

AGENDA

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

AAMC Headquarters
One Dupont Circle
Friday, September 24, 1971
10:00 a.m. - 3:00 p.m.

- I. Call to Order: 10:00 a.m.
- II. Review of the Minutes of the June 7th Meeting of the Task Force TAB A
- III. Current Status of Action #1 Passed at the June 7th Meeting
- IV. Current Status of COTH Membership:
 - A) The Future of Unaffiliated Hospitals in COTH
 - B) Should the COTH Membership Be Grouped Or Classified? If so, What are the Appropriate Criteria to Utilize?
 - C) The Role of the Organized Medical Staff in COTH TAB B
- V. Review of Current COTH Programs:
 - a) Survey of Constituency Preferences TAB C
 - b) Division of Teaching Hospitals
 - c) Division of Health Services
 - d) Legislative Efforts
- VI. Discussion and Evaluation of Possible Changes in Program Emphasis
- VII. Evaluation of Current COTH Dues Structure
- VIII. Determination of Future Course of Task Force Action
- IX. Adjournment

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

- 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. 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.

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.....

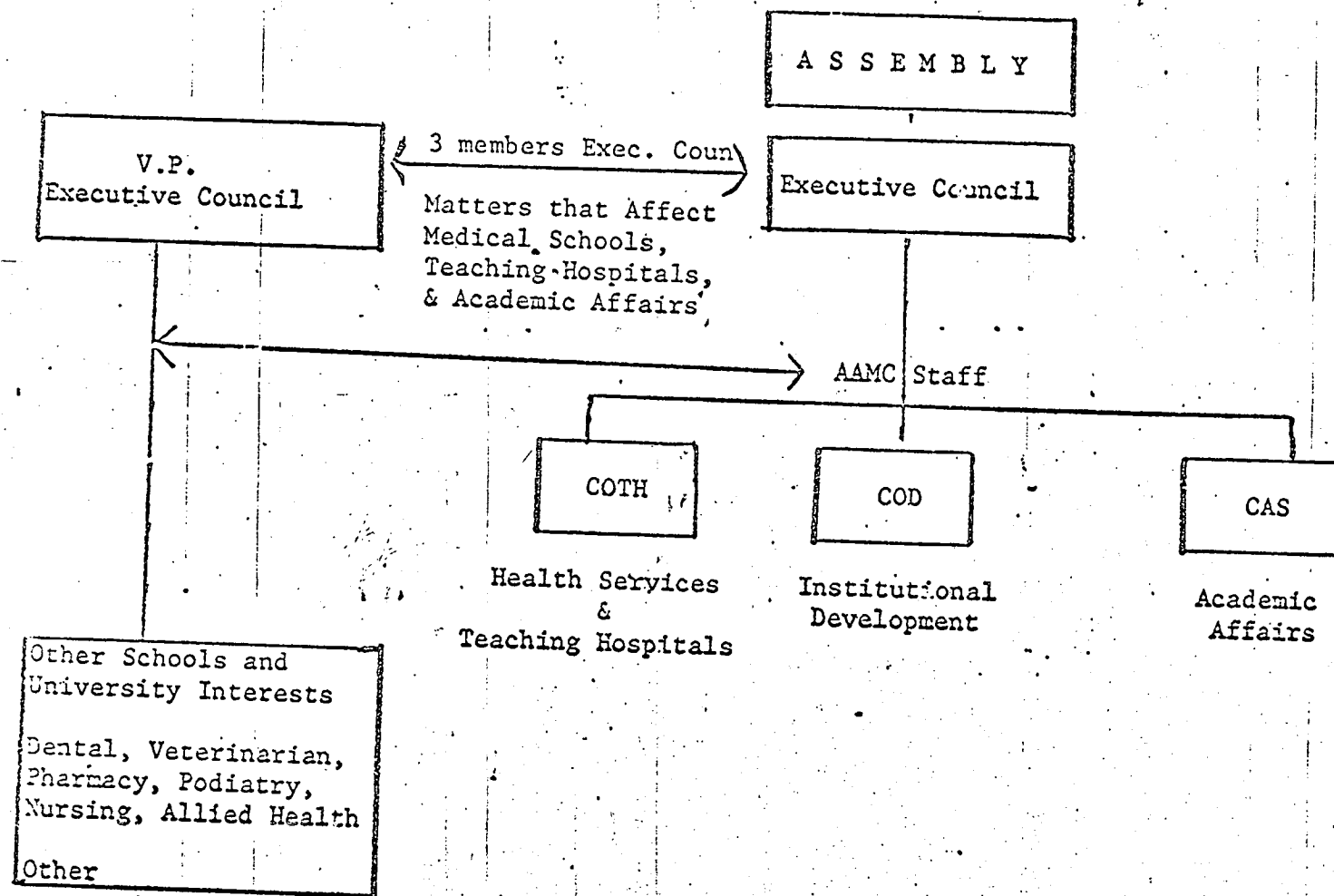
A number of alternative courses of action are available. The attached chart is one direction that should be explored. The Vice President's organization is urged to organize their efforts concerning other members of the "academic medical center" through their own organization which would be staffed by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

