



Tomorrow's Doctors, Tomorrow's Cures®

Learn

Serve

Lead

AAMC Leadership Presentation

M. Roy Wilson, MD
Darrell G. Kirch, MD
Karen Fisher, JD

November 2, 2018
Austin, TX



Association of
American Medical Colleges

Chair of the Board of Directors Update

2017-2018 Board of Directors



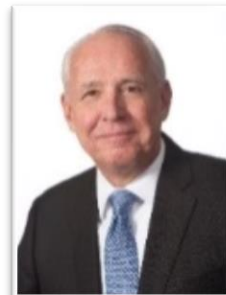
M. Roy Wilson, MD, MS
Chair



Lilly Marks
Chair-elect



Marsha D. Rappley, MD
Immediate Past Chair



Darrell G. Kirch, MD
President & CEO



Kirk A. Calhoun, MD



Scott D. Gitlin, MD



Daniel A. Hashimoto,
MD, MS



J. Larry Jameson,
MD, PhD



Beverley H. Johnson



Joseph E. Kerschner,
MD



Alicia D.H. Monroe, MD



Mary D. Nettleman,
MD, MS



Daniel K. Podolsky,
MD



Gabriela K. Popescu,
PhD, MS



Elizabeth L. Travis,
PhD, MEd



Thomas R. Viggiano,
MD, MEd



Marie C. Walters, MS

2018-2019 Board of Directors



Lilly Marks
Chair



Joseph E. Kerschner, MD, Chair-elect



M. Roy Wilson, MD, MS
Immediate Past Chair



Darrell G. Kirch, MD
President & CEO



Peter F. Buckley, MD



Kirk A. Calhoun, MD



Scott D. Gitlin, MD



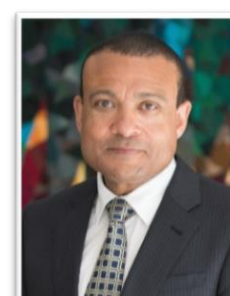
Daniel A. Hashimoto, MD, MS



J. Larry Jameson, MD, PhD



Beverley H. Johnson



Lee D. Jones, MD



Alicia D.H. Monroe, MD



Mary D. Nettleman, MD, MS



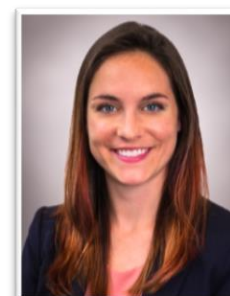
Gabriela K. Popescu, PhD, MS



Elizabeth L. Travis, PhD, MEd



Kate Walsh, MPH



Marie C. Walters, MS

Board Nominations

Submit self- or other nominations at any time of the year to:

BoardNominations@aamc.org

Provide a brief description of your interest and experience within the AAMC and with other governing boards.

Presidential Search Timeline

March – April 2018

Due diligence / scoping phase

May 1, 2018 (approx.)

