <u>Occ<br/>Thr</u> | <u>Rhb<br/>Inp</u> | <u>Rhb<br/>Opd</u> | <u>Psy<br/>Inp</u> | <u>Psy<br/>Opd</u> | <u>Psy<br/>Prt</u> | <u>Psy<br/>EMR</u> |
|---------------------------|--------------------|--------------------|----------------------------|----------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Less than<br>355          | 12%                | 8%                 | 49%                        | 29%                        | 87%                | 50%                | 32%                | 34%                | 34%                | 61%                | 22%                | 38%                |
| 355-479                   | 19                 | 13                 | 63                         | 47                         | 97                 | 66                 | 35                 | 39                 | 60                 | 61                 | 25                 | 47                 |
| 480-659                   | 18                 | 9                  | 67                         | 52                         | 97                 | 73                 | 57                 | 54                 | 68                 | 73                 | 44                 | 62                 |
| 660 & Over                | 31                 | 20                 | 83                         | 74                         | 98                 | 83                 | 68                 | 66                 | 88                 | 75                 | 51                 | 75                 |
| AGGREGATE                 | 20                 | 12                 | 65                         | 50                         | 95                 | 49                 | 48                 | 48                 | 63                 | 67                 | 36                 | 55                 |

Other, Nonprofit

| Name, City  | Bed<br>Size | Affiliation | # of Res<br>Programs |
|---|-------------|-------------|----------------------|
| 1. Rochester Methodist Hospital   | 599         | L,G         | 25 Comb              |
| 2. Henry Ford Hospital  | 1,054       | M           | 24                   |
| 3. The Presbyterian Hospital in the City of New York  | 1,519       | M           | 23                   |
| 4. Presbyterian-St. Luke's Hospital of the Rush-Presby-<br>terian-St. Luke's Medical Center | 823         | G           | 21                   |
| 5. The Mount Sinai Hospital, New York   | 1,309       | M           | 21                   |
| 6. Yale-New Haven Hospital  | 762         | M           | 20                   |
| 7. The Johns Hopkins Hospital, Baltimore  | 1,068       | M           | 19                   |
| 8. Albany Medical Center Hospital   | 818         | M           | 19                   |
| 9. University Hospitals of Cleveland  | 968         | M           | 19                   |
| 10. Barnes Hospital, St. Louis  | 1,140       | M           | 18 (2)               |
| 11. Cleveland Clinic Hospital   | 590         | -           | 18                   |
| 12. Montefiore Hospital Division  | 718         | M           | 17 (2)               |
| 13. Presbyterian-University Hospital, Pittsburgh  | 562         | M           | 17                   |
| 14. Massachusetts General Hospital  | 1,080       | M           | 16                   |
| 15. New England Medical Center Hospitals  | 382         | M,L         | 16 (3)               |
| 16. St. Luke's Hospital Center, New York  | 728         | M           | 16                   |
| 17. Medical College Hospital of Vermont   | 559         | M           | 16                   |
| 18. Michael Reese Hospital and Medical Center   | 979         | M,G         | 15 (2)               |
| 19. Passavant Memorial Hospital   | 375         | M,G         | 15                   |
| 20. Mary Hitchcock Memorial Hospital  | 375         | M           | 15                   |
| 21. New York Hospital   | 974         | M           | 15 (6)               |
| 22. Mount Sinai Hospital Medical Center   | 441         | M           | 13                   |
| 23. The Jewish Hospital and Medical Center of Brooklyn                                      | 634         | M           | 12                   |
| 24. The Roosevelt Hospital, New York  | 599         | M           | 12 (1)               |
| 25. Akron City Hospital   | 625         | L           | 12 (2)               |
| 26. Rhode Island Hospital   | 680         | M           | 12 (3)               |
| 27. Children's Hospital of the District of Columbia   | 220         | M,L         | 11 (12)              |
| 28. Ochsner Foundation Hospital   | 348         | L           | 11 (4)               |
| 29. Geisinger Medical Center  | 369         | L           | 11                   |
| 30. Albert Einstein Medical Center, Philadelphia  | 932         | M,L         | 11 (3)               |
| 31. Allegheny General Hospital  | 693         | L           | 11 (3)               |
| 32. Cedars-Sinai Medical Center, Los Angeles  | 745         | M           | 10                   |
| 33. Mount Zion Hospital and Medical Center, San Francisco                                   | 451         | L           | 10 (2)               |
| 34. Wilmsington Medical Center, Inc.  | 1,143       | M           | 10 (4)               |
| 35. Washington Hospital Center, D.C.  | 824         | M           | 10 (2)               |
| 36. Maine Medical Center  | 493         | M           | 10                   |
| 37. University Hospital, Boston   | 248         | M           | 10 (7)               |
| 38. Deaconess Hospital of Buffalo   | 424         | L           | 10                   |
| 39. Lenox Hill Hospital   | 591         | -           | 10                   |
| 40. The Long Island College Hospital  | 558         | M           | 10 (2)               |
| 41. St. Francis General Hospital, Pittsburgh  | 824         | L           | 10 (2)               |
| 42. Hermann Hospital, Houston   | 623         | L           | 10 (2)               |
| 43. Good Samaritan Hospital, Phoenix  | 715         | L           | 9 (2)                |
| 44. Sinai Hospital of Baltimore, Inc.   | 490         | L           | 9 (1)                |
| 45. Beth Israel Hospital  | 360         | M           | 9 (7)                |
| 46. The Children's Hospital Medical Center, Boston  | 343         | M,G         | 9 (2)                |
| 47. Peter Bent Brigham Hospital   | 321         | M           | 9 (4)                |
| 48. Millard Fillmore Hospital, Buffalo  | 549         | M           | 9                    |
| 49. Beth Israel Medical Center, New York  | 1,006       | L           | 9 (1)                |
| 50. The Brookdale Hospital Center   | 421         | M           | 9                    |

|   |     |     |   |      |
|---|-----|-----|---|------|
| 51. Akron General Hospital  | 492 | -   | 9 |      |
| 52. Mt. Sinai Hospital of Cleveland                                       | 539 | L   | 9 | (1)  |
| 53. Mercy Hospital of Pittsburgh  | 611 | L   | 9 | (3)  |
| 54. Children's Hospital of San Francisco                                  | 363 | L   | 8 | (5)  |
| 55. Presbyterian Hospital of the Pacific Medical Center,<br>San Francisco | 257 | L   | 8 |      |
| 56. Hartford Hospital   | 919 | M   | 8 | (6)  |
| 57. Mt. Sinai Hospital of Greater Miami, Inc.                             | 663 | L   | 8 |      |
| 58. Butterworth Hospital  | 451 | M,G | 8 |      |
| 59. Kansas City General Hospital and Medical Center                       | 234 | G   | 8 |      |
| 60. Saint Barnabas Medical Center   | 722 | -   | 8 |      |
| 61. Monmouth Medical Center   | 580 | M   | 8 |      |
| 62. Newark Beth Israel Medical Center                                     | 492 | M   | 8 | (3)  |
| 63. North Shore Hospital  | 347 | M   | 8 | (2)  |
| 64. Long Island Jewish Medical Center                                     | 287 | M   | 8 | (7)  |
| 65. St. Vincent's Medical Center of Richmond, N.Y.                        | 340 | G   | 8 | (1)  |
| 66. Miami Valley Hospital, Dayton   | 679 | -   | 8 |      |
| 67. Harrisburg Hospital   | 612 | L   | 8 |      |
| 68. Pennsylvania Hospital   | 425 | M   | 8 | (4)  |
| 69. The Western Pennsylvania Hospital                                     | 614 | L   | 8 | (1)  |
| 70. St. Paul Hospital, Dallas   | 490 | L   | 8 | (1)  |
| 71. Norfolk General Hospital  | 717 | -   | 8 |      |
| 72. The Hospital of Good Samaritan Medical Center, Los Angeles            | 389 | L   | 7 |      |
| 73. Bridgeport Hospital   | 483 | L   | 7 |      |
| 74. Illinois Masonic Medical Center                                       | 534 | L,G | 7 |      |
| 75. Greater Baltimore Medical Center                                      | 400 | L   | 7 |      |
| 76. Nassau Hospital, Mineola  | 417 | G   | 7 |      |
| 77. The Bronx-Lebanon Hospital Center                                     | 575 | -   | 7 |      |
| 78. Lutheran Medical Center, Brooklyn                                     | 288 | G   | 7 |      |
| 79. Rochester General Hospital  | 550 | M   | 7 | (7)  |
| 80. The Youngstown Hospital Association                                   | 887 | -   | 7 |      |
| 81. Episcopal Hospital, Philadelphia                                      | 326 | M   | 7 | (8)  |
| 82. St. Christopher Hospital for Children, Philadelphia                   | 146 | M   | 7 | (10) |
| 83. Hospital for Joint Diseases and Medical Center, N.Y.                  | 330 | L   | 7 |      |
| 84. Kaiser Foundation Hospital, San Francisco                             | 293 | L   | 6 | (1)  |
| 85. The Children's Memorial Hospital, Chicago                             | 242 | M   | 6 | (13) |
| 86. Berkshire Medical Center  | 431 | L   | 6 | (1)  |
| 87. The Grace Hospital, Detroit   | 858 | M   | 6 | (4)  |
| 88. Harper Hospital, Detroit  | 679 | M   | 6 | (10) |
| 89. The Jewish Hospital of St. Louis                                      | 511 | M   | 6 | (4)  |
| 90. The Cooper Hospital, Camden   | 630 | M   | 6 |      |
| 91. The Mary Imogene Bassett Hospital                                     | 147 | M,L | 6 |      |
| 92. The Brooklyn Hospital   | 511 | M   | 6 | (3)  |
| 93. Fairview General Hospital   | 457 | -   | 6 |      |
| 94. Allentown Hospital Association  | 537 | G   | 6 |      |
| 95. Presbyterian-University of Pennsylvania Medical Center                | 333 | M   | 6 | (4)  |
| 96. Memorial Hospital, Charleston   | 386 | L   | 6 |      |
| 97. Children's Hospital of Los Angeles                                    | 310 | M,G | 5 | (12) |
| 98. Presbyterian Medical Center, Denver                                   | 430 | G   | 5 | (1)  |
| 99. The Queen's Medical Center, Honolulu                                  | 447 | L,G | 5 | (1)  |
| 100. Springfield Hospital Medical Center                                  | 480 | L   | 5 | (1)  |
| 101. Oakwood Hospital, Dearborn   | 474 | -   | 5 | (2)  |
| 102. Blodgett Memorial Hospital   | 409 | M,G | 5 | (4)  |
| 103. Jersey Shore Medical Center-Fitkin Hospital                          | 452 | -   | 5 |      |
| 104. Charles S. Wilson Memorial Hospital                                  | 444 | L   | 5 |      |
| 105. York Hospital, Pa.   | 530 | M   | 5 |      |
| 106. Greenville General Hospital  | 622 | G   | 5 |      |
| 107. Memorial Hospital of Long Beach                                      | 545 | M   | 4 | (4)  |
| 108. Mercy Hospital and Medical Center, San Diego                         | 498 | G   | 4 | (7)  |

|   |     |     |   |      |
|---|-----|-----|---|------|
| 109. The Stamford Hospital  | 405 | -   | 4 |      |
| 110. Providence Hospital, D.C.                                    | 390 | L   | 4 | (3)  |
| 111. Bayfront Medical Center, Inc.                                | 474 | -   | 4 |      |
| 112. MacNeal Memorial Hospital                                    | 431 | L   | 4 |      |
| 113. Maryland General Hospital                                    | 430 | M   | 4 | (2)  |
| 114. The Union Memorial Hospital                                  | 414 | L   | 4 | (2)  |
| 115. New England Deaconess Hospital                               | 397 | L   | 4 | (3)  |
| 116. Saint Vincent Hospital, Worcester                            | 600 | -   | 4 |      |
| 117. Children's Hospital of Michigan                              | 215 | M   | 4 | (7)  |
| 118. Saint John Hospital, Detroit                                 | 481 | -   | 4 |      |
| 119. The Charles T. Miller Hospital, St. Paul                     | 372 | -   | 4 | (1)  |
| 120. The Jamaica Hospital   | 286 | -   | 4 | (1)  |
| 121. Hamot Hospital, Erie   | 452 | -   | 4 |      |
| 122. Conemaugh Valley Memorial Hospital                           | 473 | G   | 4 |      |
| 123. The Children's Hospital of Philadelphia                      | 153 | M,G | 4 | (9)  |
| 124. Roger Williams General Hospital, Providence                  | 253 | M   | 4 |      |
| 125. Milwaukee Children's Hospital                                | 210 | M   | 4 | (12) |
| 126. Mount Sinai Medical Center, Milwaukee                        | 359 | L,G | 4 | (1)  |
| 127. Tucson Medical Center  | 555 | M   | 3 | (4)  |
| 128. New Britain General Hospital                                 | 400 | M   | 3 | (3)  |
| 129. Evanston Hospital  | 506 | M   | 3 | (10) |
| 130. Touro Infirmary  | 532 | L   | 3 | (9)  |
| 131. Church Home and Hospital of Baltimore                        | 297 | L   | 3 |      |
| 132. Boston Hospital for Women                                    | 262 | M   | 3 |      |
| 133. The Carney Hospital  | 336 | L,G | 3 | (2)  |
| 134. Edward W. Sparrow Hospital                                   | 455 | M   | 3 | (1)  |
| 135. St. Louis Children's Hospital                                | 167 | M   | 3 | (3)  |
| 136. The Genesee Hospital, Rochester                              | 364 | M   | 3 | (7)  |
| 137. Highland Hospital, Rochester                                 | 262 | M   | 3 | (1)  |
| 138. Children's Hospital of Pittsburgh                            | 250 | M   | 3 | (14) |
| 139. Montefiore Hospital, Pittsburgh                              | 480 | M   | 3 | (2)  |
| 140. Appalachian Regional Hospital                                | 221 | L   | 3 |      |
| 141. Massachusetts Eye and Ear Infirmary                          | 179 | M,L | 2 | (2)  |
| 142. Abbott-Northwestern Hospital                                 | 428 | L   | 2 |      |
| 143. The Children's Hospital of Buffalo                           | 311 | M   | 2 | (16) |
| 144. Memorial Hospital for Cancer and Allied Diseases             | 444 | M,L | 2 | (9)  |
| 145. Eye and Ear Hospital of Pittsburgh                           | 172 | M   | 2 | (1)  |
| 146. Western Psychiatric Institute and Clinic, Pittsburgh         | 150 | M   | 2 |      |
| 147. The Memorial Hospital, Pawtucket                             | 306 | M   | 2 | (3)  |
| 148. The Miriam Hospital, Providence                              | 246 | M   | 2 | (2)  |
| 149. Madison General Hospital                                     | 473 | M   | 2 | (9)  |
| 150. Chicago Wesley Memorial Hospital                             | 649 | M   | 1 | (18) |
| 151. Schwab Rehabilitation Hospital                               | 88  | M   | 1 |      |
| 152. The Hospital for Special Surgery                             | 200 | M   | 1 | (2)  |
| 153. Magee Womens Hospital, Pittsburgh                            | 355 | M   | 1 | (10) |
| 154. Providence Lying In Hospital                                 | 212 | M   | 1 | (2)  |
| 155. The Fairfax Hospital, Falls Church                           | 494 | M,L | 1 | (4)  |
| 156. Milwaukee Psychiatric Hospital                               | 136 | -   | 1 |      |
| 157. Hospital of the Albert Einstein College of Medicine Division | 374 | Mx  | - | (18) |
| 158. Crouse-Irving Memorial Hospital, Syracuse                    | 554 | M   | - | (16) |
| 159. The Children's Orthopedic Hospital & Medical Center, Seattle | 223 | M   | - | (13) |
| 160. Texas Children's Hospital, Houston                           | 181 | -   | - | (10) |
| 161. Henrietta Eggleston Hospital for Children, Inc.              | 100 | L   | - | (7)  |
| 162. Hutzel Hospital, Detroit                                     | 387 | M   | - | (5)  |
| 163. The Good Samaritan Hospital, Baltimore                       | 181 | M   | - | (4)  |
| 164. Cedars of Lebanon Hospital, Miami                            | 252 | -   | - | (3)  |
| 165. Robert B. Brigham Hospital                                   | 93  | -   | - | (2)  |
| 166. Jewish Hospital  | 279 | L   | - | (1)  |

