

The Residents' Report

Published For The AAMC Organization Of Resident Representatives

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Chair's Message

*Michele Parker, M.D.
Family Practice
Tacoma Family Medicine*

The annual meeting of the AAMC in November 1993 signalled the commencement of the third year of existence of the ORR. We welcomed many new members who brought a wealth of energy and ideas to our discussions. Hillary Rodham Clinton provided an informative keynote speech on issues in healthcare reform which gave us additional food for thought. Another highlight of the meeting was a joint educational workshop with the CAS on improving residents' skills as teachers.

In spite of these wonderful meetings, our biggest challenge remains to communicate with residents across the nation—to share what we're learning, to adequately represent residents of all specialties, and to work towards improvement in resident lifestyle and education. We resolved to begin actively networking with other resident organizations, to continue efforts to develop our ORR resident organization, to continue efforts to develop our ORR newsletter and increase its distribution, and to develop an e-mail system to facilitate internal and external correspondence.

Many topics of importance were identified at the annual meeting, and the list was narrowed to six digestible items: (1) communication

(2) tort reform (3) graduate medical education funding (4) improving residents' skills as teachers (5) resident working conditions, especially occupational risk and disability insurance, and (6) teaching cost containment.

We are at a unique turning point in the history of medicine in the United States. We, as residents, are clearly poised and charged to make a significant impact with our presence here at the AAMC. It is a privilege and a challenge to participate in the efforts of the AAMC to preserve the highest quality of medical education and patient care, to strive to ensure the financial security of our teaching institutions and research opportunities, and to develop increased training of generalist physicians to meet the health needs of the nation.

It promises to be an exciting year! ▼

AAMC/ORR Activities

"Studying Medicine can be Dangerous to Your Health: Dealing with Bloodborne and Airborne Pathogens"

During the AAMC annual meeting last November, ORR Chair-elect Denise Dupras, M.D., Ph.D., participated in the GSA/OSR plenary session on bloodborne and airborne pathogens. Other members of the panel included Julie Gerberding, M.D., Ph.D., Larry J. Goodman, M.D., Wylie C. Hembree, M.D., Bruce Weinstein, and Hershel P. Wall, M.D. Denise presented the resident perspective on the topic. She reviewed the literature about bloodborne exposures in residents and discussed resident concerns about compliance with "Universal Precautions". The session was fairly well attended, but cut short because of Hillary Clinton's scheduled address. ▼

Congratulations to the 1994 ORR Administrative Board:

*Michele Parker, M.D., (Chair), Family Medicine, Tacoma
Denise Dupras, M.D., Ph.D., (Chair-elect), Internal Medicine, Mayo Clinic
Joseph Auteri, M.D., (Immediate Past-Chair), Thoracic Surgery, Columbia-Presbyterian
Deborah Baumgarten, M.D., Radiology, Emory
Fernando Daniels III, M.D., Emergency Medicine, Howard
William Fortuner III, M.D., Anesthesiology, Penn-Hershey
Nicholas Gideonse, M.D., Family Medicine, Oregon
Michael Greensberg, M.D., Pediatrics, UCSF
Cathy Halperin, M.D., Ob/Gyn, Rusb-Presbyterian*

ORR Members serving on AAMC task forces:

*Denise Dupras, M.D., Ph.D.
Advisory Panel on Healthcare Reform*

AAMC Officer's Retreat

Michele Parker, M.D., and Denise Dupras, M.D., Ph.D., attended the AAMC Officers' Retreat held December 6-8 at the Lansdowne Conference Resort. Michele reviewed the activities of the ORR over the past year and discussed goals of the ORR for the coming year. During the retreat, potential topics for the annual meeting in 1994 were discussed, as well as many topics of interest to residents, including: financing graduate medical education, physician specialty distribution, minority issues, role of AAMC related social health issues and collaboration with Schools of Public Health. Michele and Denise met with the chair and chair-elect of the OSR informally to discuss potential common topics for the 1994 annual meeting. Overall, it was a successful meeting and a unique opportunity for Michele and Denise to interact with many key individuals in the AAMC. ▼

