



ASSOCIATION OF AMERICAN MEDICAL COLLEGES

AGENDA

Organization of Resident Representatives Administrative Board Meeting

**June 16-17, 1993
Washington, D.C.**

**AAMC Headquarters
2450 N Street, N.W.
(202) 828-0400**

**Park Hyatt Hotel
24th & M Streets, N.W.
(202) 789-1234**

Association of American Medical Colleges
Organization of Resident Representatives
Administrative Board Meeting

June 16-17, 1993
Washington, D.C.

AGENDA

Wednesday, June 16

9:30 a.m. - 3:30 p.m.

9:30 a.m.
CALL TO ORDER

Joseph Auteri, M.D.

9:35-10:15 a.m.
OLD BUSINESS:

Approval of February minutes

Joseph Auteri, M.D.

Report of OSR/ORR liaison

Michele Parker, M.D.

Report of the Advisory Committee
on the Electronic Residency
Application

Barbara Tardiff, M.D.

Report of the AAMC generalist
initiative

Bernarda Zenker, M.D.

10:15-11:00 a.m. (room 130 with OSR)
LEGISLATIVE UPDATE

Presentation on Stark
Proposal

Brent Chism

AAMC Legislative Update

Steve Northrup

11:00-12:00
CONTINUATION OF BUSINESS MEETING

ACGME/ORR related issues

Michelle Keyes-Welch

Report of ORR working groups

Group Chairs

ORR designation

Michelle Keyes-Welch

12:00-1:00 p.m. (room 130 with OSR)
JOINT OSR/ORR LUNCH

1:00-3:30 p.m.
CONTINUATION OF BUSINESS MEETING

NEW BUSINESS

ORR annual meeting program Michele Parker, M.D.

Executive Council agenda Joseph Auteri, M.D.

6:30-7:30 p.m. (Park Hyatt, Ballroom C)

JOINT BOARDS MEETING

Speaker

Sheila Burke
Chief of Staff to
Senator Robert Dole

7:30-10:00 p.m.

JOINT BOARDS RECEPTION AND DINNER (Park Hyatt, Foyer and Tivoli)

Thursday, June 17

7:30-8:45 a.m. (Park Hyatt, Ballroom C)

JOINT BOARDS BREAKFAST AND DISCUSSION

8:45-9:45 a.m. (Park Hyatt, rooms to be announced)

SMALL GROUP DISCUSSIONS

9:45-10:15 a.m. (Park Hyatt, Ballroom C)

SMALL GROUP REPORTS/JOINT SESSION

10:15-12:00

ATTEND COUNCIL MEETING OF YOUR CHOICE

12:00-1:30 p.m. (Park Hyatt, Ballroom C)

JOINT BOARDS LUNCH

1:30-3:30 p.m. (AAMC Offices, conference room 130)

EXECUTIVE COUNCIL MEETING



Pete Stark

13th District, California

Health Education Lending Program (HR 2077) Summary

FEWER PRIMARY CARE DOCTORS & MORE EXPENSIVE TUITIONS

• **America suffers from a shortage of primary care doctors and family practitioners.** While we have a surplus of medical specialists, each year fewer medical school graduates are choosing to become the primary care doctors who fight on the front-lines of preventive medicine. A recent article in the *National Journal* points out:

“The nation’s supply of doctors grew nearly 3.5 times as fast as the general population during the past decade. Yet the percentage of physicians trained in primary care—already well below the 50 percent or more found in many other industrialized countries—has been falling steadily, and now stands at 32%.” (9/5/92)

• **The average medical student graduates \$55,000 in the red, the average dentist \$60,000, and podiatrists \$90,000.** Lower primary care salaries combined with daunting student loan payments discourage many who would otherwise practice primary care. These high costs also discourage students from low and middle income families from even applying to medical school.

• **Students with large debts choose sub-specialty careers because they pay better—often double primary care salaries.** A study in the October, 1992 issue of *Academic Medicine*, concluded that, “for students with debts of \$75,000 or more, debt became more important” when choosing a specialty career. Current student loans encourage these highly indebted young doctors—generally from low or middle income families—to choose the better paying sub-specialties to meet their loan payments and lifestyle needs.