Church

| Name, City   | Bed<br>Size | Affiliation | # of Res<br>Programs |
|--|-------------|-------------|----------------------|
| 1. Bataan Memorial Hospital, Albuquerque                 | 223         | G           | 29                   |
| 2. Saint Marys Hospital, Rochester                       | 903         | L,G         | 25 Comb              |
| 3. North Carolina Baptist Hospitals, Inc., Winston-Salem | 463         | M           | 18                   |
| 4. St. Francis Hospital, Peoria                          | 718         | M           | 11 (1)               |
| 5. St. Luke's Hospital, Cleveland                        | 491         | L           | 11                   |
| 6. Methodist Hospital of Indiana, Inc.                   | 1,045       | L           | 9 (3)                |
| 7. St. Francis Hospital, Wichita                         | 874         | G           | 9                    |
| 8. Latter-day Saints Hospital, Salt Lake City            | 545         | L           | 9 (1)                |
| 9. Misericordia Hospital, Bronx                          | 345         | -           | 8                    |
| 10. Mercy Catholic Medical Center, Darby                 | 774         | M           | 8                    |
| 11. St. Joseph's Hospital and Medical Center, Phoenix    | 560         | L           | 7 (3)                |
| 12. The Hospital of St. Raphael, New Haven               | 471         | M           | 7 (3)                |
| 13. St. Francis Hospital, Evanston                       | 505         | M,G         | 7 (2)                |
| 14. Creighton Memorial St. Joseph Hospital, Omaha        | 561         | M           | 7                    |
| 15. Methodist Hospital of Brooklyn                       | 657         | L           | 7 (1)                |
| 16. St. Elizebeth Hospital, Youngstown                   | 545         | -           | 7                    |
| 17. Baylor University Medical Center, Dallas             | 975         | L           | 7 (4)                |
| 18. Saint Francis Hospital, Hartford                     | 623         | M           | 6 (3)                |
| 19. Mercy Hospital and Medical Center, Chicago           | 517         | L           | 6 (2)                |
| 20. Wesley Medical Center, Wichita                       | 673         | G           | 6 (2)                |
| 21. St. Joseph Mercy Hospital, Pontiac                   | 338         | G           | 6                    |
| 22. Providence Hospital, Michigan                        | 403         | G           | 6                    |
| 23. St. Luke's Hospital, Kansas City                     | 877         | L           | 6 (2)                |
| 24. St. John's Episcopal Hospital, Brooklyn              | 288         | G           | 6                    |
| 25. Good Samaritan Hospital, Cincinnati                  | 721         | L           | 6 (3)                |
| 26. Methodist Hospital of Dallas                         | 459         | L           | 6                    |
| 27. St. Vincent's Hospital, Bridgeport                   | 340         | G           | 5 (3)                |
| 28. St. Agnes Hospital, Baltimore                        | 407         | G           | 5 (1)                |
| 29. St. Joseph Mercy Hospital, Ann Arbor                 | 554         | M           | 5 (4)                |
| 30. Saint Michael's Medical Center, Newark               | 400         | L           | 5 (3)                |
| 31. St. Clare's Hospital and Health Center, N.Y.         | 411         | -           | 5 (1)                |
| 32. Mount Carmel Hospital, Columbus                      | 504         | M           | 5 (2)                |
| 33. Emanuel Hospital, Portland                           | 477         | L           | 5 (3)                |
| 34. Baptist Memorial Hospital, Memphis                   | 1,560       | M           | 5 (3)                |
| 35. St. Joseph Hospital, Chicago                         | 503         | M           | 4 (1)                |
| 36. Iowa Methodist Hospital, Des Moines                  | 644         | -           | 4                    |
| 37. St. John's Mercy Medical Center, St. Louis           | 593         | -           | 4                    |
| 38. Baptist Memorial Hospital, Oklahoma City             | 385         | L           | 4 (2)                |
| 39. Little Company of Mary Hospital, Illinois            | 575         | -           | 3                    |
| 40. Booth Memorial Hospital, Flushing                    | 310         | L           | 3 (1)                |
| 41. St. Mary's Hospital, Rochester                       | 318         | G           | 3 (1)                |
| 42. St. Thomas Hospital, Nashville                       | 331         | -           | 2 (1)                |
| 43. Presbyterian Hospital of Dallas                      | 404         | L           | 2 (5)                |
| 44. Fairview Hospital, Minneapolis                       | 386         | L           | 1 (4)                |
| 45. The Methodist Hospital, Houston                      | 1,040       | M           | - (18)               |
| 46. St. Mary's Hospital, Minneapolis                     | 495         | L           | - (4)                |
| 47. Presbyterian Hospital Center, Albuquerque            | 469         | G           | - (3)                |



University-Owned

| <u>Ownership</u> | <u>Name</u>  | <u>Bed<br/>Size</u> | <u>Affiliation</u> | <u># of Res<br/>Programs</u> |
|------------------|--|---------------------|--------------------|------------------------------|
| State            | 1. University of Missouri Medical Center                                       | 465                 | Mx                 | 27                           |
| State            | 2. Hospitals of the University of Oklahoma                                     | 407                 | Mx                 | 25                           |
| State            | 3. Medical University Hospital of the Medical<br>University of South Carolina  | 453                 | Mx                 | 25                           |
| State            | 4. University of Michigan Hospitals  | 1,002               | Mx                 | 24                           |
| State            | 5. Ohio State University Hospitals   | 967                 | Mx                 | 24                           |
| Nonprofit        | 6. University of California Hospitals, San<br>Francisco                        | 560                 | Mx                 | 23                           |
| State            | 7. University of Minnesota Hospitals   | 828                 | Mx                 | 23                           |
| Nonprofit        | 8. New York Medical College - Flower and Fifth<br>Avenues Hospitals            | 398                 | Mx                 | 23                           |
| State            | 9. North Carolina Memorial Hospital  | 414                 | Mx                 | 23                           |
| State            | 10. Medical College of Virginia, Virginia Commonwealth<br>University Hospitals | 995                 | Mx                 | 23 (3)                       |
| State            | 11. University Hospital, Seattle   | 324                 | Mx                 | 23                           |
| State            | 12. University of Maryland Hospitals   | 648                 | Mx                 | 22                           |
| State            | 13. University of Texas Medical Branch Hospitals                               | 1,076               | Mx                 | 22                           |
| State            | 14. University of Virginia Hospital  | 560                 | Mx                 | 22                           |
| Nonprofit        | 15. University of Chicago Hospitals  | 654                 | Mx                 | 21                           |
| State            | 16. University of Kansas Medical Center  | 530                 | Mx                 | 21                           |
| State            | 17. State University of New York, Downstate Medical<br>Center                  | 350                 | Mx                 | 21                           |
| Nonprofit        | 18. Strong Memorial Hospital   | 662                 | Mx                 | 21 (2)                       |
| Nonprofit        | 19. Thomas Jefferson University Hospital                                       | 736                 | Mx                 | 21                           |
| State            | 20. University of Oregon Hospitals   | 585                 | Mx                 | 21                           |
| Nonprofit        | 21. Stanford University Hospital   | 618                 | Mx                 | 20 (1)                       |
| State            | 22. Shands Teaching Hospital and Clinics                                       | 405                 | Mx                 | 20                           |
| Nonprofit        | 23. New York University Medical Center   | 780                 | Mx                 | 20                           |
| ity              | 24. Cincinnati General Hospital  | 607                 | Mx                 | 20 (2)                       |
| Nonprofit        | 25. Temple University Hospital   | 633                 | Mx                 | 20 (2)                       |
| State            | 26. University of Wisconsin Center for Health<br>Services                      | 688                 | Mx                 | 20                           |
| State            | 27. University of Alabama Hospital and Clinics                                 | 688                 | Mx                 | 19                           |
| State            | 28. University Hospital, University of Arkansas                                | 294                 | Mx                 | 19                           |
| State            | 29. University of Colorado Medical Center                                      | 528                 | Mx                 | 19                           |
| Nonprofit        | 30. Duke University Hospital   | 783                 | Mx                 | 19                           |
| Nonprofit        | 31. Vanderbilt University Hospital   | 481                 | Mx, L              | 19                           |
| Nonprofit        | 32. Georgetown University Hospital   | 393                 | Mx                 | 18                           |
| State            | 33. University of Illinois Hospital  | 615                 | Mx                 | 18 (2)                       |
| State            | 34. Indiana University Hospitals   | 533                 | Mx                 | 18                           |
| State            | 35. University Hospital, Lexington   | 415                 | Mx                 | 18                           |
| State            | 36. University Hospital, University of Utah                                    | 284                 | Mx                 | 18                           |
| Nonprofit        | 37. George Washington University Hospital                                      | 529                 | Mx                 | 17                           |
| State            | 38. University of Nebraska Hospitals   | 270                 | Mx                 | 17                           |
| State            | 39. State University Hospital of the Upstate Medical<br>Center                 | 314                 | Mx                 | 17                           |
| Nonprofit        | 40. Hahnemann Medical College and Hospital                                     | 511                 | Mx                 | 17 (1)                       |
| Nonprofit        | 41. Hospital of the University of Pennsylvania                                 | 862                 | Mx                 | 17                           |
| State            | 42. West Virginia University Hospitals   | 433                 | Mx                 | 17                           |
| State            | 43. Medical College of Georgia   | 400                 | Mx                 | 16                           |
| State            | 44. University of Iowa Hospitals & Clinics                                     | 1,093               | Mx                 | 16                           |
| State            | 45. University Hospital, Jackson   | 435                 | Mx                 | 16                           |
| Church           | 46. Loma Linda University Hospital   | 488                 | Mx                 | 15                           |
| Nonprofit        | 47. University Hospital of San Diego County                                    | 446                 | Mx                 | 14                           |
| Church           | 48. St. Louis University Hospitals   | 319                 | Mx                 | 14                           |
| Nonprofit        | 49. Freedmen's Hospital  | 488                 | Mx                 | 13 (1)                       |
| State            | 50. Martland Hospital Unit   | 717                 | Mx                 | 11                           |

|           |   |     |    |        |
|-----------|---|-----|----|--------|
| Church    | 51. Loyola University Hospitals                               | 451 | Mx | 10 (3) |
| Nonprofit | 52. George W. Hubbard Hospital of the Meharry Medical College | 208 | Mx | 9      |
| State     | 53. University of Connecticut Hospital                        | 130 | Mx | 8      |
| Nonprofit | 54. Graduate Hospital of the University of Pennsylvania       | 277 | Mx | 7 (9)  |
| Nonprofit | 55. Hospital of the Medical College of Pennsylvania           | 280 | Mx | 7 (1)  |
| Nonprofit | 56. The Milton S. Hershey Medical Center Hospital             | 138 | Mx | 7      |
| Nonprofit | 57. Emory University Hospital                                 | 335 | Mx | 6 (11) |
| State     | 58. M.D. Anderson Hospital and Tumor Institute                | 294 | Gx | 6 (2)  |
| State     | 59. University Hospital, Tucson                               | 300 | Mx | 4      |
| Church    | 60. Crawford W. Long Memorial Hospital                        | 373 | Gx | 4      |
| Nonprofit | 61. U.C.L.A. Hospitals and Clinics                            | 496 | Mx | -      |