Advisory Panel on Strategic Positioning for Health Care Reform

The Advisory Panel met on March 30 at the AAMC headquarters in Washington. Denise Dupras, M.D., Ph.D., attended the meeting. Lynne Fagnani from the National Association of Public Hospitals discussed concerns

regarding workforce reform and the effect on the ability of the NAPH to provide health care to underserved populations. Drs. Elwood Headley and Libby Short provided updates on Veterans Affairs and health care reform. Dr. William E. Easterling presented a white paper on the relationship between continuing medical education and health care reform. There was discussion of ways in which the AAMC can work with the AAHC towards supporting joint goals in the health care reform arena. Funding for medical school education and the initiative for an independent study of the costs of medical education were discussed. Dr. Giles Bole, Dean of the University of Michigan presented a preliminary study of the costs based on the analysis of earlier AAMC data. Dr. Richard Knapp presented the Washington report update at the end of the meeting. The House Ways and Means Subcommittee on Health narrowly passed a bill proposed by Pete Stark for health care reform that included the development of "Medicare C". The next meeting of the Advisory Panel will be in May. ▼

Electronic Residency Application Service (ERAS) Project Update

A prototype of the student workstation is being field-tested by members of the Advisory

Committee. The Deans and program directors' workstations will also be tested soon. Following these alpha tests, the AAMC will begin preparing for beta tests during the summer and fall of 1994. The beta-tests will be a full-scale operation, parallel to the on-going paper application process, in approximately 50 institutions. The AAMC will begin mailing out information about the tests this spring, with a call for institutional volunteers. The beta test sites will include a mix of public and private institutions from varying geographic regions and a variety of specialties. ▼

Legislative Update

*Steve Northrup
AAMC Legislative Analyst*

Those of you who have had time to read the newspaper have noticed that Rep. Pete Stark (D-Calif.) has been rather busy with consideration of health-care reform legislation in his House Ways and Means Subcommittee on Health. Hence, he has had little time to devote to the Health Education Lending Program (HELP), an idea he introduced last year as H.R. 2077. However, his staff is still refining the program, and they would like input from the ORR on a specific question.

As you remember, the HELP would allow medical and other health professions students to borrow up to \$120,000 from the federal government to finance their education, repaid by a 1- or 2-percent tax, depending on the amount borrowed, on the borrower's modified adjusted gross income. "Modified adjusted gross income" is all income, minus business expenses, before the deduction of personal exemptions and a few

ANNUAL MEETING UPDATE

The ORR will hold its meetings on Friday, October 28th - Sunday, October 30th in Boston at the Marriott and Westin hotels. Preliminary programs and registration information will be mailed to you in July. Please remember to register early to ensure close and comfortable hotel accommodations.

If you have any program or speaker suggestions, please contact your respective administrative board member. (Upcoming ad board meetings: June 15-16 and September 21-22, 1994 in Washington, DC.)

esoteric income exclusions. Some have urged Rep. Stark to tax only earned income, i.e., the actual fruits of the degree for which the physician or health professional borrowed.

Unfortunately, according to Rep. Stark's staff, the "numbers" would not work at the present repayment percentage if unearned income were excluded from the calculation. Therefore, Rep. Stark is interested in knowing whether medical residents and physicians would rather repay a higher percentage of solely earned income or a lower percentage of all income, including investment income and other support not directly derived from the practice of the borrower's professions.

If you have an opinion, please share it with an ad board member before their next meeting in Washington. ▼

Liaison Activities

American College of Physicians

Geronimo Sabagun, M.D.

Chair-elect 1994-95

Council of Associates

American College of Physicians

The American College of Physicians is the largest professional organization in this country that represents over 88,000 internists. Over 1/3 of those individuals are residents or fellows in the organization and in the past several years the College has actively sought their views through representation in Council of Associates. Besides quarterly meetings, the Council of Associates has at each national meeting a program designed for residents and fellows. At this year's meeting the emphasis will be on the use of computers in the medical literature.

ACGME UPDATE

At the February, 1994 meeting, the Council approved AAMC's proposal on resident representation. Under this proposal, the resident member would be appointed similar to the designation of the public member. Each of the five ACGME sponsoring organizations would be asked to submit a list of prospective resident representatives, and the Executive committee of the ACGME would recommend a specific candidate to the Council.