Position specification posted

Sept – Oct 2018

Interviews

Nov – Dec 2018

Decision-making

Dec 2018 – Jan 2019

President & CEO named

Spring 2019

Coordinated transition

July 1, 2019

President & CEO assumes position

Distinguished Service Member



Michael Levitzky, PhD

Distinguished Service Member



Peter L. Slavin, MD

Nominate for the 2019 AAMC Awards



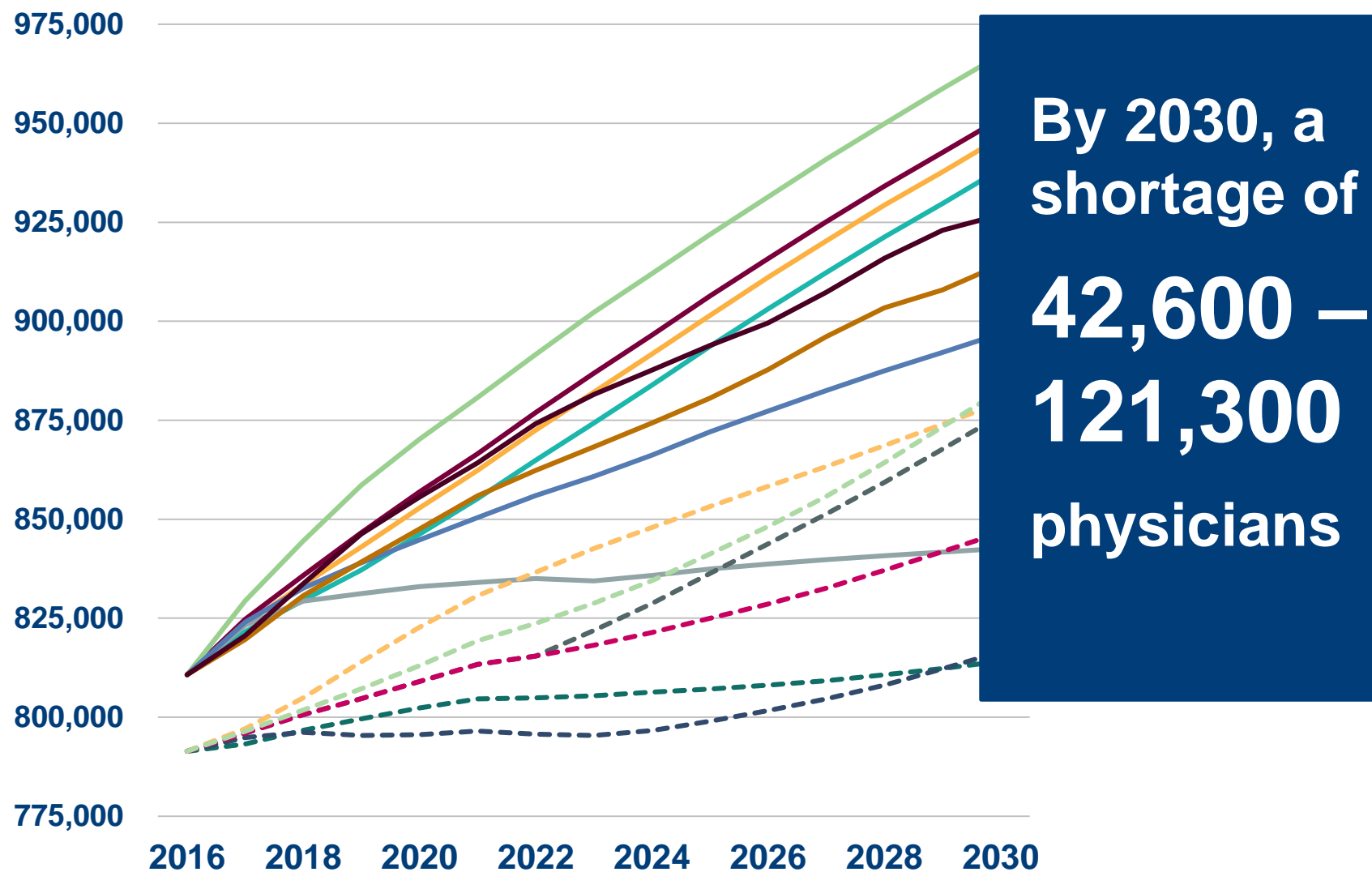
The call for nominations is now open.
Plan to nominate one or more of your
colleagues for these prestigious awards!