| Name, City  | Bed<br>Size | Affiliation | # of Res<br>Programs |
|---|-------------|-------------|----------------------|
| 1. Veterans Administration Hospital, Palo Alto                          | 1,529       | M           | 17 (2)               |
| 2. Veterans Administration Hospital, Syracuse                           | 398         | M           | 17 Comb              |
| 3. Veterans Administration Hospital, Hines                              | 1,398       | Mx          | 15 (3)               |
| 4. Veterans Administration Hospital, Seattle                            | 302         | M           | 14                   |
| 5. Veterans Administration Hospital, Atlanta                            | 488         | M           | 13                   |
| 6. Veterans Administration Hospital, Long Beach                         | 1,604       | M           | 10 (5)               |
| 7. Wadsworth Hospital, Veterans Administration<br>Hospital, Los Angeles | 801         | M           | 9 (5)                |
| 8. Veterans Administration Hospital, Bronx                              | 1,318       | L           | 9 (6)                |
| 9. Veterans Administration Hospital, West Roxbury                       | 285         | L           | 8                    |
| 10. Veterans Administration Hospital, Boston                            | 850         | M           | 7 (5)                |
| 11. Veterans Administration Hospital, New York City                     | 1,129       | L           | 7 (11)               |
| 12. Veterans Administration Hospital, Martinez                          | 482         | -           | 5 (3)                |
| 13. Veterans Administration Center, Dayton                              | 718         | G           | 5                    |
| 14. Veterans Administration Center, Milwaukee                           | 807         | M           | 5 (11)               |
| 15. Veterans Administration Hospital, San Juan                          | 688         | M           | 5 (7)                |
| 16. Veterans Administration Hospital, Sepulveda                         | 821         | L           | 4                    |
| 17. Veterans Administration Hospital, Miami                             | 773         | M           | 4 (15)               |
| 18. Veterans Administration Hospital, Richmond                          | 868         | M           | 4 (11)               |
| 19. Veterans Administration Hospital, Louisville                        | 476         | M           | 3 (12)               |
| 20. Veterans Administration Hospital, East Orange                       | 950         | M           | 3 (6)                |
| 21. Veterans Administration Hospital, Buffalo                           | 898         | M           | 3 (5)                |
| 22. Veterans Administration Hospital, Brooklyn                          | 1,000       | M           | 3 (7)                |
| 23. Veterans Administration Hospital, Dallas                            | 680         | M           | 3 (11)               |
| 24. Veterans Administration Hospital, Philadelphia                      | 492         | M           | 2                    |
| 25. Veterans Administration Hospital, San Francisco                     | 352         | M           | 1 (14)               |
| 26. Veterans Administration Research Hospital,<br>Chicago               | 523         | M           | 1 (14)               |
| 27. Veterans Administration Hospital, New Orleans                       | 571         | L           | 1 (12)               |
| 28. Allen Park Veterans Administration Hospital,<br>Allen Park          | 689         | M           | 1 (12)               |
| 29. Veterans Administration Center, Biloxi                              | 829         | -           | 1                    |
| 30. Veterans Administration Hospital, St. Louis                         | 1,137       | M           | 1 (10)               |
| 31. Veterans Administration Hospital, Cleveland                         | 780         | M           | 1 (16)               |
| 32. Veterans Administration Hospital, Portland                          | 540         | M           | 1 (13)               |
| 33. Veterans Administration Hospital, Providence                        | 321         | L           | 1 (4)                |
| 34. Veterans Administration Hospital, Memphis                           | 923         | M           | 1 (12)               |
| 35. Veterans Administration Hospital, Durham                            | 489         | M           | - (21)               |
| 36. Veterans Administration Hospital, Minneapolis                       | 920         | M           | - (19)               |
| 37. Veterans Administration Hospital, Birmingham                        | 483         | M           | - (18)               |
| 38. Veterans Administration Hospital, Houston                           | 1,242       | M           | - (18)               |
| 39. Veterans Administration Hospital, West Haven                        | 756         | M           | - (17)               |
| 40. Veterans Administration Hospital, Washington, D.C.                  | 694         | M,L         | - (16)               |
| 41. Veterans Administration Hospital, Ann Arbor                         | 363         | M           | - (16)               |
| 42. Veterans Administration Hospital, Little Rock                       | 1,577       | M           | - (15)               |
| 43. Veterans Administration West Side Hospital,<br>Chicago              | 545         | M           | - (15)               |
| 44. Veterans Administration Hospital, Oklahoma City                     | 427         | M           | - (15)               |
| 45. Veterans Administration Hospital, Gainesville                       | 450         | M           | - (14)               |
| 46. Veterans Administration Hospital, Indianapolis                      | 610         | M           | - (14)               |
| 47. Veterans Administration Center, Jackson                             | 498         | M           | - (14)               |
| 48. Veterans Administration Hospital, Albany                            | 950         | M           | - (14)               |
| 49. Veterans Administration Hospital, Salt Lake City                    | 561         | M           | - (14)               |
| 50. Veterans Administration Hospital, Nashville                         | 467         | M,L         | - (13)               |
| 51. Veterans Administration Hospital, Madison                           | 420         | M           | - (13)               |
| 52. Veterans Administration Hospital, Pittsburgh                        | 737         | M           | - (12)               |
| 53. Veterans Administration Hospital, Charleston                        | 348         | M           | - (12)               |
| 54. Veterans Administration Hospital, Iowa City                         | 447         | M           | - (11)               |

|   |       |   |        |
|---|-------|---|--------|
| 55. Veterans Administration Hospital, Lexington   | 927   | M | - (11) |
| 56. Veterans Administration Hospital, Kansas City | 476   | M | - (11) |
| 57. Veterans Administration Hospital, Omaha       | 424   | M | - (11) |
| 58. Veterans Administration Hospital, Cincinnati  | 429   | M | - (10) |
| 59. Veterans Administration Hospital, Augusta     | 1,318 | M | - (9)  |
| 60. Veterans Administration Hospital, Albuquerque | 360   | M | - (9)  |
| 61. Veterans Administration Hospital, Newington   | 195   | M | - (8)  |
| 62. Veterans Administration Hospital, Tucson      | 294   | M | - (7)  |
| 63. Veterans Administration Hospital, Shreveport  | 452   | L | - (5)  |
| 64. Veterans Administration Hospital, Clarksburg  | 200   | M | - (2)  |
| 65. Veterans Administration Hospital, Denver      | 405   | M | ?      |

| NAME  | <u>City</u> |             | # of Res<br>Programs |
|---|-------------|-------------|----------------------|
|   | Size        | Affiliation |                      |
| 1. Kings County Hospital Center   | 2,237       | M           | 21 Comb              |
| 2. Albert Einstein College of Medicine<br>Bronx Municipal Hospital Center | 1,118       | M           | 19 (2)               |
| 3. Harlem Hospital Center   | 931         | M           | 19                   |
| 4. City of Memphis Hospital   | 876         | M           | 16 (3)               |
| 5. University Hospital of Jacksonville                                    | 256         | M           | 10 (1)               |
| 6. Fordham Hospital   | 406         | -           | 8 Comb               |
| 7. Hurley Hospital  | 687         | M,G         | 7                    |
| 8. The Cumberland Hospital  | 308         | M           | 6 Comb (3)           |
| 9. Worcester City Hospital  | 426         | -           | 5                    |
| 10. Baltimore City Hospital   | 388         | M           | 4 (12)               |
| 11. Pontiac General Hospital  | 391         | G           | 4 (1)                |
| 12. Detroit General Hospital  | 599         | M           | 3 (20)               |
| 13. San Juan Municipal Hospital   | 565         | L           | 3 (6)                |
| 14. City Hospital of Elmhurst   | 965         | L           | - (18)               |
| 15. Morrisania City Hospital  | 331         | M           | - (18)               |

| <u>County</u>  |       |     |        |
|--|-------|-----|--------|
| 1. Los Angeles County Hospital, University<br>of Southern California | 2,105 | M   | 23     |
| 2. Jackson Memorial Hospital   | 1,204 | M   | 19     |
| 3. Cook County Hospital  | 2,263 | M,L | 18 (2) |
| 4. Milwaukee County General Hospital                                 | 499   | M   | 17 (3) |
| 5. Los Angeles County Harbor General<br>Hospital                     | 712   | M   | 16 (5) |
| 6. Grady Memorial Hospital   | 863   | M   | 16 (3) |
| 7. Sacramento Medical Center   | 580   | M,G | 15     |
| 8. Nassau County Medical Center                                      | 607   | -   | 14     |
| 9. Orange County Hospital  | 624   | M   | 12 (3) |
| 10. Bernalillo County Medical Center                                 | 220   | M   | 12 (1) |
| 11. Cuyahoga County Hospital   | 557   | M   | 9 (7)  |
| 12. Maricopa County General Hospital                                 | 501   | L   | 7 (4)  |
| 13. Grasslands Hospital  | 406   | -   | 6 (2)  |
| 14. San Joaquin General Hospital                                     | 256   | -   | 5      |
| 15. Riverside General Hospital                                       | 435   | M   | 4 (12) |
| 16. Prince George's General Hospital                                 | 493   | G   | 4      |
| 17. Hennepin County General Hospital                                 | 373   | M   | 4 (10) |
| 18. Edward J. Meyer Memorial Hospital                                | 750   | M   | 4 (11) |
| 19. Marion County General Hospital                                   | 705   | M   | 2 (15) |
| 20. Highland View Hospital   | 340   | L   | 2 (4)  |
| 21. Harborview Medical Center  | 253   | M   | - (33) |
| 22. Wayne County General Hospital                                    | 474   | M   | - (12) |

| <u>State</u>   |       |   |        |
|--|-------|---|--------|
| 1. Charity Hospital of Louisiana<br>at New Orleans         | 1,738 | M | 19 (2) |
| 2. Confederate Memorial Medical Center                     | 730   | M | 11     |
| 3. University District Hospital                            | 380   | M | 8 (10) |
| 4. St. Elizabeth's Hospital of Boston                      | 390   | M | 7      |
| 5. Catholic Medical Center of Brooklyn<br>and Queens, Inc. | 1,142 | - | 7      |
| 6. University Hospital, University of<br>South Alabama     | 301   | - | 6 (2)  |
| 7. Massachusetts Mental Health Center                      | 148   | M | 2      |

|   |     |   |        |
|---|-----|---|--------|
| 8. Hospital of the Medical College<br>of Ohio, Toledo | 258 | M | 2 (8)  |
| 9. Martin Luther King, Jr. General<br>Hospital        | 394 | M | 1 (18) |

Public Health Service

|  |     |     |       |
|--|-----|-----|-------|
| 1. U.S. Public Health Service<br>Hospital, New Orleans         | 403 | L   | 8 (2) |
| 2. U.S. Public Health Service Hospital,<br>San Francisco       | 364 | L   | 5     |
| 3. Clinical Center, National Institutes<br>of Health, Bethesda | 516 | G   | 1     |
| 4. U.S. Public Health Service Hospital,<br>Seattle             | 257 | M,L | (9)   |
| 5. U.S. Public Health Service Hospital,<br>Carville            | 357 | -   | -     |

Air Force

|  |       |   |    |
|--|-------|---|----|
| 1. Wilford Hall U.S. Air Force Medical<br>Center | 1,000 | L | 17 |
|--|-------|---|----|

City-County

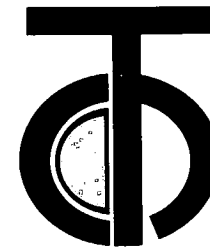
|                                  |       |     |        |
|----------------------------------|-------|-----|--------|
| 1. Louisville General Hospital   | 385   | M   | 15 (2) |
| 2. Philadelphia General Hospital | 1,050 | M,L | 8 (11) |

Corporation

|                                     |     |   |   |
|-------------------------------------|-----|---|---|
| 1. St. Joseph Infirmary, Louisville | 507 | - | 4 |
|-------------------------------------|-----|---|---|

Hospital District

|   |     |   |        |
|---|-----|---|--------|
| 1. Bexar County Hospital District<br>Hospitals, Texas | 474 | M | 21     |
| 2. Charlotte Memorial Hospital                        | 796 | M | 9      |
| 3. Saint Paul-Ramsey Hospital and<br>Medical Center   | 560 | M | 7 (12) |
| 4. Dallas County Hospital District                    | 853 | M | 4 (15) |
| 5. Harris County Hospital District                    | 755 | M | - (21) |

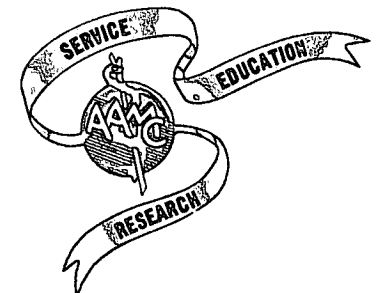


ASSOCIATION OF  
AMERICAN  
MEDICAL  
COLLEGES

Council of Teaching Hospitals  
Rules and Regulations

AS APPROVED  
NOVEMBER 3, 1969

ONE DUPONT CIRCLE, N. W.  
WASHINGTON, D. C. 20036  
(202) 466-5127



# ASSOCIATION OF AMERICAN MEDICAL COLLEGES

## *Council of Teaching Hospitals Rules and Regulations*

At the meeting of the institutional members of the Association of American Medical Colleges, November 2, 1965, the Association authorized the formation of a Council of Teaching Hospitals.

**Purpose and Function.** The Council is organized to provide, as a part of the program of the AAMC, special activities and programs relating to teaching hospitals. For this purpose, a teaching hospital is defined as an institution with a major commitment in undergraduate, post-doctoral, or post-graduate education of physicians. Each medical school may nominate and recommend to the Council for membership affiliated teaching hospitals. Other eligible institutions may become members by virtue of meeting specific requirements in teaching programs as may be set up by the Council and approved by the AAMC Assembly. The Council will hold educational meetings, conduct and publish studies, take group action on various issues concerning the teaching hospital and participate in policy making of the Association through its elected officers and representatives.

**Nature of the Program of the Council.** As a part of the AAMC, the Council of Teaching Hospitals develops, through the appointment of study groups, information concerning specific items or problems of hospital operation as they relate to the goals, purposes and functions of the Academic Medical Center. The Council conducts meetings for the presentation of papers and studies relating to education in hospitals. In addition to the COTH-AAMC Annual Meeting, other educational programs are conducted on a regional basis.

**Membership in the Council.** Hospitals as institutions are members of the Council and each institution designates a person for the purpose of representation in the Council.



Eligibility for membership in the Council is determined on the basis of one of the two following criteria:

- a. Teaching hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics and Psychiatry; and, which are elected by the Council of Teaching Hospitals;

or

- b. Those hospitals nominated by an AAMC Medical School Institutional Member or Provisional Institutional Member, from among the major Teaching Hospitals affiliated with the Members and elected by the Council of Teaching Hospitals.

Council of Teaching Hospital members are organizations operated exclusively for educational, scientific, or charitable purposes.

**COTH Officers, Executive Committee, and Assembly Members.** COTH officers and new executive committee members, and new representatives to the AAMC Assembly are elected annually by all COTH members. Each COTH institutional member is entitled to one vote.

There are nine (9) members of the Executive Committee, serving for three-year terms. Each year three (3) members are elected. In addition, the immediate Past Chairman, the Chairman, the Chairman Elect, and the Council of Teaching Hospitals' representatives on the Executive Council of the AAMC are ex-officio members of the Executive Committee. The Executive Committee meets as deemed necessary by the Chairman. The Executive Committee is authorized to conduct the business of the Council between meetings of the institutional members.

**Operation and Relationships.** The Council of Teaching Hospitals reports to the Executive Council of the AAMC, and is represented on that Council by three (3) COTH members. Creation of standing committees and any major actions are taken only after recommendation to and approval by the Executive Council of the AAMC.

The voting rights of the Council of Teaching Hospitals members in the Assembly of the AAMC are as follows: COTH is authorized to designate 10 percent of its members, up to a maximum of 35, each of whom shall have one vote in the Assembly. The Assembly is the constituent delegate body to which the AAMC Executive Council is responsible.

**Staff, Expenses for Attendance at Meetings, and Dues.** The Council of Teaching Hospitals will be provided adequate staff for the conduct of its work. The Executive Committee of COTH appoints standing and ad hoc committees. The committees meet as deemed necessary, with expenses of these meetings paid for by COTH.

The activities of the Council of Teaching Hospitals are financed by its members through appropriate dues established at a current rate of \$700.00 per year.

T. Stewart Hamilton, M.D.  
Chairman  
Executive Committee  
Council of Teaching Hospitals

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Approved by the Executive Committee of the Council of Teaching Hospitals, the Executive Council of the AAMC, and the COTH Institutional Membership at its Annual Business Meeting, Monday, November 3, 1969.

Excerpt from the Hospital Code of New York State

86.13 Groupings. (a) For the purpose of establishing ceilings, medical facilities will be grouped as follows:

(1) Type of medical facility:

- (i) hospitals part of or affiliated with teaching centers or maintaining a substantial program of graduate education by number of American Medical Association approved residency programs, adjusted by wage geographic differentials;
- (ii) general hospitals;
- (iii) special hospitals by type;
- (iv) nursing homes;
- (v) health related facilities;
- (vi) independent out-of-hospital health facilities.