Since the proposal was approved by the Council, it will be distributed to the five sponsoring organizations for comment and ratification. All five organizations must approve the change. At this time, it is likely that one of the sponsoring organizations will oppose the proposed method of resident representation.

Following this program, there is the annual Associates Competition where clinical research and clinical vignettes are discussed by residents.

The purpose of having a Council of Associates has been to obtain resident views on a number of areas that are important to the college. Much of the direction of this body depends on the make up of it's member but areas which have been important have centered on resident issues. For instance, this past year much debate has centered on the Residency Reform Paper, which will provide recommendations about issues pertaining to internal medicine residency training. Particular attention has been paid to diversity, parental leave, day and sick care, and disability insurance for residents. This paper will be presented to the Board of Regents within the College for approval at the annual session being held in Miami. Other concerns during this year have been health care reform, graduate medical education, and the role of the generalist versus specialist. In all these discussions, the Council of Associates has been instrumental in providing direct feedback about the potential impact for residents within the college. Lastly, through our Associate College Representative

(ACR) Program we have been able to provide better representation by allowing each of our council members to attend many of the regional meetings that each state holds. Each state has a chapter of the ACP which invites a member from the Council of Associates who acts as ACR and provides important updates on issues important to residents, including ACP Online and ResNet, the National Associates competitions, MKSAP and Subspecialty MKSAP, recent activities of the Council of Associates, and disability insurance for residents. Through these efforts, the College has attempted to gain feedback on how best to serve its resident members. ▼

AAMC Staff to the ORR

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Chair's Message

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The past year has been one of fast-forward developments in healthcare reform and medical education. Even though 1994 did not bring passage of a healthcare reform bill, many strategic changes have occurred in both patient care and medical education in anticipation of new legislation. In addition, the financial forces at work continue to transform the practice and study of medicine even as we speak.

Our focus at the AAMC and within the ORR in particular has been to respond to these changes, and to anticipate trends for the future. The powerful forces which drive the healthcare industry do not always consider the need for financial support of medical education, and the need to ensure excellent quality of medical education. The AAMC has successfully lobbied to have funding of medical education included in the most promising health care reform packages discussed this year. The impact of reform on the resident workforce and the quality of education of residents and medical students continues to be addressed.

At the annual meeting of the AAMC in October 1994, a stimulating program is planned which will probe the opinions of the ORR members-at-large, stimulate discussions on issues of importance, and help the ORR administrative board represent the needs of residents in the coming year. On Saturday, October 29, the afternoon

session will begin with a survey of the residents present on the quality of residency programs and managed care training sites. Next, Dr. Edward Stemmler will provide a brief historical overview of residency training in the United States — how we got to where we are today. Dr. Gordon Moore, Director of Harvard Community Health Plan Teaching Programs, will discuss training in the managed care setting, addressing the issues of where residency training is headed (ambulatory, primary care oriented and cost-effective). Ample time for questions and discussion will follow. Finally, a joint presentation by the ORR

and Council of Academic Societies will feature a panel discussion on "Right-Sizing Residency Training Programs" (decreasing residency slots in specialties and increasing slots in primary care).

I heartily encourage you to attend these programs and to express your ideas and concerns. I also implore you to become actively involved on the ORR administrative board, or as the ORR representative member on one of the AAMC working groups (see newsletter item on Positions in the ORR).

We need residents' voices to be heard, or else our concerns risk being lost in the whirlwind of reform.▼

ANNUAL MEETING UPDATE

Saturday's Speakers

The Annual Meeting promises to be interesting even without the passage of health care reform legislation. Four of the speakers and some of their recently published articles are listed below.

"An Historical Perspective on Residency Training"

Edward J. Stemmler, M.D., former Executive Vice President of the AAMC and Dean Emeritus, University of Pennsylvania School of Medicine

"The Effect of Managed Care on Residency Training"

Gordon T. Moore, M.D., Director of Teaching Programs, Harvard Community Health Plan and Associate Professor of Ambulatory Care and Prevention, Harvard Medical School

The "Teaching HMO": A New Academic Partner. *Acad Med*, 69(1994):595.

"Downsizing the Resident Physician Workforce: Implications for Education and Career Choice"

Jack Colwill, M.D., Chair, Family and Community Medicine, University of Missouri - Columbia School of Medicine and immediate past-chair of the Council on Graduate Medical Education

Where have all the primary care applicants gone? *NEJM*, 326(1992): 387.