• **By encouraging graduates to become sub-specialists, we increase health care inflation, decrease the quality of primary care, and forestall health care reform.** The Council on Graduate Medical Education recently concluded,

“Health care reform to ensure access to basic care for all Americans is not possible without physician work force reform.... increasing sub-specialization in U.S. health care escalates health care costs, results in fragmentation of services, and increases the discrepancy between numbers of rural and urban physicians.”

MAKING MEDICAL SCHOOL AFFORDABLE: THE 1% SOLUTION

- **HR 2077 establishes the Health Education Lending Program (HELP) and trust fund.** Dentistry, medicine, osteopathy, optometry, and podiatry students could borrow up to \$120,000 (indexed for inflation) for tuition and educational expenses. After graduation, or after three years of a post-graduate residency program, the HELP graduate would pay an income tax of 1% to the trust fund to support the next generation of students. Students could borrow twice the limit, \$120,000 in return for a 2% tax increase. The tax would end at age 67.
- **HELP graduates would never pay more than they can afford.** HELP allows graduates to pay the bulk of their educational debt after they establish their careers. HELP uses graduates' high incomes later in life to support their lower incomes at the beginning of their careers. By participating in HELP, the new graduate has more money available early in life to do things like establish a medical practice or pay a mortgage— much easier than if you are already \$60,000 to \$120,000 in debt.
- **HELP cuts costs by taking advantage of administrative efficiencies and the government's lower long-term borrowing rate.** The federal government lends money at a lower interest rate than commercial banks, which boost their lending rates to ensure a profit. The HELP program would also lend directly to participating schools, eliminating a layer of administrative costs. Since the HELP trust fund receives payments through tax filings, it passes along these savings to the students allowing the low income tax rate.
- **The HELP trust fund is self-financing, self-insured, and would not need federal support, once established.** HELP would charge a death and disability insurance premium for each participant. If the HELP graduate dies, the repayment obligation is not passed on; if the HELP graduate is disabled, the income tax obligation is forgiven.
- **Compared to the current education financing system, HELP repayments will be easier and less vulnerable to student loan defaults which add to our federal debt.** Instead of complicated student loan paperwork, the HELP graduate's contribution would be collected automatically by the Internal Revenue Service (IRS), probably through the contributor's W-4 withholding. Changes and corrections would be made on the year-end tax return. And since the only sure things in life are death and taxes, the program is sure to decrease the cost of defaults which add to our \$4 trillion national debt.

ENCOURAGING PRIMARY CARE PRACTITIONERS

- **HELP guarantees graduates that they can practice what and where they want, while still feeding their families.** Unlike current loan programs in which banks let debt payments range from 8-12% of the borrower's income, the HELP graduate would pay 1%. Low-paid primary care practitioners would not face student-loan payments.
- **HELP uses sub-specialists' higher incomes to support the lower-paying incomes of primary care physicians.** Because the 1% rate is uniform for all graduates, highly paid specialists would pay more than lower-paid general practitioners. *However, all graduates contribute the same, affordable, 1% share of their income.*
- **The program would offer a public service incentive for graduates who practice primary care in under-served areas.** Similar to other loan forgiveness programs for public service, primary care practitioners in designated under-served areas would have their repayment obligation forgiven for the duration of the time they spend in those areas.

Stark Health Education Loan Program (HELP) Important Changes from HR 6175

Eligibility:

- Students and schools of medicine, dentistry, optometry, osteopathy, and podiatry are eligible to participate.

Assistance limits:

- For all students, the assistance limit is \$60,000.
- Students may receive \$120,000 if they pay a doubled repayment tax.
- Assistance is indexed to the Consumer Price Index (CPI) to account for inflation.
- Child-care and medical board exam fees are included as educational expenses.
- Dental residents may receive assistance for their residency tuitions and educational costs.

Repayment tax:

- The repayment tax is forgiven for the first three years of residency programs.
- For married participants, all of the recipient's practice and salary income is taxed. One-half of the married couple's joint, investment income is taxed.
- At age 67, the repayment tax is forgiven.

Public Service Incentives

- The program is also authorized to forgive repayment taxes for primary care practitioners for as long as they practice in under-served inner-city and rural areas, subject to the program's regulation and criteria.