(2) Geographic areas for non-teaching hospitals:

- (i) New York Metropolitan Standard Metropolitan Statistical area;
- (ii) Upstate Standard Metropolitan Statistical areas;
- (iii) Upstate Non-SMSA.

(3) Geographic areas for nursing homes and health related facilities:

- (i) Western New York Hospital Service Region;
- (ii) Rochester Hospital Service Region;
- (iii) Central New York Hospital Service Region;
- (iv) Northeastern New York Hospital Service Region;
- (v) Long Island Hospital Service Region;
- (vi) Northern Metropolitan Hospital Service Region;
- (vii) New York City Hospital Service Region.

(4) Size of medical facility:

(i) Teaching hospitals, smaller programs:

- (a) Up to 100,000 patient days
- (b) 100,001 to 125,000 patient days
- (c) 125,001 to 150,000 patient days
- (d) 150,001 and over patient days

(ii) Teaching hospitals, larger programs:

- (a) Up to 175,000 patient days
- (b) 175,001 to 225,000 patient days
- (c) 225,001 and over patient days

(iii) Voluntary general, non-teaching (NYSMSA)

- (a) Up to 25,000 patient days
- (b) 25,001 to 50,000 patient days
- (c) 50,001 to 75,000 patient days
- (d) 75,001 to 100,000 patient days
- (e) 100,001 and over patient days

(iv) Voluntary general, non-teaching (Upstate SMSA)

- (a) Up to 25,000 patient days
- (b) 25,001 to 50,000 patient days
- (c) 50,001 to 80,000 patient days
- (d) 80,001 and over patient days

(v) Voluntary general, non-teaching (non-SMSA)

- (a) Up to 15,000 patient days
- (b) 15,001 to 30,000 patient days
- (c) 30,001 to 45,000 patient days
- (d) 45,001 to 75,000 patient days
- (e) 75,001 and over patient days

(vi) Public, non-teaching

- (a) Up to 20,000 patient days
- (b) 20,001 to 40,000 patient days
- (c) 40,001 and over patient days

(vii) Proprietary, non-teaching

- (a) Up to 20,000 patient days
- (b) 20,001 to 40,000 patient days
- (c) 40,001 to 60,000 patient days
- (d) 60,001 and over patient days

(viii) Nursing homes

- (a) Under 40 beds;
- (b) 40 - 99 beds;
- (c) 100 - 199 beds;
- (d) 200 - 299 beds;
- (e) 300 and over.

(5) Sponsor:

- (i) voluntary hospitals;
- (ii) public hospitals;
- (iii) proprietary hospitals;
- (iv) voluntary nursing homes;
- (v) public nursing homes;
- (vi) proprietary nursing homes.

(b) Where one group contains an insufficient number of medical facilities needed to establish a reimbursable ceiling, such institutions will be considered as part of another comparable group or combined with comparable medical facilities without regard to geographic areas or size.

## CHAPTER TEN - GROUPING OF MEMBER HOSPITALS

### Section 1001 - Requirement for Grouping

Member hospitals will be segregated into groups similar in size, location and scope of services rendered in accordance with Section 1004 following.

### Section 1002 - Rules for Classifying Hospitals by Groups

In classifying hospitals by groups in accordance with the criteria outlined in Section 1001, the following rules shall apply:

- a. when the total of adult and children patient days of care annually for two of the three most-recent years, -including-the-year-under-review, years immediately prior to the intermediate year is such as to indicate a change in grouping, such change shall automatically be made.
- b. when the total of adult and children patient days of care annually for the base year under-review indicates a change in grouping but the adult and children patient day total of each of the two years immediately preceding does not, the question of whether a change in grouping will be effected shall be decided by AHS on the basis of evidence satisfactory to it as to whether the patient day total for the year subsequent to the base year under-review will or will not require such group change.

- c. with the exception of the patient day total, the determination of the facts governing the classification of the hospital by groups, such as accreditation status, licensure of outpatient department, existence of approved internships and residencies, etc. shall be made in accordance with the status of the hospital as of December 31 of the base year. ~~under-review.~~
- d. a hospital not fully meeting the requirements of a particular group of hospitals but which is considered to be in substantial compliance with the requirements may be included in the group subject to approval by the Review Committee.

#### Section 1003 - Special and Unclassified Voluntary Hospitals

The provision of the reimbursement formula with respect to the determination of group maximum payment rates in accordance with Section 204 is not applicable to accredited special and unclassified voluntary hospitals classified in Group 10 by Section 1004.

#### Section 1004 - Grouping of Member Hospitals

##### Group 1

Accredited voluntary general hospitals rendering at least 200,000 patient days annually (exclusive of newborn days) that meet the following requirements:

- (i) full time physicians serving as residents under an American Medical Association approved residency training program covering at least thirteen different specialties of which ten must be clinical specialties including internal medicine and surgery.
- (ii) a professional nursing school or an affiliation which requires the regular training of professional nursing students on at least two clinical services under an agreement with a college or university offering a degree course in nursing.
- (iii) full time physicians serving as interns under an A.M.A. approved internship program.
- (iv) a licensed outpatient department and an emergency service.

#### Group 2

Accredited voluntary general hospitals not included in Group 1, rendering at least 125,000 patient days annually (exclusive of newborn days) that meet the following requirements:

- (i) full time physicians serving as residents under an American Medical Association approved residency training program covering at least eight different specialties of which five are

clinical specialties which include internal medicine and surgery.

- (ii) a professional nursing school or an affiliation which requires the regular training of professional nursing students on at least two clinical services under an agreement with a college or university offering a degree course in nursing,

or

in the absence of the above, full time physicians serving as interns under an A.M.A. approved internship program.

- (iii) a licensed outpatient department and an emergency service.

### Group 3

Accredited voluntary general hospitals not included in Groups 1 and 2, rendering at least 75,000 patient days annually (exclusive of newborn days) that meet the following requirements:

- (i) full time physicians serving as residents under an American Medical Association approved residency training program covering at least four different clinical specialties including internal medicine and surgery.
- (ii) a professional nursing school or an affiliation which requires the regular training of

professional nursing students on at least two clinical services under an agreement with a college or university offering a degree course in nursing,

or

in the absence of the above, full time physicians serving as interns under an A.M.A. approved internship program.

(iii) a licensed outpatient department and an emergency service.

#### Group 4

Accredited voluntary general hospitals located in New York City not included in Groups 1 through 3, rendering at least 50,000 patient days of care annually (exclusive of newborn days).

#### Group 5

Accredited voluntary general hospitals located in New York City rendering less than 50,000 patient days of care annually (exclusive of newborn days).

#### Group 6

Accredited voluntary general hospitals outside New York City not included in Groups 1, 2 and 3, rendering at least 50,000 patient days of care annually (exclusive of newborn days) that meet the following requirements:

(1) full time physicians serving as residents



under an American Medical Association approved residency training program covering at least four specialties two of which must be internal medicine and surgery,

or

full time physicians serving as interns under an A.M.A. approved internship program.

- (ii) a licensed outpatient department and an emergency service.

Group 7

Accredited voluntary general hospitals outside New York City not included in Groups 1, 2, 3 and 6 that render more than 25,000 patient days of care annually (exclusive of newborn days).

Group 8

Accredited voluntary general hospitals outside New York City rendering less than 25,000 patient days of care annually (exclusive of newborn days).

Group 9

Accredited voluntary general hospitals in Connecticut.

Group 10

Accredited special and unclassified voluntary hospitals.

Group 11

Accredited proprietary hospitals rendering less than 25,000 patient days of care annually (exclusive of newborn days).

Group 12

Accredited proprietary hospitals rendering at least 25,000 patient days of care annually (exclusive of newborn days) located in the counties of Queens, Nassau and Suffolk.

Group 13

Accredited proprietary hospitals rendering at least 25,000 patient days of care annually (exclusive of newborn days) not included in Group 12.

Group 14

Non-accredited hospitals.

AGREEMENT effective 1st day of July 1966

between

BLUE CROSS OF WESTERN PENNSYLVANIA  
(herein sometimes called "Blue Cross")

and

\_\_\_\_\_ Hospital  
(herein called the "Hospital")

The parties agree as follows:

I. For inpatient services provided to subscribers of Blue Cross of Western Pennsylvania, as well as to subscribers of other Blue Cross Plans with which Blue Cross has a reciprocal agreement, Blue Cross will reimburse the Hospital the lesser of applicable patient charges or a per diem rate composed of that part of the Hospital's cost which is apportioned on the basis of the relation of the Hospital's total charges to its charges with respect to all of the Hospital's inpatient days other than Medicare days, by type of accommodation, i.e., semiprivate\* and ward accommodation (this method of cost computation is hereinafter referred to as the "RCC method"), plus three per cent of such cost as an allowance in lieu of building depreciation. (Cost of equipment other than buildings will be included in the computed cost on a depreciation or repair and replacement basis.) Costs included for the purpose of the

\* The term "semiprivate" means a two-, three-, or four-bed accommodation. For patients occupying private rooms, the mode semiprivate charge will be used in the computation.

RCC method of computation will be determined after audit by Blue Cross on the basis of data submitted by the Hospital in its financial reports to the Commonwealth of Pennsylvania or other comparable data.

II. A. The per diem rate of reimbursement to the Hospital will not exceed a maximum rate which shall be 10 per cent above the sum of the weighted average of the per diem rates computed by the RCC method, plus three per cent thereof, for all hospitals in the Hospital's group, hereafter described. The weighted average per diem rate shall be obtained by dividing, for each type of accommodation, the costs, computed by the RCC method, of all hospitals in the same group by the total number of patient days of care provided, other than Medicare days, in the applicable type of accommodation during each reimbursement period. If the Hospital's per diem rate computed by the RCC method exceeds the per diem maximum in its group, and if the Hospital's average cost per inpatient case is lower than the average cost per inpatient case for all such hospitals, the Hospital will be reimbursed more than the maximum per diem rate of reimbursement above set forth not to exceed the lesser of the average inpatient case cost, in the Hospital's group, the Hospital's own weighted average cost per diem computed by the RCC method, or the Hospital's patient billings.

- B. In order to determine the maximum per diem rate of reimbursement set out in A above, Western Pennsylvania hospitals are grouped into the following classifications: Group 1, Metropolitan Advanced Teaching; Group 2, Urban Advanced Teaching; Group 3, Non-Urban Advanced Teaching; Group 4, Metropolitan Teaching; Group 5, Urban Teaching; Group 6, Non-Urban Teaching; Group 7, Metropolitan No-Teaching; Group 8, Urban No-Teaching; Group 9, Non-Urban No-Teaching.

The Metropolitan hospitals are those in Allegheny County and its five contiguous counties; hospitals in a county in which more than 50 per cent of the population is classified urban by the most recent United States Census are designated as Urban; all other hospitals are designated as Non-Urban. Hospitals which have three or more active residency programs are designated as Advanced Teaching. Hospitals with one or two active residency programs, or with an active program for interns, or with an approved school of nursing (R.N.) are designated as Teaching. All other hospitals are designated as Non-Teaching.

- C. In the event there are fewer than five hospitals in the same group as the Hospital during a reimbursement period, the maximum per diem rate of reimbursement for the Hospital for that period will be the maximum

determined for the immediately preceeding group in the order of hospital groupings stated in paragraph B above.

- D. If physician reimbursement or departmental expenses for one or more of the major hospital-based medical specialties are not included in the Hospital's costs, and if exclusion of such expenses is not the practice of hospitals containing a majority of the beds in the Hospital's group, the maximum per diem rate of reimbursement for the Hospital will be the group's maximum rate (including such reimbursement and expenses, actual or estimated, for all hospitals in the group) less the average actual cost for the group of such physician reimbursement and departmental expense.
- E. The parties agree that there will be a one-year transitional period commencing with the effective date of this Agreement during which the Hospital may elect to be reimbursed at a per diem rate based upon the hospital groupings set out in this section or upon the three-group system of hospital grouping which was effective between the parties prior to the date of this Agreement. Regardless of the method of grouping elected, however, it is understood that the RCC method of cost computation will be applied.

Following the transitional period, the Hospital's per diem rate of reimbursement will be based upon the hospital groupings set out in paragraph B above.

F. Blue Cross will establish a Reimbursement Appeals Committee composed of hospital, Blue Cross and other representatives to consider annually after audit requests by hospitals for exception from the maximum per diem rate limitation provided in section II. The Committee will have power to hear representatives of any hospital which desires to appeal for additional payment above the maximum on the ground that it provided exceptionally broad scope of services for its group or exceptionally high quality of services for its group, or that it had exceptional and temporarily high cost due to dislocations in patient care facilities resulting from remodeling construction, or that it had another special and exceptional circumstance which made completely unavoidable for the hospital a cost higher than 10 per cent above the average for its group -- each of the foregoing factors to be considered in relation to all factors. Following such a hearing, the Committee may recommend to Blue Cross that specific sums above the maximum rate, but not above the Hospital's per diem rate, be granted where, in its judgment, such

action is merited on the basis of one or more of the grounds named in the preceding sentence. The Hospital understands, however, that the Committee's function is limited to that of making recommendations to Blue Cross and that, in any year, the Committee's recommendations for payments above maximums to all hospitals may not total more than one half of the amount by which the Blue Cross reimbursement for that year to all participating hospitals in Western Pennsylvania is less than the participating hospitals' costs for all Blue Cross inpatients computed by the RCC method; except that if, in any year, the total amount permitted under the above provision is not granted, the Committee's recommendation in the next or future years may be increased by the ungranted portion provided that the Committee's recommendation including any such portion may not in any year exceed 75 per cent of the amount by which the Blue Cross reimbursement for that year to all participating hospitals in Western Pennsylvania is less than the participating hospitals' costs for all Blue Cross inpatients computed by the RCC method.

III. Blue Cross will determine the Hospital's per diem reimbursement rate as of June 30 and December 31 each year. Rates thus determined will be applicable to the days of care provided to Blue Cross



subscribers during the six-month period preceding the date of rate determination. Because rate determination occurs at the end of a rating period, Blue Cross will make payments to the Hospital during the rating period at the most recently determined rate for the Hospital. Following the determination of rates, Blue Cross will make supplemental payments or take appropriate credits with respect to the Hospital's account so as to provide reimbursement to the Hospital at the proper per diem rate for that rating period.

If, during any 12-month period ending June 30, the per diem rate determined for the Hospital with respect to a particular type of accommodation is less than the maximum rate provided in section II above for one six-month rating period but over the maximum for the same type of accommodation for the other six-month rating period, Blue Cross will make a retroactive adjustment in the rate of reimbursement to the Hospital for that year. Such adjustment may equal the amount by which the Hospital's rate exceeds the maximum rate in the one rating period but may not exceed the amount by which the Hospital's rate is less than maximum rate in the other rating period.

IV. If, during any 12-month period ending June 30, Blue Cross payments to the Hospital for services rendered subscribers in a particular type of accommodation exceed the Hospital's applicable established charges for allowed services in that accommodation, Blue Cross will receive credit for such excess during the next reimbursement period.