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 school's 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- 63	1963- 64	1964- 65	1965- 66	1966- 67	1967- 68	1968- 69	1969- 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	1,091	1,110	1,034	1,017	850	905	781	750
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		
	Schools in U.S. & Canada	Foreign Schools	All Schools	Schools in U.S. & Canada	Foreign Schools	All Schools
Interns	5,925	1,231	7,156	1,269	2,039	3,308
Residents	20,417	7,217	27,634	3,716	3,984	7,160
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 1^a

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)
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)
49. Charity Hospital of Louisiana
50. VA Hospital (New Orleans)

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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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^a 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

GROUP II

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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

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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

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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

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IN THE COUNCIL OF TEACHING HOSPITALS

At the February 13, 1971 meeting of the AAMC Assembly the following resolution was passed:

"BE IT RESOLVED by the Assembly of the AAMC that there be an organization of the faculties of the member institutions represented in the governance of the Association. THEREFORE, the Assembly directs the Chairman and the President of the AAMC together with such other officers of the Association as the Chairman may designate, to meet with appropriate faculty representatives as well as the Executive Committees of the COD, CAS and the COTH to work out a proposed organizational arrangement for this purpose to be presented to the Executive Council at its next meeting and to be incorporated in ByLaw Revisions for presentation to the AAMC Assembly at the Annual Meeting in November, 1971"

During the past six months, a variety of proposals have been discussed as a method for implementation of this resolution.

SINCE:

- - the organized medical staff in many instances is identical to the medical school faculty;
- - the organized medical staff is responsible for the quality and quantity of professional care rendered in the academic medical center;

- 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;

- 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:

Two possible alternatives are available. The first would be the establishment of a Medical Staff Section, the formation of which might be accomplished as follows:

- A) members would be appointed by the medical staff executive committee of the hospitals who are members of the Council of Teaching Hospitals;
- B) the Medical Staff Section of the AAMC would be divided into four regions for purposes of

...ing Regional Interest
as well as the ease of establishing

discussion and consensus;

C)) each region would have a chairman and vice-
chairman;

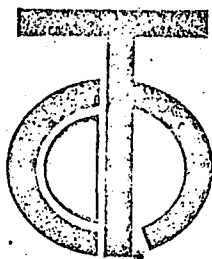
D) regional meetings will be annual or on call;

E) the elected officers of the various regions
shall constitute an executive committee
which would serve on call;

G) a national chairman shall be an ex officio
member of the Administrative Board of the
Council of Teaching Hospitals.

The second alternative is the possibility of fully
integrating this concept 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.

Note: At the August 17, 1971 meeting of the COTH Administrative Board
there was consensus that the second alternative would be the
most appropriate method for implementation.