www.aamc.org/awards

President's Update

Ensuring a Diverse, Robust, Healthy Biomedical Workforce

Projected Physician Shortages in 2030



Selecting Future Physicians Today for Tomorrow's Needs

About the MD Class of 2022



51.49% are women



83.2% have experience with physical shadowing and clinical observation



509.1 average MCAT® score



86.3% have research or lab experience

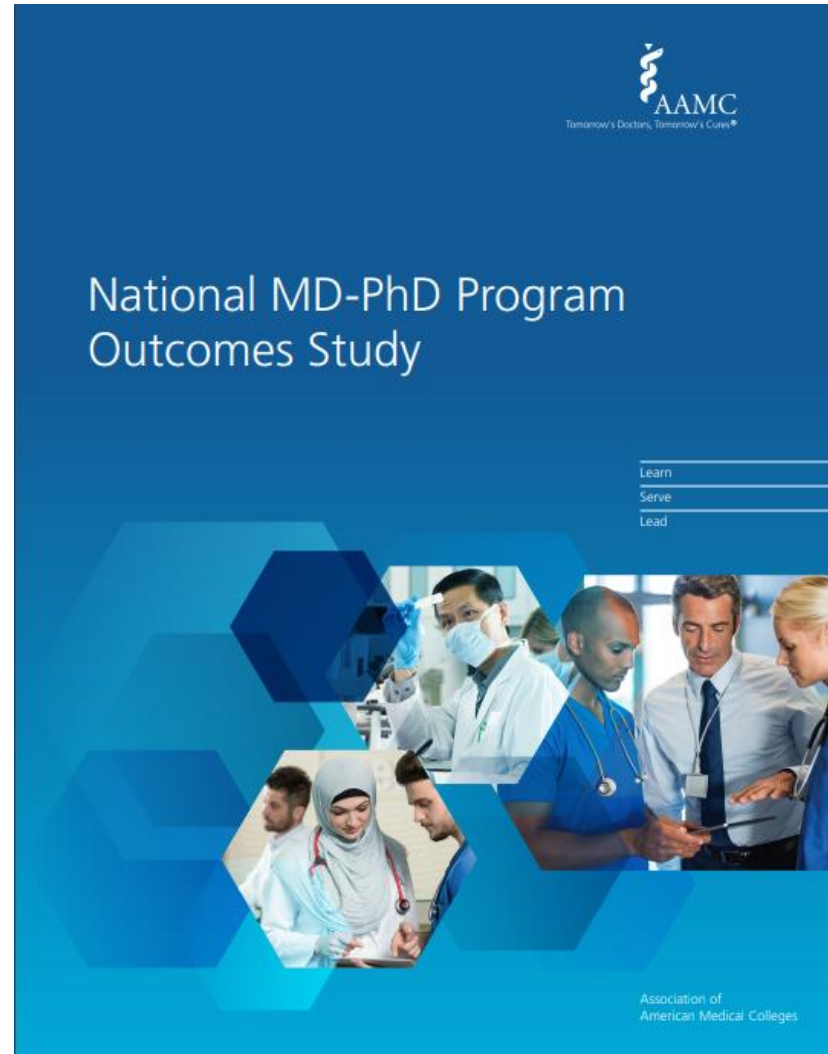


12.5 M community service hours



30.5% speak a language other than English fluently

A Shortage of Physician-Scientists May Also Be on the Horizon



Update on the NAM Action Collaborative on Clinician Well-Being and Resilience

DISCUSSION PAPER

Implementing Optimal Team-Based Care to Reduce Clinician Burnout

Cynthia D. Smith, MD, FACP, American College of Physicians; Celynn Balatbat,

National
of Illinois
System
Ron Ha
Universi
PharmD
FACS, A
Sato, M
Septem

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Perspectives | Ex

Perspectives | Ex

DISCUSSION PAPER

A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being

Liselotte N. Dyrbye, MD, MHPE, Mayo Clinic; David Meyers, MD, Agency for

Healthcare
Renewal
Society for
Michigan

October 1, 2

Introduction

There is a high p
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ile well-being.

A Vision for a Person-Centered Health Information System

Keith Horvath, MD, Association of American Medical Colleges; Patricia Sengstack, DNP, RN-BC, FAAN, Vanderbilt University School of Nursing; Frank Opelka, MD, FACS, American College of Surgeons; Andrea Borondy Kitts, MS, MPH, Lahey Hospital & Medical Center; Peter Basch, MD, MACP, MedStar Health; David Hoyt, MD, FACS, American College of Surgeons; Alexander Ommaya, DSc, Association of American Medical Colleges; Pamela Cipriano, PhD, RN, NEA-BC, FAAN, American Nurses Association; Kensaku Kawamoto, MD, PhD, MHS, University of Utah Health; Harold L. Paz, MD, MS, Aetna; and J. Marc Overhage, MD, PhD, Cerner

October 1, 2018

Introduction

The person-centered health information system (PCHIS) of the future leverages information technology enhanced by artificial intelligence (AI) to support better, safer, and more affordable health care. The vision presented in this paper describes a system that has less cognitive and administrative burden than current systems and that provides seamless usability for patients and the multidisciplinary teams that care for them. Further, the PCHIS vision presented in this paper supports the evolving definition of high-value care, which includes the simultaneous provision of acute, chronic, and preventive care and promotion of patient wellness.