V. In consideration for the promises made by Blue Cross herein, it is understood that the Hospital will provide to subscribers of Blue Cross of Western Pennsylvania, as well as to subscribers of other Blue Cross Plans with which Blue Cross has a reciprocal agreement, those services customarily furnished by the Hospital which are covered by the subscribers' agreements.

VI. The Hospital will accept the Blue Cross reimbursement provided by this Agreement in complete satisfaction for its services rendered to subscribers except that, should a subscriber use accommodations which are better than those specified in his subscription agreement, Blue Cross will reimburse the Hospital the appropriate per diem rate provided herein and agrees that the Hospital may charge the subscriber an additional amount as follows:

- A. Private room: if a subscriber holding a semiprivate subscription agreement occupies a private room, the Hospital may charge the patient the difference between 85 per cent of its most frequent (mode) semiprivate (two-, three-, or four-bed accommodation) room rate and the rate for the private room occupied.
- B. Ward: if a subscriber holding a ward subscription agreement occupies a semiprivate or a private room, the Hospital may charge the patient the difference between 85 per cent of its most frequent (mode) ward rate and the rate for the room occupied.

If a ward subscriber occupies accommodations better than ward because the Hospital does not provide ward accommodations to any of its inpatients, Blue Cross will reimburse the Hospital the per diem rate for semiprivate accommodations as provided herein, less the average difference between semiprivate and ward per diem reimbursement rates for all Western Pennsylvania hospitals. Blue Cross agrees that the Hospital may charge the subscriber the average difference thus deducted and in addition, when private room accommodations are occupied; the amount provided for in paragraph A above.

VII. When the subscription agreement requires the subscriber to make a cooperative payment to the Hospital for allowed services received, 95 per cent of the amount so paid by the subscriber shall be credited to the Blue Cross obligation to the Hospital under this Agreement. The remaining five per cent of the subscriber's payment will be credited to the Hospital to cover possible collection loss. If during any reimbursement period collection losses exceed five per cent of the total cooperative payments required of subscribers, Blue Cross will share such excess loss equally with the Hospital.

VIII. Computation of days will conform to the American Hospital Association census formula; i.e., payment will be made either for the day of admission or for the day of discharge, but not for both. Blue Cross will not be responsible to the Hospital for any charge

made by the Hospital for the subscriber's failure to vacate a room prior to the Hospital's established discharge hour for all patients.

IX. Payment by Blue Cross to the Hospital for outpatient services rendered to subscribers will be, until July 1, 1970, at the following stated percentages of the Hospital's established billings for these services: until July 1, 1967 -- 100 per cent for emergency care, 90 per cent for all other care; from July 1, 1967 to July 1, 1968 -- emergency care 97 per cent, all other care 90 per cent; from July 1, 1968 to July 1, 1969 -- emergency care 94 per cent, all other care 90 per cent; from July 1, 1969 to July 1, 1970, all care 90 per cent. Beginning July 1, 1970, or at any earlier date at the Hospital's option, Blue Cross will reimburse the Hospital for outpatient services on the basis of the Hospital's costs, computed by the RCC method, applied to all Emergency and Private Ambulatory patients except Medicare patients, plus three per cent thereof. A maximum payment for outpatient care similar to that used for inpatient care will be established by Blue Cross.

X. It is agreed that if the Social Security Administration ceases to use the Relation of Charges to Costs method for determining reimbursement for Medicare patients, the basis for determining the Blue Cross reimbursement to the Hospital will revert to that of average per diem costs, provided that some other method of payment is not agreed upon by the Hospital and Blue Cross and approved by the Insurance Department.

XI. Blue Cross agrees that it will continue to make available to the Hospital the services of its Consulting Department and its Operations Research unit to help the Hospital reduce its costs and improve its capabilities. Blue Cross will work with the Hospital to adapt various management techniques to the Hospital's programs.

XII. This agreement may be terminated by either party upon the expiration of 90 days' written notice of such termination given to the other party. In the event of termination, however, the Hospital agrees that it will accept the Blue Cross reimbursement herein provided, in satisfaction of its claims for services furnished to subscribers of Blue Cross or other Plans reciprocating with Blue Cross until expiration of any such subscribers Blue Cross contract year which commenced on or before the 30th day after notice of termination hereof was given.

XIII. The effective date of this agreement is July 1, 1966.

IN WITNESS WHEREOF, the parties hereto have duly executed this agreement \_\_\_\_\_ day of \_\_\_\_\_ 19

\_\_\_\_\_ HOSPITAL BLUE CROSS OF WESTERN PENNSYLVANIA

By \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
COUNCIL OF TEACHING HOSPITALS

TASK FORCE TO RECOMMEND  
GOALS & OBJECTIVES FOR COTH AS WELL AS  
FUTURE CRITERIA FOR MEMBERSHIP

AAMC Headquarters  
One Dupont Circle  
June 2, 1971

MINUTES

Present:

Irvin G. Wilmot, Acting Chairman  
Daniel W. Capps  
Saul J. Farber, M.D.  
Christopher C. Fordham, III, M.D.  
Arthur J. Klippen, M.D.  
Stanley R. Nelson  
Herluf V. Olsen  
Clayton Rich, M.D.  
P. Whitney Spaulding

Excused:

T. Stewart Hamilton, M.D., Chairman  
Otto Janke  
David Odell

Following the call to order and introduction of members, Mr. Wilmot stated that the Chairman, Dr. Hamilton was unable to attend because he was in the hospital as a result of a fall.

Mr. Wilmot pointed out that this Task Force is one of three which had been established to provide guidance to the AAMC on issues relating to the academic medical center and its hospitals. The other two are:

1. Task Force to Analyze the Higher Costs of Teaching Hospitals
2. Committee on House Staff Relationships To the Hospital and the AAMC.

The deliberations of the Task Forces and Committee will be used as the program for the COTH Annual Institutional Meeting on Friday, October 29, 1971. Each of the three Chairmen will present interim reports followed by a membership participation panel discussion with the Chairmen.

I. John Danielson reviewed the history of COTH dating back to the inception of the Teaching Hospital Section in 1958, through the Coggeshall Report recommendations of 1965, and subsequent formal development of the Council of Teaching Hospitals since 1966. It was recalled that prior to 1966 each dean appointed one hospital director to the Teaching Hospital Section. In 1966, membership in COTH was determined on the basis of the following criteria:

- a) those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school; or
- b) hospitals which have approved internship programs and full residencies in three of the following five departments: Medicine, Surgery, Ob-Gyn, Pediatrics or Psychiatry.

Dues were set at \$500 per member hospital.

A question was raised concerning the philosophy underlying the selection criteria. It was pointed out by those present who participated in early negotiations to develop the Council that there was concern about the size of the Council. Thus, the criteria reflected the conditions necessary to limit the size of COTH rather than any substantive philosophy of the definition of a teaching hospital.

At the November 3, 1969 COTH Institutional Meeting the dues were raised to \$700 per member and the criteria for selection were changed to read as follows:

- a) those hospitals nominated by a medical school member of the AAMC from among the major teaching hospitals affiliated with the school; or

- 3 -
- b) hospitals which have approved internship programs and approved residencies in at least four recognized specialties including two of the following: Medicine, Surgery, Ob-Gyn, Pediatrics and Psychiatry.

The effect of this change was to open membership to a greater number of hospitals. The increase in number did result - membership grew from approximately 360 to the present 398. It was stated several times that the criteria for membership had been loosely drawn and based largely on negotiation rather than philosophical implications.

At this point, the fundamental question was raised, "Does the AAMC represent the academic medical center?" There was a general consensus that this is the objective. However, it was then noted that three distinct issues must be confronted if this objective is to be achieved.

- I. What is the future role of University Vice Presidents for Medical (Health) Affairs in the AAMC?
- II. If in fact the AAMC does represent the academic medical center, shouldn't COTH require a medical school affiliation as a criteria for membership?
- III. How can the COTH membership be grouped in order to avoid conveying the impression that all teaching hospitals are alike?

These questions were discussed at length in the order they appear above.



I. What is the future role of the University Vice Presidents  
for Medical (Health) Affairs in the AAMC?

At the present time, a number of deans serve the dual role of dean and vice president. One member stated that he felt the trend in the future would not be in the direction of one individual being responsible for both roles. The role, function and responsibility of these relatively new positions in many cases have not fully matured

~~to be the dean of the medical school.~~

Further it was noted that the Vice president's organization had recently adopted a new set of by-laws, collection of dues (\$300 per year) and changed its name to the Association of Academic Medical Center. Further, spokesman for the group have indicated that they represent and are concerned about matters other than medical education.

There was consensus that some arrangement with this new organization must be implemented. The following statement was unanimously endorsed by the task force:

ACTION #1

All deliberations and recommendations of this task force are based upon the assumption that the AAMC is the appropriate organization to represent the "academic medical center."

Further, the assumption is made that an appropriate method will be established to achieve an effective integration of staff and policy committees that will facilitate coordination of university matters concerning medical schools, teaching hospitals and academic affairs through the AAMC organizational structure.

ACTION #1 cont.....

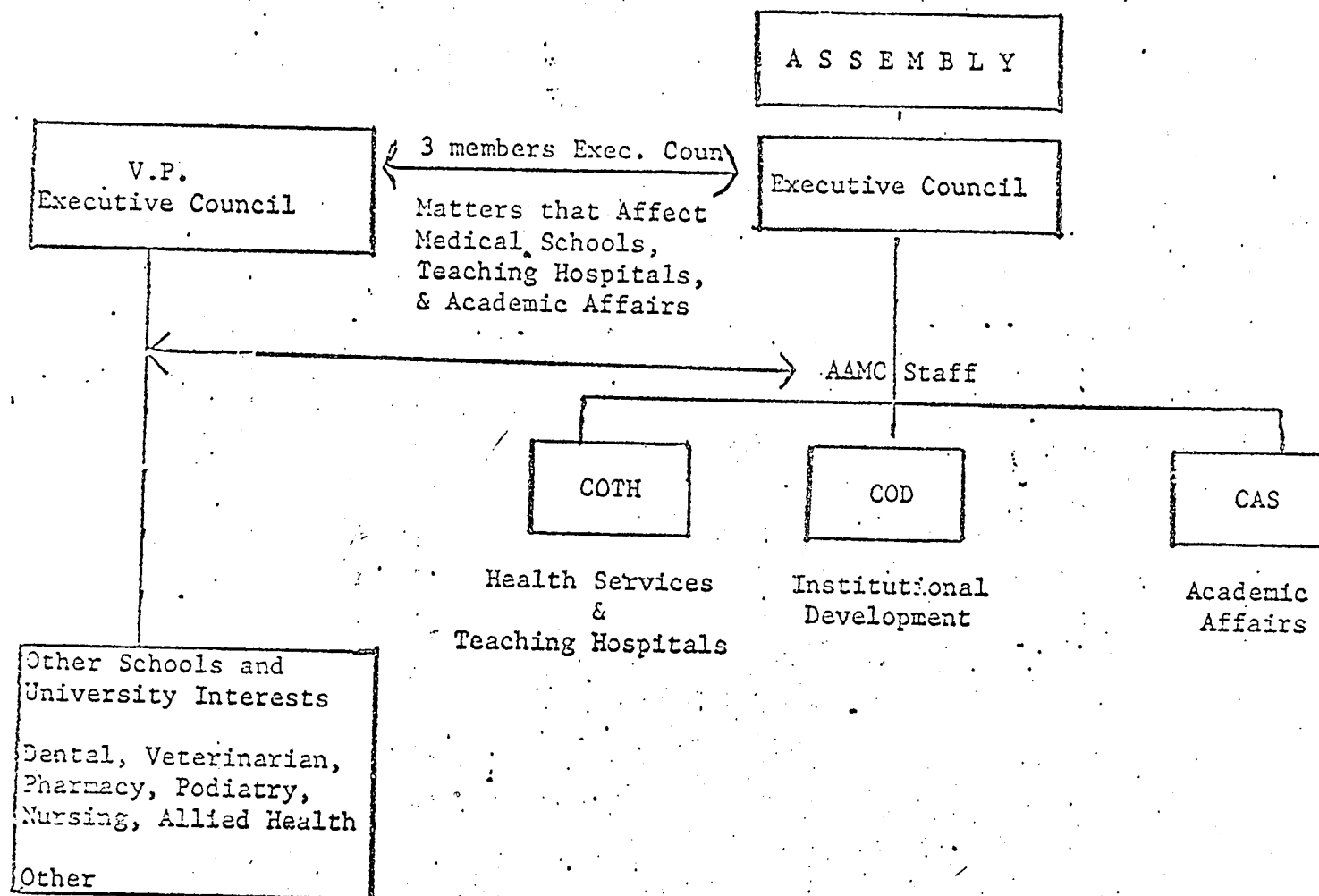
A number of alternative courses of action are available. The attached chart is one direction that should be explored. The Vice President's organization is urged to organize their efforts concerning other members of the "academic medical center" through their own organization which would be staffed by joint AAMC and Vice President's organization staff.

- II. If in fact the AAMC does represent the academic medical center, shouldn't COTH require a medical school affiliation as a criteria for membership?

At the present time there are 68 COTH member hospitals which are not affiliated with a medical school. On page number 7 is a classification of COTH members according to type of affiliation. Nine of the unaffiliated hospitals have graduate programs with fewer than 25 house staff. On page number 8 of these minutes is a table which shows the growing trend toward affiliation.

The question of whether or not affiliation should become a requirement for membership was not resolved. However, a number of pertinent points were made:

- the organization is called the Council of Teaching Hospitals, not the Council of Big Hospitals;
- the purpose of the organization should be to protect and advance the health education system, and unaffiliated hospitals still comprise a significant complement of the system;



CLASSIFICATION OF COTH MEMBERS BY AFFILIATION <sup>a</sup>

GROUP I ----- 174

- X - Hospital under same ownership as medical school.
- # - Medical school has exclusive right to appoint or nominate all members of the hospital staff assigned to services used by the school for teaching.

GROUP II ----- 62

- M - Medical school has indicated that the hospital is a major unit in the school's teaching program

GROUP III ----- 91

- L - Medical school has indicated the hospital is used to a limited extent in the schools teaching program.
- G - Indicates a hospital used by the school for graduate training programs only.

GROUP IV ----- 68

Unaffiliated

a Source: As listed and defined in American Medical Association Directory of Approved Internships and Residencies, 1969-70.

Note: It is most likely that some of the unaffiliated group have become affiliated during the past year and one-half.

An individual listing of the hospitals in each category appears as Appendix A to these minutes.