COUNCIL OF TEACHING HOSPITALS • ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ONE DUPONT CIRCLE, N. W. • WASHINGTON, D. C. 20036 • (202) 466-5123

General Membership Memorandum
No. 71-2G

January 22, 1971

Subject: Project Priorities for the Coming
Year and Information Center
Evaluation

1. Special Projects to be Considered in Addition to Reported Program Development:

Last year at this time a brief survey was undertaken to determine what issues COTH members felt deserved the most time and attention. As a result of this survey several projects were initiated and completed during the recent administrative year. The survey also served well as an indicator for program planning and Annual Meeting presentations. Your staff is once again undertaking such a survey. Additionally, we are undertaking an evaluation of the publications prepared and sponsored by the Teaching Hospital Information Center, now located in the AAMC's Division of Operational Studies, under the continued direction of Richard M. Knapp, Ph.D. and Armand Checker.

2. A Priority and Evaluation List for Your Consideration:

For these purposes a list of projects most frequently discussed with COTH staff and a list of Information Center publications is attached.

3. Please Complete and Return Attached Forms in Enclosed Envelope:

In order to establish an inventory and a priority, you are requested to rank the three most important issues in order of their relevance to your particular needs and interests. Space is available for additional issues which you may wish to identify as of importance to your institution. In order to evaluate the Information Center publications, you are requested to check the appropriate column for each publication. Suggestions are welcome and would be appreciated.

JOHN M. DANIELSON
Director
Council of Teaching Hospitals
and Health Services

Attachments: Membership Priority and Evaluation Survey.
Envelope for Return to COTH Headquarters

COTH
MEMBERSHIP SURVEY OF SPECIAL
PROJECT PREFERENCES

Please indicate your preference of the three most important issues in order of their importance, e.g. 1, 2, 3. Space for suggested issues is available. The present order of this list is random and in now way reflects the preference of the COTH staff.

RANK	ISSUE
_____	1. Present and future sources to finance the costs of graduate medical education.
_____	2. Responsibilities and terms of employment of full-time salaried clinical chiefs of service.
_____	3. Adjustment by the teaching hospital to the decline of the internship.
_____	4. The legal liabilities peculiar to a teaching hospital.
_____	5. Justifying the higher costs associated with teaching hospitals.
_____	6. Training, utilization, and licensure of the Physician's Assistant.
_____	7. The feasibility of establishing "health maintenance organizations" by teaching hospitals.
_____	8. The role of the teaching hospital and medical school in community medical care problems.
_____	9. The effects of medical school curriculum as they relate to the future of the teaching hospital.
_____	10. The organizational relationship of the teaching hospital to the university medical center.
_____	11. Sources of capital financing for teaching hospitals.
_____	12. The relationship of the teaching hospital and the comprehensive health planning agency.
_____	13. The organizational and operational possibilities for medical faculty and/or staff group practice arrangements.
_____	14. Hospital policy with regard to the payment, training, and employment status of house officers.
_____	15. The teaching hospital's responsibility for broad range ambulatory and extension services.
_____	16. Other: _____

EVALUATION OF TEACHING HOSPITAL INFORMATION CENTER PUBLICATIONS

NAME OF PUBLICATION

Did Not
Read

Very
Useful

Useful

Disappointed

Not Rele
To My
Institut

1. House Staff Financial Benefits (separate report-August, 1970)
2. Executive Salary Survey (separate report-November, 1970)
3. The Role of the Teaching Hospital in Community Service (Journal of Medical Education, June, 1970)
4. State Appropriations to Teaching Hospitals (Datagrams, JME, April, 1970)
5. Higher Costs of Graduate Medical Education (Datagram, JME, August, 1970)
6. Sources of Capital Finance In Teaching Hospitals: 1968 (Datagram, JME, October, 1970)

SUGGESTIONS:

Signed: _____

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

- 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. 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.

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.....