The system in this vision makes health information technology easily accessible and clinical data easily understood by the clinician and patient, while making administrative tasks and billing secondary functions. The PCHIS revolutionizes how health care is delivered and information is used. It provides a customizable interface for each clinician and patient and gives each the ability to collect and use the same data. In short, the system leverages knowledge from the entire care team, including the patient, to improve care.

Reliance on current electronic systems for documentation and reporting has shifted clinicians' time away from human interaction to device interaction, fueling

clians. Authors of a recent NAM Perspectives paper, "Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout," demonstrated the strong relationships among clinical documentation, the use of electronic systems that support documentation, and clinician burnout [1]. Doctors and nurses spend up to 50 percent of their clinical encounters completing clinical documentation and up to several hours per week outside of encounters documenting in the electronic health record (EHR) [1]. Many clinicians have attributed a sense of futility that can lead to burnout to the time spent on nonclinical activities [2,3]. Similarly, in outpatient settings, patients describe clinical encounters as ones in which team members go through duplicative, often mundane, questions and computer documentation with little time devoted to eye contact, dialogue, or the performance of physical exams [1]. The current electronic systems for documentation do not work for clinicians or patients.

Patients and clinicians desire technology that facilitates access to and use of health information and communication tools leading to quality, person-centered care. This paper sets out a vision for a system with reduced administrative burden and enhanced clinical care and knowledge sharing capabilities that work for all members of the care team—especially the patient. The vision identifies the features necessary to overcome the challenges of current EHR functionality, such

DISCUSSION PAPER

The National
Academies of

SCIENCES
ENGINEERING
MEDICINE

HEALTH AND MEDICINE DIVISION

ABOUT US

PUBLICATIONS

ACTIVITIES

MEETINGS

Explore by Topic

Keyword Search

Activity

Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being

Type: Consensus Study

Topics: Health Care Workforce, Health Services, Coverage, and Access, Quality and Patient Safety

Boards: Board on Health Care Services, DBASSE-Board on Human Systems Integration, NAM President's Office

Activity Description

On behalf of the National Academy of Medicine, an ad hoc committee under the auspices of the National Academies of Sciences, Engineering, and Medicine will examine the scientific evidence regarding the causes of clinician burnout as well as the consequences for both clinicians and patients, and interventions to support clinician well-being and resilience. The committee will examine components of the clinical training and work environment that can contribute to clinician burnout in a variety of care settings, as well as potential systems interventions to mitigate those outcomes. The committee will identify promising tools and approaches to support clinician well-being, identify gaps in the evidence base, and propose a research agenda to address areas of uncertainty. In developing its report, the committee will consider key components of the health care system, including:

- factors that influence clinical workflow, workload, and human-systems interactions;
- the training, composition, and function of interdisciplinary care teams;
- the ongoing movement toward outcomes-based payment and quality improvement programs;
- current and potential use and impact of technologies and tools such as electronic health records (EHRs) and other informatics applications; and
- regulations, guidance, policies, and accreditation standards that define clinical documentation and coding

Committee Members

- Pascale Carayon, Co-Chair
 - Christine Cassel, Co-Chair
- + View Full Committee Roster