# HOSPITAL AFFILIATION WITH MEDICAL SCHOOLS

|  | 1962-<br>63  | 1963-<br>64  | 1964-<br>65  | 1965-<br>66  | 1966-<br>67 | 1967-<br>68 | 1968-<br>69 | 1969-<br>70 |
|--|--------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|
| Hospitals with:                        |              |              |              |              |             |             |             |             |
| Major Affiliations                     | 243          | 245          | 117          | 187          | 275         | 339         | 327         | 376         |
| Limited Affiliations                   | 130          | 135          | 118          | 116          | 141         | 137         | 174         | 182         |
| Affiliation for Graduate Programs Only | ...          | 60           | 44           | 66           | 101         | 121         | 130         | 141         |
| Total Hospitals with Affiliations      | 373          | 440          | 389          | 369          | 517         | 607         | 631         | 699         |
| Hospitals without Affiliations         | <u>1,091</u> | <u>1,110</u> | <u>1,034</u> | <u>1,017</u> | <u>850</u>  | <u>905</u>  | <u>781</u>  | <u>750</u>  |
| Hospitals with Approved Programs       | 1,464        | 1,550        | 1,423        | 1,386        | 1,367       | 1,512       | 1,412       | 1,449       |

## DISTRIBUTION OF HOUSE OFFICERS BY SOURCE OF MEDICAL EDUCATION

|           | AFFILIATED HOSPITALS                |                        |                    | NON-AFFILIATED HOSPITALS            |                        |                    |
|-----------|-------------------------------------|------------------------|--------------------|-------------------------------------|------------------------|--------------------|
|           | <u>Schools in U.S. &amp; Canada</u> | <u>Foreign Schools</u> | <u>All Schools</u> | <u>Schools in U.S. &amp; Canada</u> | <u>Foreign Schools</u> | <u>All Schools</u> |
| Interns   | 5,925                               | 1,231                  | 7,156              | 1,269                               | 2,039                  | 3,308              |
| Residents | <u>20,417</u>                       | <u>7,217</u>           | <u>27,634</u>      | <u>3,716</u>                        | <u>3,984</u>           | <u>7,160</u>       |
| TOTALS    | 26,342                              | 8,448                  | 34,790             | 4,445                               | 6,023                  | 10,468             |

Source: Pages 17-18 of the American Medical Association Directory of Approved Internships And Residencies, 1969-70.

- when one views COTH as a political base, the tendency is to try to create a wide basis of support; but when one concentrates on the unique features of a teaching hospital, the tendency is to be more restrictive in the definition of a teaching hospital.

It was clear at this point that discussion was moving to the third fundamental question.

III. How can the COTH membership be grouped in order to avoid conveying the impression that all teaching hospitals are alike?

Mr. Wilmot reviewed the issue as it originated in New York City. The State Prospective Rate Setting Commission decided to group hospitals on the basis of various dimensions in order to determine prospective reimbursement ceilings. The group of hospitals in metropolitan New York City was expanded from six primary teaching hospitals to twenty-eight. The effect was to lower the average per diem cost and the reimbursement ceilings calculated from the average.

It is significant to note that all of these twenty-eight hospitals are teaching hospitals as defined by AAMC-COTH. It became apparent that the Commission was using membership in COTH as the determining factor in defining a teaching hospital.

Mr. Wilmot explained that it has been suggested several times that COTH review the membership with the objective of developing groups or categories within the membership. It is clear that not all member hospitals are involved to the same degree in undergraduate education nor are the hospitals comparable in size,

complexity and expense of operation.

One member asked if the Task Force To Analyze the Higher Costs in Teaching Hospitals had addressed this problem. It was reported that the matter was addressed, but there was not a consensus concerning what direction to take. There was agreement that three general factors must be considered when discussing the higher costs of teaching hospitals:

1. the severity of illness and complexity of diagnosis which patients bring to the hospital;
2. the comprehensiveness and/or intensiveness of services provided by the hospital;
3. the institutional commitment to the incremental costs of providing the environment for undergraduate and graduate medical education.

A lengthy discussion ensued concerning an appropriate definition of a "teaching hospital" and the possibility of dividing this definition for the purposes of grouping the COTH membership. A number of characteristics were cited including the following:

1. the size of the intern and resident staff;
2. the number of fellowship positions;
3. the extent to which the full range of clerkships is offered to undergraduate medical students;
4. the volume of research undertaken;
5. the extent to which the medical faculty is integrated with the hospital medical staff in terms of faculty appointments;

6. the nature of the affiliation arrangement with reference to #5;
7. the appointment or employment of full-time salaried chiefs of service;
8. the number of other full-time salaried physicians;
9. the number of special service programs offered, e.g., neonatal care units, pediatric evaluation centers or renal dialysis units;
10. the level of complexity demonstrated by the diagnostic mix of patients cared for;
11. the staffing pattern and ratios resulting from the distinctive patient mix;
12. the scope and intensity of laboratory services;
13. the financial arrangements and volume of service rendered in outpatient clinics.

Each hospital meets each one of these characteristics in varying degrees. Ideally, the objective would be to examine the extent to which each hospital meets the criteria, and classify accordingly. However there is a paucity of data and information in a number of these areas. Secondly, one would have to set cut-off points arbitrarily and construct a formula from which the hospitals would be grouped.

The staff was requested to prepare an initial grouping based on medical school affiliation and house staff. This effort appears on page seven and Appendix A of these minutes. The committee stated this might be a good beginning.



Two final points were made. It was suggested that a membership status be considered for community hospitals involved in a medical education consortium. The specific example was a group of hospitals with whom the University of Washington is affiliating to form a network of education.

Secondly, it was pointed out that any grouping undertaken should also consider the effects on dues and voting rights.

Finally it was requested that a distillate of the discussion at the meeting be circulated for committee member review.

The meeting was adjourned at 2:45 p.m.

## GROUP Ia

1. University of Alabama Hospitals and Clinics
2. University Hospital--University of Arkansas
3. VA Hospital (Little Rock)
4. Loma Linda University Hospital
5. Childrens Hospital of Los Angeles
6. Los Angeles County-USC Medical Center
7. UCLA Hospitals and Clinics
8. Orange County Medical Center
9. VA Hospital (Palo Alto)
10. Riverside General Hospital
11. University Hospital of San Diego County
12. VA Hospital (San Francisco)
13. Stanford University Hospital
14. Los Angeles County Harbor General Hospital
15. University of Colorado Medical Center
16. Univer of Connecticut Hospital
17. Yale-New Haven Hospital
18. VA Hospital (Newington) - 15
19. VA Hospital (West Haven)
20. Childrens Hospital of D.C.
21. Freedmen's Hospital
22. Shands Teaching Hospital
23. U. of Miami National Childrens Cardiac - ?
24. Long Memorial Hospital
25. Emory University Hospital
26. Grady Memorial Hospital
27. VA Hospital (Atlanta)
28. Eugene Talmadge Memorial Hospital
29. VA Hospital (Augusta)
30. Chicago Wesley Memorial Hospital
31. Childrens Memorial Hospital (Chicago)
32. Mount Sinai Hospital Medical Center (Chicago) - ?
33. Passavant Memorial Hospital
34. Rush-Presbyterian-St. Luke's Hospital
35. Schwab Rehabilitation Hospital -
36. University of Chicago
37. University of Illinois
38. Evanston Hospital
39. Loyola University Hospital
40. VA Hospital (Hines)
41. Indiana University Hospital
42. Marion County General Hospital
43. VA-Indianapolis
44. University of Iowa Hospitals & Clinics
45. VA Hospital (Iowa City)
46. University of Kansas Medical Center
47. Albert Chandler Medical Center - U. of Ky.
48. VA Hospital (Lexington) - 15
49. Charity Hospital of Louisiana
50. VA Hospital (New Orleans) -

51. Johns Hopkins Hospital
52. University of Maryland Hospital
53. Beth Israel Hospital - Boston
54. Boston Hospital for Women - ?
55. Childrens Hospital Medical Center
56. Massachusetts Eye and Ear Hospital - ?
57. Massachusetts General Hospital
58. Massachusetts Mental Health Center - ?
59. New England Medical Center Hospitals
60. Peter Bent Brigham Hospital
61. University Hospital, Boston
62. VA Hospital (Boston)
63. St. Elizabeth's Hospital of Boston
64. VA Hospital (Allen Park) - ?
65. University of Michigan Hospitals
66. VA (Ann Arbor)
67. Childrens Hospital of Michigan
68. Detroit General Hospital
69. The Grace Hospital
70. Harper Hospital
71. Hutzel Hospital -
72. Wayne County General Hospital
73. Edward W. Sparrow Hospital -
74. Hennepin County General Hospital
75. University of Minnesota Hospitals
76. VA Hospital (Minneapolis)
77. St. Paul-Ramsey Hospital
78. University Hospital, Jackson
79. University of Missouri Medical Center
80. Kansas City General Hospital
81. Barnes Hospital
82. Jewish Hospital of St. Louis
83. St. Louis Childrens Hospital
84. Creighton Memorial St. Joseph Hospital
85. University Hospital (Omaha)
86. VA Hospital (Omaha)
87. Mary Hitchcock Memorial Hospital
88. Albany Medical Center Hospital
89. VA Hospital (Albany)
90. Beth Israel Hospital (N.Y.C.)
91. City Hospital Center at Elmhurst
92. Hospital of the Albert Einstein Coll. of Med.
93. The Mount Sinai Hospital (N.Y.C.)
94. New York Med. College - Flower & Fifth Ave. Hosp.
95. Presbyterian Hospital in the City of N.Y.
96. State University Hospital-Downstate Med. Ctr.
97. Kings County Hospital Center - ?
98. VA Hospital (Bronx)
99. Genesee Hospital
100. Highland Hospital
101. Rochester General Hospital
102. St. Mary's Hospital - 15
103. Strong Memorial Hospital
104. State U. Hospital of Upstate Medical Center
105. VA Hospital (Syracuse) (none filled but offered)

|      |   |      |
|------|---|------|
| 106. | North Carolina Memorial Hospital              |      |
| 107. | Duke University Hospital                      |      |
| 108. | North Carolina Baptist Hospitals, Inc.        |      |
| 109. | Cincinnati General Hospital                   |      |
| 110. | VA Hospital (Cincinnati)                      | - ?  |
| 111. | Ohio State University Hospital                |      |
| 112. | Baptist Memorial Hospital (Oklahoma City)     | -    |
| 113. | Hospitals of the U. of Oklahoma               |      |
| 114. | VA Hospital (Oklahoma City)                   |      |
| 115. | University of Oregon Medical Center           |      |
| 116. | VA Hospital (Portland)                        |      |
| 117. | Harrisburg Polyclinic Hospital                | - 15 |
| 118. | Childrens Hospital of Philadelphia            |      |
| 119. | Graduate Hospital of the U. of Pa.            |      |
| 120. | Hahnemann Medical College and Hospital        |      |
| 121. | Hospital of the Med. College of Pa.           |      |
| 122. | Hospital of the U. of Pa.                     |      |
| 123. | Pennsylvania Hospital                         |      |
| 124. | Philadelphia General Hospital                 |      |
| 125. | Presbyterian-U. of Pa. Medical Center         |      |
| 126. | Temple University Hospital                    |      |
| 127. | Thomas Jefferson University Hospital          |      |
| 128. | VA Hospital (Philadelphia)                    | - ?  |
| 129. | Childrens Hospital of Pittsburgh              |      |
| 130. | Eye and Ear Hospital of Pittsburgh            |      |
| 131. | Magee Womens Hospital                         | - 15 |
| 132. | Presbyterian-U. Hospital                      |      |
| 133. | Western Psychiatric Institute                 | - 15 |
| 134. | VA Hospital (Pittsburgh)                      |      |
| 135. | The Memorial Hospital (R.I.)                  | -    |
| 136. | The Miriam Hospital                           | -    |
| 137. | Rhode Island Hospital                         |      |
| 138. | Roger Williams General Hospital               |      |
| 139. | Med. U. Hosp., Med. U. of S.C.                |      |
| 140. | VA Hospital (Charleston, W.Va.)               | - ?  |
| 141. | City of Memphis Hospital                      |      |
| 142. | George W. Hubbard Hospital of Meharry College |      |
| 143. | Vanderbilt University Hospital                |      |
| 144. | VA Hospital (Nashville)                       |      |
| 145. | Dallas County Hospital District               |      |
| 146. | VA Hospital (Dallas)                          |      |
| 147. | U. of Texas Medical Branch Hospitals          |      |
| 148. | Harris County Hospital District Hospitals     |      |
| 149. | The Methodist Hospital                        | - 15 |
| 150. | Texas Childrens Hospital                      |      |
| 151. | VA Hospital (Houston)                         |      |
| 152. | Bexar County Hospital District Hospitals      |      |
| 153. | VA Hospital (Salt Lake City)                  |      |
| 154. | U. of Virginia Hospital                       |      |
| 155. | Med. Coll. of Va., Va. Commonwealth U. Hosp.  |      |
| 156. | University Hospitals (Seattle)                |      |
| 157. | VA Hospital (Clarksburg)                      | -    |
| 158. | West Virginia University Hospital             |      |

159. University of Wisconsin Hospital
160. VA Hospital (Madison)
161. Milwaukee Childrens Hospital
162. Milwaukee County General Hospital
163. VA Hospital (Milwaukee)
164. Milwaukee Psychiatric Hospital
165. Henrietta Eggleston Hospital for Children
166. VA Hospital (St. Louis)
167. U. of California Hospitals
168. George Washington University Hospital
169. Georgetown University Hospital
170. Saint Louis University Hospitals
171. New York Hospital
172. New York University Medical Center
173. University Hospital - U. of Utah
174. Medical Center Hospital of Vermont

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<sup>a</sup> No indication following the name of the hospitals means that more than 25 house officers are trained in the hospital, "15" means 15-26 house officers, and "-" means less than 15

1. VA Hospital (Birmingham)
2. VA Hospital (Tucson)
3. Memorial Hospital of Long Beach
4. VA Hospital (Long Beach)
5. Wadsworth Hospital
6. Sacramento Medical Center
7. Childrens Hospital of San Francisco
8. VA Hospital (D.C.)
9. Washington Hospital Center
10. VA Hospital (Gainesville)
11. Jackson Memorial Hospital
12. VA Hospital (Miami)
13. Queen's Hospital
14. Cook County Hospital
15. VA Research Hospital
16. VA West Side Hospital
17. Louisville General Hospital
18. Baltimore City Hospitals
19. St. Joseph Mercy Hospital
20. VA Hospital (Jackson)
21. VA Hospital (Kansas City)
22. The Cooper Hospital
23. VA Hospital (East Orange)
24. Martland Medical Center
25. Newark Beth Israel Medical Center
26. Bernalillo County Medical Center
27. VA Hospital (Albuquerque)
28. Buffalo General Hospital
29. Childrens Hospital of Buffalo
30. Edward J. Meyer Memorial Hospital
31. Mary Imogene Bassett Hospital
32. Long Island Jewish Medical Center
33. Bronx Municipal Hospital Center
34. Brooklyn-Cumberland Medical Center
35. Jewish Hospital of Brooklyn
36. Long Island College Hospital
37. Maimonides Medical Center
38. Montefiore Hospital Division
39. Roosevelt Hospital
40. St. Luke's Hospital Center
41. VA Hospital (Brooklyn)
42. Crouse Irving Memorial Hospital
43. VA Hospital (Durham)
44. Cleveland Metropolitan General Hospital
45. University Hospitals of Cleveland
46. VA Hospital (Cleveland)
47. Mount Carmel Hospital
48. Albert Einstein Medical Center
49. Episcopal Hospital
50. St. Christopher's Hospital for Children