Michael E. Whitcomb, M.D., AMA Section on Graduate Medical Education
Comparing the characteristics of schools that produce high percentages and low percentages of primary care physicians. *Acad Med*, 67 (1992): 587.

Julien Biebuyck, M.B., D.Phil. Chair, Department of Anesthesiology, Pennsylvania State University College of Medicine

Advisory Panel on Strategic Positioning for Health Care Reform

Denise Dupras (ORR) attended the last meeting of the Advisory Panel, held September 8, 1994, in Washington, D.C. Panel members met with Martin Sieg-Ross, M.D., health policy advisor to Senator Nancy Kassebaum (R - KS) and Arnold Epstein, M.D., health policy advisor to the White House. The likelihood of significant health care reform during this session of Congress was estimated at much less than 50%, a prediction that now clearly has been borne out.

The Panel also reviewed the executive summary of the study commissioned by the Association from Lewin-VHI, Analysis of Teaching Hospital Costs which demonstrated the substantial added costs of patient care in this setting. The Panel discussed the formation of a CME Working Group headed by Don Kassebaum.

The Panel heard a report of the AAMC Task Force on Medical School Funding and Related Activities. The Task Force has established three goals for its immediate activities:

- 1 - Revising the survey sent to medical school deans concerning the

costs associated with medical education; 2 - Conducting a longitudinal study of practice plan revenues; and 3 - Evaluation, validation and review of a new "cost construction methodology."

Finally, the Advisory Panel reviewed a preliminary analysis of physician and resident workforce projections. This year there was a further increase of 3.8% in the ratio of residency slots to LCME graduates, which now stands at 144.9%. As you may recall, a number of workforce reform plans that were part of health care reform established the goal of 110%.

Part of the Panel's afternoon was spent in a strategic planning session which included all the panel members and Dr. Jordan Cohen, President AAMC. This is part of the Association's strategic planning initiative which will call upon components of its constituency for input and advice.▼

Advisory Panel on the Mission and Organization of Medical Schools

The first meeting of this Advisory Panel was held in August. William Fortuner is the ORR representative to the Panel, which is chaired by Dr. Andrew Wallace, Dean of

Dartmouth Medical School. The Panel's charge is to investigate the impact of three critical issues on medical schools, broadly defined as the transformations in the practice and delivery of health care, developments in technology and science, and changing societal expectations for medicine.▼

Call for Administrative Board Members

At the AAMC Annual Meeting, new ORR Administrative Board members and a Chair-elect will be chosen. This is a wonderful opportunity to become more involved and help shape the activities of the ORR. Responsibilities include additional meetings in February, June, and September. Each meeting lasts 1-1/2 days and is held in Washington, D.C. Please bring your updated CV to the Annual Meeting if you are interested and have not already submitted it to Michelle Reddie at the AAMC. Many of you ran last year and were not elected: don't let that dissuade you as the current chair-elect also lost in her first bid. If you have questions please contact one of the current Ad Board members.▼

POSITIONS OF INTEREST TO THE ORR

New opportunities for Ad Board members and Members-at-Large continue to open up. Below I have listed the opportunities and requirements. We anticipate that Members-at-Large elected to positions would attend the June meeting of the ORR Administrative Board, before the Annual Meeting in 1995.

<u>Position</u>	<u>Representative</u>	<u>Meetings</u>	<u>Requirement</u>
Strategic Positioning for HCR	Dupras	4	Ad Board
Mission and Organization of MS	Fortuner	4	Ad Board
Strategic Positioning Working Group on Momentum	Daniels	4	AB*
	Baumgarten	4	AB*
ERAS	Open	2-3	Open
Section on Resident Education	Open	2	Open
Office of Generalist Programs	Open	1-2	Generalist
OSR/ORR Liaison	Greenberg	0	Open
Newsletter Coordinator	Halperin	0	Ad Board

AB*- These positions will usually be Ad Board members; however, if the current representatives are not re-elected to the board, they will remain the reps because the groups are scheduled to run until only 6/95. Some of the positions currently filled may become vacant if the current ORR representative is unable or unwilling to continue in that role.