Staff

- Laura Aluppa, Study Director
- + View Full Study Staff Roster

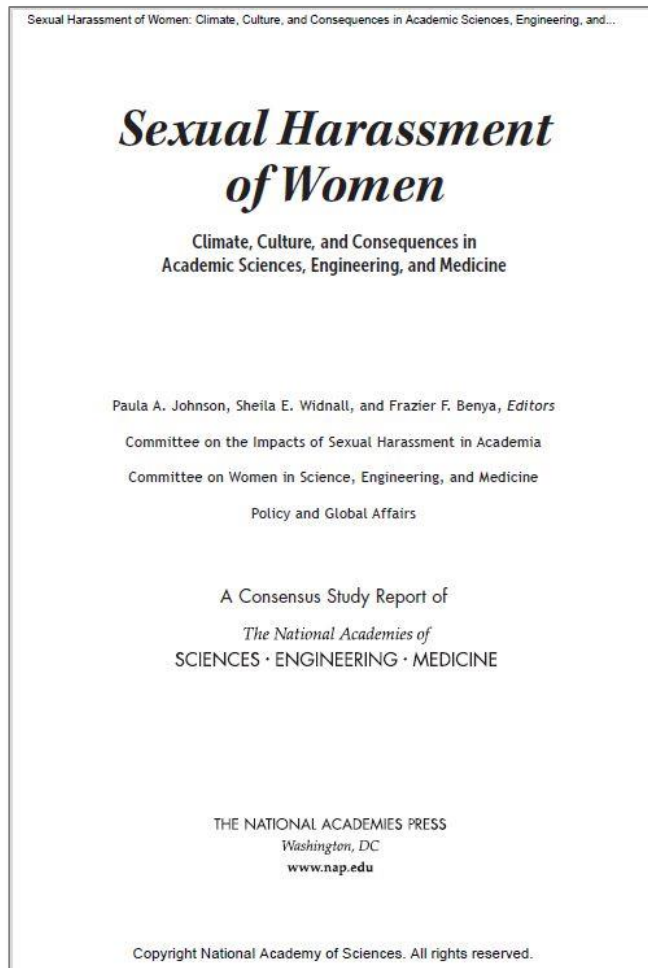
Sponsors

- American College of Occupational and Environmental Medicine
- Accreditation Council for Graduate Medical Education
- American Hospital Association
- The Arnold P. Gold Foundation
- Association of American Medical Colleges
- BJC HealthCare
- Cedars-Sinai Health System
- The Doctors Company Foundation
- Duke University Hospital
- Gordon and Betty Moore Foundation



Creating a Positive Learning Environment

Sexual Harassment Has No Place in Academic Medicine



PRESS RELEASES

Wednesday, June 13, 2018

AAMC Statement on National Academies of Sciences, Engineering, and Medicine Report on Sexual Harassment

AAMC (Association of American Medical Colleges) President and CEO Darrell G. Kirch, MD, issued the following statement regarding the report on sexual harassment released by the National Academies of Sciences, Engineering, and Medicine:

"The study released by the National Academies of Sciences, Engineering, and Medicine makes an important contribution to the national conversation about sexual harassment. We believe the report will advance the discussion among academic medicine leaders and researchers about the steps needed to effectively address this issue.

Sexual harassment has no place in medical schools, teaching hospitals, and biomedical research. The AAMC strongly encourages our member institutions to review the findings and recommendations as they work to promote a culture of inclusiveness and respect across the academic medicine and biomedical research communities."

The Association of American Medical Colleges is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 151 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

Join Us for Town Hall Conversations

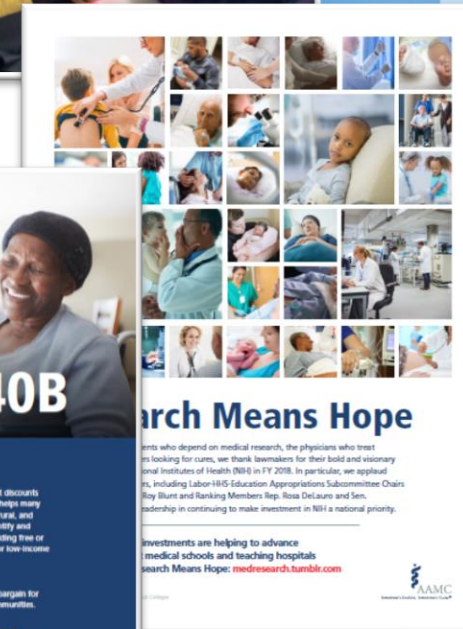
Sunday, November 4
1:15 – 2:30 PM
Convention Center 18