- 15

- 15

51. Montefiore Hospital (Pittsburgh)
52. Baptist Memorial Hospital
53. VA Hospital (Memphis)
54. The Fairfax Hospital
55. VA Hospital (Richmond)
56. Childrens Orthopedic Hospital (Seattle)
57. Harborview Medical Center
58. Public Health Service Hospital
59. VA Hospital (Seattle)
60. Madison General Hospital
61. University District Hospital
62. VA Hospital (San Juan)

# GROUP III

1. Cedars Sinai Medical Center
2. Hospital of the Good Samaritan
3. Mercy Hospital & Medical Center
4. Kaiser-Permanente Medical Center
5. Mount Zion Medical Center
6. Presbyterian Hospital of the Pacific  
Medical Center
7. Public Health Service Hospital
8. Fitzsimons General Hospital
9. Presbyterian Medical Center
10. Hartford Hospital
11. Saint Francis Hospital
12. New Britain General Hospital
13. Providence Hospital, D.C.
14. University Hospital of Jacksonville
15. Illinois Masonic Medical Center
16. Mercy Hospital & Medical Center
17. St. Joseph Hospital, Chicago
18. St. Francis Hospital, Evanston
19. Little Company of Mary Hospital
20. St. Francis Hospital, Peoria
21. Iowa Methodist Hospital - 15
22. St. Francis Hospital, Wichita
23. Wesley Medical Center, Wichita
24. Jewish Hospital, Louisville -
25. VA Hospital - Louisville - ?
26. Ochsner Foundation Hospital
27. Touro Infirmary
28. Public Health Service Hospital, N. Orleans
29. Maine Medical Center
30. Church Home and Hospital
31. Greater Baltimore Medical Center
32. Maryland General Hospital
33. Sinai Hospital of Baltimore, Inc.
34. Union Memorial Hospital
35. Prince George's General Hospital
36. Carney Hospital
37. Berkshire Medical Center
38. VA Hospital, West Roxbury - 15
39. Sint Vincent Hospital, Worcester
40. Hurley Hospital
41. Blodgett Memorial Hospital
42. Butterworth Hospital
43. Fairview Hospital -
44. Northwestern Hospital - 15
45. St. Mary's Hospital -
46. Rochester Methodist Hospital(Mayo)
47. Saint Marys Hospital(Mayo)
48. St. Luke's Hospital of Kansas City



49. Millard Fillmore Hospital
50. VA Hospital, Buffalo
51. Nassau Hospital
52. Brookdale Hospital Center
53. Harlem Hospital Center
54. Hospital for Special Surgery
55. Jamaica Hospital
56. Memorial Hospital for  
Cancer & Allied Diseases
57. Methodist Hospital of Brooklyn
58. St. Vincent's of N.Y.
59. St. Vincent's of Richmond
60. VA Hospital (New York)
61. Grasslands Hospital - ?
62. Charlotte Memorial Hospital
63. Good Samaritan Hospital
64. VA Hospital (Dayton)
65. Hospital of the Med. College of Ohio
66. Emanuel Hospital
67. Allentown Hospital Association
68. St. Luke's Hospital (Bethlehem) - 15
69. Harrisburg Hospital
70. Conemaugh Valley Memorial Hospital - 15
71. Allegheny General Hospital
72. Mercy Hospital of Pittsburgh
73. St. Francis General Hospital
74. Western Pennsylvania Hospital
75. York Hospital
76. VA Hospital (Providence) - 15
77. Greenville General Hospital
78. Baylor University Hospital
79. Methodist Hospital of Dallas
80. St. Paul Hospital
81. Hermann Hospital
82. U. of Texas M.D. Anderson Hospital
83. Brooke General Hospital
84. Wilford Hall Air Force Hospital
85. Latter-Day Saints Hospital
86. Appalachian Regional Hospital -
87. Lopez Nussa Municipal Hospital
88. New England Deaconess Hospital
89. Michael Reese Hospital
90. Public Health Service Hospital (Carville) -?
91. Robert Breck Brigham Hospital -

# GROUP IV

1. Good Samaritan Hospital (Phoenix)
2. St. Joseph's Hospital (Phoenix)
3. Tucson Medical Center
4. VA Hospital (Martinez)
5. San Joaquin General Hospital
6. Bridgeport Hospital
7. St. Vincent's Hospital (Bridgeport)
8. Hospital of St. Raphael
9. Wilmington Medical Center
10. Cedars of Lebanon Hospital
11. Mt. Sinai Hospital of Greater Miami
12. Bayfront Medical Center
13. MacNeal Memorial Hospital
14. Methodist Hospital of Indiana, Inc.
15. St. Joseph Infirmary
16. VA HOSPITAL (Shreveport)
17. Good Samaritan Hospital (Baltimore)
18. St. Agnes Hospital
19. Clinical Center, NIH
20. Springfield Hospital
21. Worcester City Hospital
22. Oakwood Hospital
23. Henry Ford Hospital
24. Mount Carmel Mercy Hospital
25. Saint John Hospital
26. Pontiac General Hospital
27. St. Joseph Mercy Hospital (Pontiac)
28. Providence Hospital
29. Charles T. Miller Hospital
30. St. Johns Mercy Hospital
31. Saint Barnabas Medical Center
32. Monmouth Medical Center
33. Jersey Shore Medical Center-Fitkin
34. Saint Michael's Medical Center
35. Deaconess Hospital of Buffalo
36. Sisters of Charity Hospital
37. Nassau County-Meadowbrook Hospital
38. North Shore Hospital
39. Booth Memorial Hospital
40. Bronx-Lebanon Hospital
41. Catholic Medical Center of Brooklyn
42. Lenox Hill Hospital
43. Lutheran Medical Center
44. Misericordia Hospital
45. Fordham Hospital - Misericordia incl.
46. Morrisiana City Hospital
47. Queen Hospital Center
48. St. Clare's Hospital
49. St. John's Episcopal Hospital
50. Akron City Hospital
51. Akron General Hospital

- 15

- 15

52. Cleveland Clinic Hospital
53. Fairview General Hospital
54. Mt. Sinai Hospital of Cleveland
55. Saint Luke's Hospital
56. Miami Valley Hospital
57. St. Elizabeth Hospital (Youngstown)
58. Youngstown Hospital Association
59. Geisinger Medical Center
60. Mercy Catholic Medical Center
61. Hamot Hospital
62. Providence Lying In Hospital
63. St. Thomas Hospital
64. Norfolk General Hospital
65. Memorial Hospital (Charleston)
66. Mount Sinai Hospital (Milwaukee)
67. Maricopa County General Hospital
68. Jersey City Medical Center

- 15

- 15

MINUTES

TASK FORCE TO RECOMMEND  
GOALS & OBJECTIVES FOR COTH AS WELL AS  
FUTURE CRITERIA FOR MEMBERSHIP

AAMC Headquarters  
One Dupont Circle  
September 24, 1971

5 Tab G COTH  
Ad Hoc Member-  
ship the  
Agenda  
June 16,  
1972

PRESENT:

T. Stewart Hamilton, M.D., *Chairman*  
Daniel W. Capps  
Christopher C. Fordham, III, M.D.  
Otto Janke  
Arthur J. Klippen, M.D.  
P. Whitney Spaulding

EXCUSED:

Saul J. Farber, M.D.  
Stanley R. Nelson  
David Odell  
Herluf V. Olsen, Jr.  
Clayton Rich, M.D.

- I. The meeting was called to order at 10:00 a.m. by the Chairman, Dr. Hamilton.
- II. Review of the Minutes of the June 7th meeting of the Task Force.  
Dr. Fordham raised a question concerning the last sentence on page 4 of the Minutes which reads as follows:

"After discussion, there was general agreement that in the future the vice-president will be the chief executive officer of the academic medical center with a variety of individuals reporting to him, one of whom would be the dean of the medical school"

After discussion, it was agreed that the prior sentence expresses the point of view that the role, function and responsibility of these relatively new positions have not fully matured. This being the case, there was agreement that the final sentence be deleted from the Minutes.

The Minutes of the meeting of June 7th were approved with the deletion as stated above.

III. Current Status of Action #1 Passed at the June 7th Meeting.

The action reads as follows:

"All deliberations and recommendations of this task force are based upon the assumption that the AAMC is the appropriate organization to represent the 'academic medical center'.

Further, the assumption is made that an appropriate method will be established to achieve an effective integration of staff and policy committees that will facilitate coordination of university matters concerning medical schools, teaching hospitals and academic affairs through the AAMC organizational structure.

A number of alternative courses of action are available. The attached chart is one direction that should be explored. The Vice-President's organization is urged to organize their efforts concerning other members of the 'academic medical center' through their own organization which would be staffed by joint AAMC and Vice-President's organization staff"

Mr. Danielson briefly reviewed the history of the Vice-President's organization. Further, he noted that the organization had recently adopted a new set of by-laws, collection of dues (\$300 per year), changed it's name to the Association of Academic Medical Centers, and has in

general made the transition from a personal membership organization to an institutionally based organization. Further, spokesmen for the group have indicated that they represent and are concerned about matters other than medical education.

The Action item has been implemented in a very limited way. The chairman of the Association of American Medical Colleges is invited to executive board meetings of the Association of Academic Medical Centers\* and vice versa. This arrangement implies some recognition of the problem, but an unwillingness at the moment to firmly come to grips with it.

In this regard, the following points were made:

- "Who is speaking for the medical schools and medical centers?"  
The public may well be confused by an apparently dual approach. We cannot afford to approach the public or government with a divided house at this crucial time;
- The initials (AAMC) of the two organizations are now the same.\*  
This development could affect the credibility and acceptance which we have achieved, and the generally accepted meaning of these initials;
- The use of the word "colleges" in the present name is restrictive in nature; there had been consideration in the past given to changing the word to "centers";
- The collection of dues problem may be a matter of contraction; the more important issue is the "scope of issues" which we should represent.

\* NOTE: Since the time of this Task Force meeting, it has been confirmed that the name of this new organization is the Association of Academic Health Centers.

At this point, Mr. Danielson reviewed current activity underway involving discussion of efforts to deal with matters of participation, governance and identification. The Council of Deans is concerned, and the Council of Academic Societies is attempting to grapple with the issue of faculty representation. Further, COTH Chairman, Irvin Wilmot presented the proposal, "The Role of the Organized Medical Staff In COTH" at the recent Executive Council meeting. After listening to a number of proposals, the Executive Council decided that a moratorium was appropriate, and that this whole subject should be the major issue for discussion at the Annual Officers Retreat in December with other appropriate individuals being invited.

There was consensus that the Task Force should reiterate its deep concern and conviction on this matter. The following statement was unanimously endorsed by the Task Force:

ACTION #1--

THE NEXT TWO YEARS WILL BE A PERIOD OF CRUCIAL CONCERN FOR ACADEMIC MEDICAL CENTERS. THE TASK FORCE WISHES TO REITERATE ITS DEEP CONCERN THAT THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES IS THE APPROPRIATE ORGANIZATION TO REPRESENT THE "ACADEMIC MEDICAL CENTER".

EFFORTS SHOULD BE VIGOROUSLY PURSUED TO ACHIEVE AN EFFECTIVE INTEGRATION OF STAFF AND POLICY COMMITTEES WITH THE ASSOCIATION OF ACADEMIC HEALTH CENTERS THAT WILL FACILITATE COORDINATION OF UNIVERSITY MATTERS CONCERNING MEDICAL SCHOOLS, TEACHING HOSPITALS AND ACADEMIC AFFAIRS THROUGH THE AAMC ORGANIZATIONAL STRUCTURE.

IV. Current Status of COTH Membership.

A) The Future of Unaffiliated Hospitals in COTH--

There are presently 68 COTH members which are not affiliated with a medical school, according to most recent source books. However, it was stated that the data are over two years old, and that probably fifty percent of these 68 have since become affiliated.

It was suggested that if in fact the AAMC represents the academic medical center, affiliation with a school of medicine should be a criterion for membership in COTH. The existing Rules and Regulations were reviewed.

Current eligibility criteria are as follows:

- a) Teaching Hospitals which have approved internship programs and full, approved residencies in at least 4 recognized specialties including 2 of the following: Medicine, Surgery, Obstetrics-Gynecology, Pediatrics and Psychiatry; and, which are elected by the Council of Teaching Hospitals;

or,

- b) Those hospitals nominated by an AAMC Medical School Institutional Member or Provisional Institutional Member, from among the major Teaching Hospitals affiliated with the Member; and elected by the Council of Teaching Hospitals

After discussion, there was general agreement that appropriate affiliation with a school of medicine should be a criterion for COTH membership. It was pointed out that if this is the only criterion for



membership, this would expand the potential pool of COTH members substantially.

Detailed discussion ensued which resulted in the following proposal for determining COTH membership.

#### ELIGIBILITY

Eligibility for membership in the Council of Teaching Hospitals is determined on the basis that the hospital has an appropriate, documented, affiliation arrangement with a school of medicine for the purpose of undergraduate and/or graduate medical education.

#### REQUIREMENT

1. Approval by the COTH Administrative Board;
2. Approval by the AAMC Executive Council.

#### PROCEDURE FOR APPLICATION

1. Application by the hospital with an endorsement by the dean of the affiliated school of medicine;  
or
2. Nomination of the hospital by the dean of the school of medicine.

#### ACTION #2

THE TASK FORCE TO RECOMMEND GOALS AND OBJECTIVES FOR COTH AS WELL AS FUTURE CRITERIA FOR MEMBERSHIP RECOMMENDS THAT AN APPROPRIATE AFFILIATION WITH A SCHOOL OF MEDICINE BE A CRITERION FOR COTH MEMBERSHIP AND THAT THE AFOREMENTIONED ELIGIBILITY, REQUIREMENT AND PROCEDURE FOR APPLICATION BE PRESENTED FOR DISCUSSION AT THE COTH ANNUAL MEETING.

There was also agreement that present unaffiliated members be urged to become so, but that a "grandfather clause" be assured to permit their continuing membership.

B) Should the COTH membership be Grouped or Classified? If so, What Are the Appropriate Criteria to Utilize?

A number of proposals were put forth as possibilities which would set forth the matrix of variables which might distinguish the various types of teaching hospitals. Variables included ownership and affiliation, faculty appointments as well as others.

At this point the fundamental question was raised, "Why do we want to classify the membership?" The purposes were outlined as follows:

- 1) different types of services should be provided to the various types of members;
- 2) dues might be assessed based upon membership classification;
- 3) it is inappropriate for COTH to convey the impression that all teaching hospitals are alike.

It was pointed out that the first two purposes could be served internally without a formal, public classification of teaching hospitals.

Dr. Fordham suggested that perhaps the staff could be asked to draft a statement, supported by data, outlining the various types of teaching hospitals which could be used by all AAMC constituents.