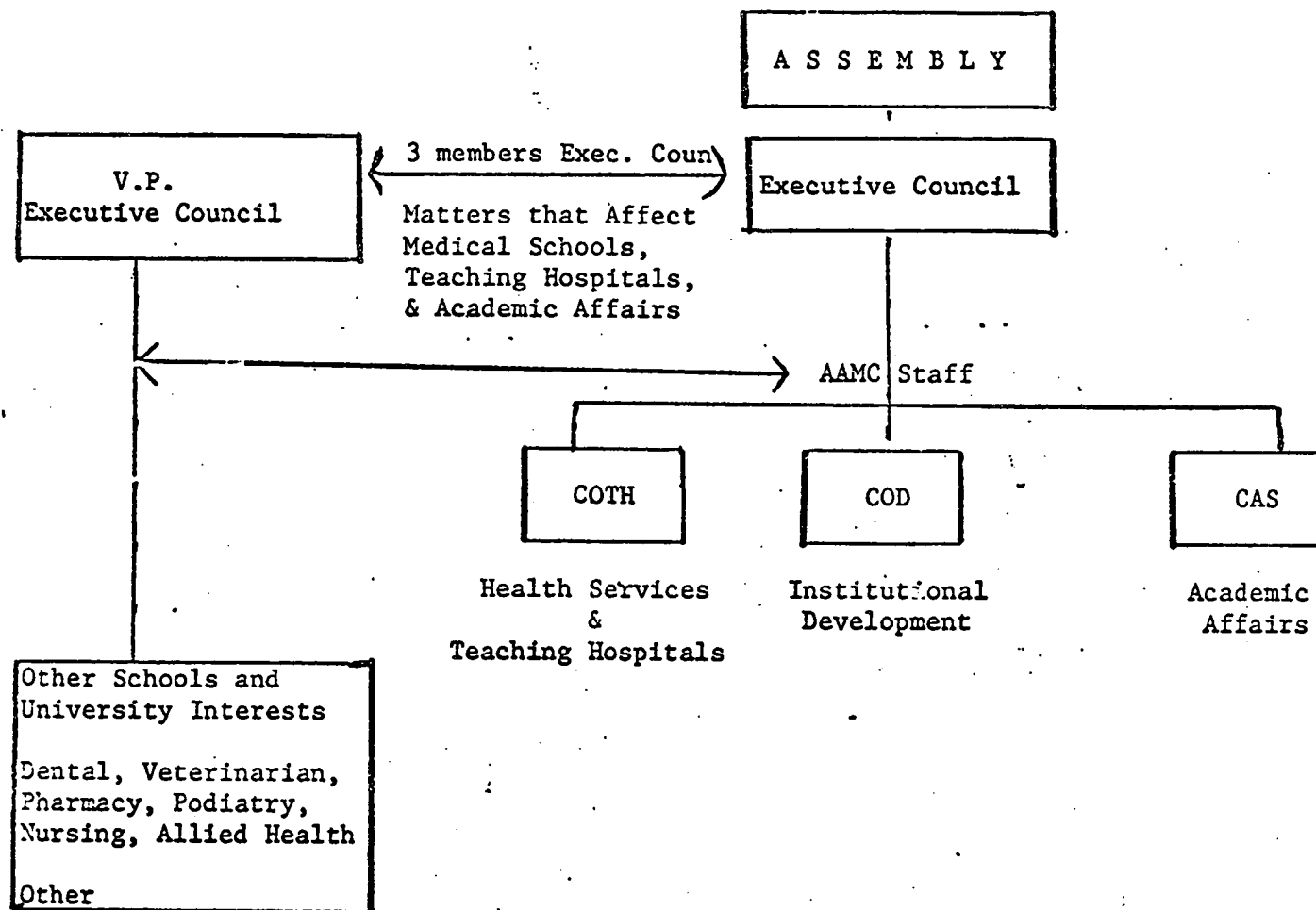
A number of alternative courses of action are available. The attached chart is one direction that should be explored. The Vice President's organization is urged to organize their efforts concerning other members of the "academic medical center" through their own organization which would be staffed by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

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- 63	1963- 64	1964- 65	1965- 66	1966- 67	1967- 68	1968- 69	1969- 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. & Canada</u>	<u>Foreign Schools</u>	<u>All Schools</u>	<u>Schools in U.S. & 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 1^a

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	

- ^a 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

GROUP II

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

GROUP III--Page Two

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)	- 15
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)	- 15
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	- 15
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	

- 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 - 15
- 62. Providence Lying In Hospital -
- 63. St. Thomas Hospital
- 64. Norfolk General Hospital
- 65. Memorial Hospital (Charleston) - 15
- 66. Mount Sinai Hospital (Milwaukee)
- 67. Maricopa County General Hospital
- 68. Jersey City Medical Center