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

2450 N STREET, NW
WASHINGTON, DC 20037-1126
TELEPHONE (202) 828-0400

May 17, 1993

John C. Gienapp, Ph.D.
Executive Secretary
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, Illinois 60610

Dear John:

The purpose of this letter is to express the AAMC's interest in increasing the resident participation on the ACGME. We would like to propose the following change for the ACGME to consider:

"There should be one resident vote on the ACGME. Each sponsoring organization with a resident group will designate a resident to serve on the ACGME on a rotating basis for one year. Each resident from the sponsoring organizations shall have the opportunity to attend the ACGME meetings as a guest of their sponsoring organizations the year prior to their scheduled term of service."

We hope that this proposal will increase the opportunities available to residents from other organizations and allow for additional resident input into the accreditation process. If you have any questions regarding this proposal, please do not hesitate to contact me.

Sincerely,

Robert H. Waldman, M.D.

cc: Robert G. Petersdorf, M.D.
Michelle Keyes-Welch
AAMC representatives to the ACGME

ORR Annual Meeting Program
Tentative agenda

Friday, November 5

1:30-4:30 p.m.
7:30-9:00 p.m.

Transition Forum
OSR Reception

Saturday, November 6

7:30-11:00 a.m.

Small group discussions
(Topics to be decided during February
administrative board meeting)

Business Meeting

11:30-1:00 p.m.

ORR Lunch

1:00-5:30 p.m.

Joint Programming
Joint CAS/ORR Program
and
Electronic Residency Application Service Panel

(30 minute break between sessions)

5:30-6:30 p.m.

ORR Reception

Sunday, November 7

7:30-11:00 a.m.

Business Meeting
Election of Administrative Board

"To Teach is to Learn Twice"
Teaching Residents How to Teach

Council of Academic Societies/Organization of Resident Representatives Workshop

Saturday, November 6, 1993
1:00 p.m.- 3:00 p.m.

Speakers:

Neal Whitman, Ed.D.
Director of Educational Development and Professor
Department of Family and Preventive Medicine
The University of Utah School of Medicine

Marilyn Appel, Ed.D.
Director of Curriculum and Evaluation
Primary Care Residency Training Program
Department of Medicine
Hahnemann University School of Medicine

Objectives:

Participants will be able to use strategies that promote collaboration in clinical teams; encourage clinical team members to work toward common goals and objectives; use appropriate verbal and non-verbal communication techniques to teach a skill; and provide feedback to students and residents that will help them maintain, build and improve their clinical performance.

ORR 1992-1993 "Telephone Tree"

Administrative Board Contact	ORR Representatives
Joseph Auteri	Thomas Head Cheryl McDonald Kelly Roveda
Michelle Parker	John Comerci Michael Sherman Susan Vaughan
Bernarda Zenker	John Fattore Donald Hangen Mark Hashim Elaine Kaye
Denise Dupras	Dai Chung Stephen Lewis John Lindsey Michael Sanchez
Cathy Halperin	Deanna Haun Karen Lin Kevin Robertson
Mary Elise Hodson	Natalie Ayars Laurel Leslie Bill Rosen
Joshua Port	Reid Adams Nicholas Gideonse Kevin Smith Thomas Waddell
Louis Profeta	Richard Hogan Joseph Houston Carol Karp Benjamin Yokel
Barbara Tardiff	Peter Andersen James Hopfenbeck Richard Obregon Geronimo Sahagun

1993 Meetings

- February 24-25 ORR Administrative Board Meeting/AAMC Executive Council, AAMC Headquarters and ANA Westin Hotel, Washington, D.C.
- June 16-17 ORR Administrative Board Meeting/AAMC Executive Council, AAMC Headquarters and Park Hyatt Hotel, Washington, D.C.
- September 22-23 ORR Administrative Board Meeting/AAMC Executive Council, AAMC Headquarters and Park Hyatt Hotel, Washington, D.C.
- November 5-11 AAMC Annual Meeting, Washington Hilton & Towers, Washington, D.C.
[ORR Activities on Friday, Saturday and Sunday, November 5-7]
- December 6-8 AAMC Officers Retreat for Chairs and Chairs-elect/Location TBA