The following statement appears in the introduction of the COTH Directory:

The criteria set forth to obtain membership in the Council of Teaching Hospitals were established to provide a basis from which hospitals could organize and promote the hospital as an educational institution. Hospitals differ greatly in the extent of their commitment to

educational purposes. Membership in COTH-AAMC should not be utilized for administrative or research purposes, for example to determine reimbursement or classify hospitals in a research project.

At least three major dimensions must be considered when attempting to classify or characterize teaching hospitals:

- 1) The severity of illness and complexity of diagnosis which patients bring to the hospital;
- 2) The comprehensiveness and/or intensiveness of services provided by the hospital;
- 3) The institutional commitment to the incremental costs of providing the environment for undergraduate and graduate medical education.

There is a great variation in the extent to which each teaching hospital meets these dimensions. Any attempt to characterize or classify the COTH membership must recognize the limitations of grouping all teaching hospitals based upon their membership in COTH.

After discussion, it was agreed that the above statement should be strengthened and more fully articulate the nature of the problem. Thus, a strong statement should be pursued, the purpose of which would be to outline the basic nature of a teaching hospital and those characteristics which should be examined which distinguish teaching hospitals from each other as well as community hospitals.

The staff stated that the matter of grouping or classifying the membership will continue to be studied and pursued.

C) The Role of the Organized Medical Staff In COTH--

The Philosophy of the proposal was presented, and the following points were made:

- if the AAMC has a major concern for the delivery of health services, this proposal is a logical and necessary development following the establishment of the Division of Health Services;

- such a proposal could intensify the breach between the clinical and basic science faculty. It was stated that this proposal should not be viewed as an effort to solve the faculty representation problem.
- a key element for managerial effectiveness is a good working relationship between physicians and administrators.

This proposal is a method of approaching that goal.

In view of these comments, it was recommended that the Assembly resolution and the first proposal for implementation be deleted.

ACTION #3

IT WAS MOVED, SECONDED AND CARRIED UNANIMOUSLY THAT THE PROPOSAL WHICH READS AS FOLLOWS BE PRESENTED TO THE INSTITUTIONAL MEMBERSHIP AT THE COTH ANNUAL MEETING AND BE FORWARDED FOR REVIEW THROUGH PROPER AAMC CHANNELS.

- SINCE:
- the organized medical staff is responsible for the quality and quantity of professional care rendered in the academic medical center;
  - the hospital is the clinical environment of the academic medical center;
  - the organized medical staff of the hospital has an ever increasing obligation to influence a change in the delivery of health care in their community;
  - no presently constituted national organization or association (other than the individual hospital) represents the medical staff of our teaching hospitals.

THEREFORE: We recommend that the Council of Teaching Hospitals sponsor the organization of teaching hospital staffs within the framework of the COTH and the Department of Health Services and Teaching Hospitals.

PURPOSE: To advance the quality and quantity of health services in the teaching hospital in such a way as to harmonize with the changes in medical education and research.

FUNCTIONS: To Render Advice and Assistance;

- 1) in establishing new and/or improved methods of delivery of health services;
- 2) in the resolution of problems related to government programs effecting health care delivery;
- 3) in developing more effective and useful organizational patterns to improve communication and decision making;
- 4) through expert counsel on regional planning of health services and facilities;
- 5) in effectuating more appropriate, accurate, rational and efficient medical record systems;
- 6) in the development of affiliations between institutions and professionals to insure a greater continuity of care and a broader range of educational opportunities;

- 7) concerning the appropriateness of programs in graduate medical education;
- 8) to the Council of Teaching Hospitals and the Department of Health Services and Teaching Hospitals on matters relevant to their expertise.

IMPLEMENTATION: This concept should be fully integrated into the present COTH Organization by establishing two representatives from each teaching hospital - the chief executive officer of the institution, and a physician appointed by a mechanism to be determined by each individual hospital member of COTH. Administrative Board membership and other appointments would be adjusted accordingly.

V. Review of Current COTH Programs.

The survey of COTH members to determine what issues deserve the most time and attention was reviewed. The five top ranked issues were:

- Present and future sources to finance the costs of graduate medical education;
- Justifying the higher costs associated with teaching hospitals;
- The feasibility of establishing "health maintenance organizations" by teaching hospitals;
- The organizational relationship of the teaching hospital to the university medical center;
- The role of the teaching hospital and medical school in community medical care problems.

In reviewing these five issues, there was general consensus that through the Divisions of Health Services and Teaching Hospitals, as well as the legislative activities, COTH and the Department are to a large degree meeting the needs of the constituents.

There was considerable discussion of the respective responsibilities of the two divisions as well as the role and function of the Health Services Advisory Committee. After a relatively detailed discussion of the organization framework of the AAMC, there was general agreement that one of the goals of COTH is to improve the management and effectiveness of teaching hospitals, and assist and contribute wherever possible to improve the management of the academic medical center.

V. Evaluation of Current COTH Dues Structure.

Dr. Hamilton stated that since the Task Force has been charged with a responsibility to review the overall COTH program, it is appropriate that there be discussion of the financial needs to carry out the program. In February, the Administrative Board directed the staff to present the possibility of a dues increase at the Spring COTH regional meetings. This was accomplished, and an increase of \$300 annually per hospital has been recommended by the staff, which would raise the dues to \$1,000. The COTH Administrative Board recommended the \$300 increase at its August 22, 1971 meeting.

There was some question as to the appropriateness of raising the dues under the present economic environment. There was a consensus that the question of when the increase would become effective is a matter which depends on the overall financial status of the AAMC as well as contemporary economic conditions.

It was suggested that the Task Force recommend the dues increase, but leave the determination of the date of implementation to the judgment of the COTH

Administrative Board.

ACTION #4

IT WAS MOVED, SECONDED AND CARRIED UNANIMOUSLY  
THAT THE TASK FORCE RECOMMEND A \$300 ANNUAL  
INSTITUTIONAL DUES INCREASE, BUT LEAVE THE DATE  
OF IMPLEMENTATION TO THE JUDGMENT OF THE COTH  
ADMINISTRATIVE BOARD

There was recognition of the fact that the recommended change in membership criteria may require a change in the method of determining dues payment. For instance, different assessments might be made on the basis of established criteria for different types of institutions. The staff was requested to pursue this matter with a degree of urgency.

VII. Future Task Force Action.

Dr. Hamilton will make a full report of Task Force deliberations at the COTH General Session of the AAMC Annual Meeting on October 29th. The Chairman thanked the members for their time and effort, and stated that while individuals might be called together on an ad hoc basis, the Task Force had completed its charge.

VIII. The Meeting was adjourned at 2:45 p.m.



## MINUTES

### ASSOCIATION OF AMERICAN MEDICAL COLLEGES COUNCIL OF TEACHING HOSPITALS

#### TASK FORCE TO ANALYZE THE HIGHER COSTS OF TEACHING HOSPITALS

AAMC Headquarters  
One Dupont Circle  
May 25, 1971

#### Present:

Stanley A. Ferguson, *Chairman*  
Peter Hughes  
Baldwin G. Lamson, M.D.  
Alexander Leaf, M.D.  
William R. Merchant, M.D.  
John M. Stagl  
David D. Thompson  
Charles B. Womer

#### Guests:

Phillip B. Fleishman  
James C. Leming

#### Excused:

Robert A. Chase, M.D.

#### Staff:

Grace W. Beirne  
Tom Campbell  
Armand Checker  
Richard M. Knapp, Ph.D.  
Jody Williams

Following the call to order and introduction of members, Mr. Ferguson asked Dr. Knapp to comment on the role and function of the Task Force.

Dr. Knapp pointed out that the Task Force is one of three which had been established to provide guidance to the AAMC on issues relating to the academic medical center and its hospitals. The other two are:

- 1) Committee on House Staff Relationships to the Hospital and the AAMC;
- 2) Task Force to Recommend Goals and Objectives for COTH as well as Future Criteria for Membership.

The deliberations of the Task Forces and Committee will be used as the program for the COTH Annual Institutional Membership Meeting on Friday, October 29, 1971. Each of the three Chairmen will present interim reports followed by a membership participation panel discussion with the Chairmen.

Dr. Thompson reviewed the situation in New York City. The State Prospective Rate Setting Commission in New York decided to group hospitals on the basis of various dimensions in order to determine prospective reimbursement ceilings for the Medicaid program. Thus, the group of hospitals in metropolitan New York City was expanded from six primary teaching hospitals to twenty-eight. The effect was to lower the average per diem cost and the reimbursement ceilings calculated from the average.

The State Health Department has justified the change on two scores:

- A) All of the twenty-eight hospitals are teaching hospitals as defined by COTH;
- B) Ceilings were calculated on "routine" hospital costs which should be comparable in all hospitals.

Both the basis for defining certain costs as "routine" and the justification for grouping are open to serious question.

Following Dr. Thompson's summary, a general discussion ensued concerning the proper approach to take in order to bring the issue into better focus.

The following points were made by members of the group:

- we're not supplying a day of care, we're taking care of sick patients; the important factors are therefore admission (or discharge), diagnosis and length of stay;
- if we continue to zero in on cost per day, we have to lose the arguments; cost per diagnostic admission is the more appropriate index;
- California legislature will soon require full disclosure of financial reporting;
- The Veterans Administration will most likely go to individual billing;

-- cost analysis is simply a basis for reimbursement of dollars. This should not preclude us from doing it; however, we should be honest as to why we're doing it;  
-- total costs are higher, but it could be hypothesized that cost per unit is lower. However, the volume equation applies to everyone; there are certain things teaching hospitals do that are different.

At this point, Mr. Tom Campbell presented a summary of the Association's progress in developing the Cost Allocation Study. It was pointed out that cost allocation is very useful for internal management purposes, but could be misconstrued if utilized for other purposes.

Mr. James Leming presented a preliminary analysis of a study undertaken at the University of Kansas Medical Center entitled, "An Examination and Discussion of Factors Influencing Hidden Educational Costs in A University Medical Center Setting".

The basis of this study is the Program Cost Allocation Study for the fiscal year ended June 30, 1969. The allocation study identified medical center expenditures as follows:

|                       |                     |               |
|-----------------------|---------------------|---------------|
| Educational Programs  | \$ 7,890,725        | 26.8%         |
| Research Programs     | 6,419,101           | 22.1          |
| Patient Care Services | 14,374,313          | 49.4          |
| Other Programs        | 529,155             | 1.7           |
|                       | <u>\$29,132,294</u> | <u>100.0%</u> |

The study under discussion attempted to examine additional education costs which are not specified above but are listed under the heading patient care services. It was reported that approximately four million dollars of the 14.37 million could be attributed to education. Occupancy was the most influential factor, and the indegency factor was second.

Mr. Leming agreed to provide copies of the study to members of the Task Force. (A copy is attached to these Minutes)

At this point Mr. Phillip B. Fleishman, HAS Regional Manager from San Francisco presented the Patient Classification Study sponsored by the Hospital Research and Educational Trust. He pointed out that despite the multiplicity of programs directed toward comparative measures of institutional performance, there is no program that collects and analyzes both patient data (diagnostic, therapeutic, and demographic items) and non-patient data.

"The characteristics of the patient population have a significant effect on an institution's management and planning, and they affect institutional expenses, both independently and intradepently, by their almost automatic commitment of a fixed level of resources. In addition, changes in these characteristics create patterns of use of services that may have long-range implications for the planned development of the institution"

This study has been organized in four phases:

- 1- the development of a methodology for a system of inpatient data collection;
- 2- the exploration of the use of inpatient data for measurement and improvement of management effectiveness;
- 3- the integration of an inpatient data set into the HAS program;
- 4- the expansion of the inpatient classification program to hospital outpatient and ancillary

services, and to services of related health care institutions"

"Several problems concerning the utility of an ICDA data base were encountered in the data analyses. It was not possible to construct a reasonable number of ICDA "families" that would include a majority of the discharges within each ICDA family. In addition, the investigative team believed that for purposes of the Patient Classification Study, an ICDA scheme would not adequately describe varying demands on hospital resources. Consequently, a new descriptive scheme was designed"

While the initial field tests were successful, the fifteen hospitals utilized were not considered a representative sample. Further testing is being undertaken with a more representative group of fifty hospitals.

The initial hypothesis was that the observed variation in adjusted expense per inpatient case was related to variations in patient mix among the 15 hospitals. Three data items were used to measure patient mix: (1) age, (2) length of stay, (3) diagnostic/therapeutic reason for using the institution. Preliminary findings do indicate that this approach can be fruitful, and that it may provide a more precise understanding of variations in hospital expenses.

Members of the Task Force recognized the importance of the effort. Several members stressed the emphasis of expenses per case (admission); there was some concern expressed about the construction of new categories rather than using the more well established ICDA.

A lengthy discussion ensued concerning those characteristics that make a teaching hospital different. A number of these were cited including those on the following page:

- 1) the size of the intern and resident staff;
- 2) the number of fellowship positions;
- 3) the extent to which the full range of clerkships is offered to undergraduate medical students;
- 4) the volume of research undertaken;
- 5) the extent to which the medical faculty is integrated with the hospital medical staff in terms of faculty appointments;
- 6) the nature of the affiliation arrangement with reference to #5;
- 7) the appointment or employment of full-time salaried chiefs of service;
- 8) the number of other full-time salaried physicians;
- 9) the number of special service programs offered, e.g., neonatal care units, pediatric evaluation centers or renal dialysis units;
- 10) the level of complexity demonstrated by the diagnostic mix of patients cared for;
- 11) the staffing pattern and ratios resulting from the distinctive patient mix;
- 12) the scope and intensity of laboratory services;
- 13) the financial arrangements and volume of service rendered in outpatient clinics.

Each hospital meets each one of these characteristics in varying degrees. Ideally, the objective would be to examine the extent to which each hospital meets the criteria, and classify or define accordingly. However, there is a

paucity of data and information in a number of these areas. Secondly, if grouping were to take place, arbitrary cut-off points would have to be set and an appropriate formula constructed.

It was noted several times that "there are no good groups". Further, the Task Force came to no resolution on the issue of grouping, and there was some question as to whether the objective in New York City is to do away with grouping or to get a reshuffling of hospitals to create a more acceptable set of groups.

Finally, the point was made that, "we must be paid for what we do. If we can agree on a unit of service, we should compete for like services".

The staff was requested to review the "AHA Statement on Financial Requirements of Health Care Institutions and Services" to determine which statements are germane to the Task Force deliberations. Secondly, each member of the Task Force was asked to prepare a brief set of his observations concerning the meeting. Finally, it was requested that a distillate of the discussion at the meeting be circulated for Task Force member review.

In summary, there appeared to be agreement that three general factors must be considered when discussing the higher costs of teaching hospitals:

- A) the severity of illness and complexity of diagnosis which patients bring to the teaching hospital;
- B) the comprehensiveness and/or intensiveness of services provided by the teaching hospital;
- C) the institutional commitment to the incremental costs of providing the environment for undergraduate and graduate medical education.

The meeting was adjourned at 2:45 p.m.