Monday, November 5
4:30 – 5:45 PM
Convention Center 18



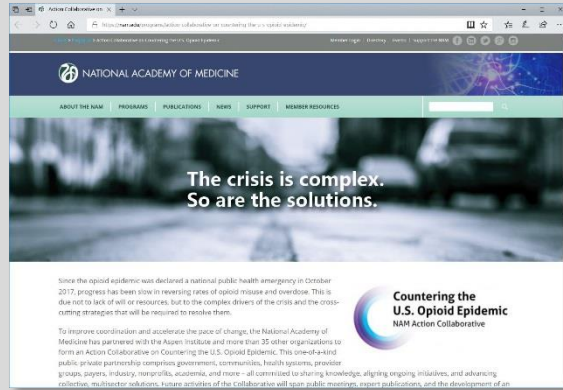
Being the Leading Voice of Academic Medicine

Amplifying the Voice of Academic Medicine



Countering the U.S. Opioid Epidemic

NAM Action Collaborative



2018 AAMC Curricular Innovation Awards



BROWN
Alpert Medical School



University of Michigan
Medical School



AAMC National Workshop to Advance Medical Education to Combat Opioid Misuse: Working Together Across the Continuum



May 9-10, 2019
National Harbor, MD

Advocating in the Courts

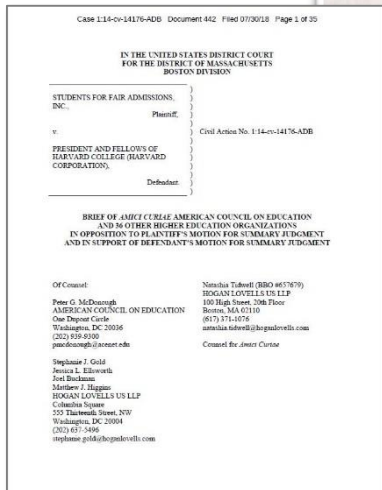


Plaintiff:

- 340B Reimbursement Cut
- Delay in Implementing 340B Transparency and Enforcement Measures

Amicus Signatory:

- Constitutionality of Affordable Care Act
- Students for Fair Admissions, Inc. v. Harvard University



Ensuring High Quality Care in Academic Medicine

Research

JAMA | Original Investigation

Association Between Teaching Status and Mortality in US Hospitals

Laura G. Burke, MD, MPH; Austin B. Frakt, PhD; Dhruv Khullar, MD, MPP; E. John Orav, PhD; Ashish K. Jha, MD, MPH

 Supplemental content

IMPORTANCE Few studies have analyzed contemporary data on outcomes at US teaching hospitals vs nonteaching hospitals.

OBJECTIVE To examine risk-adjusted outcomes for patients admitted to teaching vs nonteaching hospitals across a broad range of medical and surgical conditions.

DESIGN, SETTING, AND PARTICIPANTS Use of national Medicare data to compare rates in US teaching and nonteaching hospitals for all hospitalizations at medical and surgical conditions among Medicare beneficiaries 65 years and older.

EXPOSURES Hospital teaching status: major teaching hospitals (member Teaching Hospitals), minor teaching hospitals (other hospitals with medical and surgical conditions), and nonteaching hospitals (remaining hospitals).

MAIN OUTCOMES AND MEASURES Primary outcome was 30-day mortality for all hospitalizations and for 15 common medical and 6 surgical conditions. Secondary outcomes included 30-day mortality stratified by hospital size and 7-day mortality for all hospitalizations as well as for individual medical and surgical conditions.

HealthAffairs

TOPICS JOURNAL

RESEARCH ARTICLE HOSPITALS

HEALTH AFFAIRS > VOL. 37, NO. 6: HOSPITALS, PRIMARY CARE & MORE

Do Academic Medical Centers Disproportionately Benefit The Sickest Patients?

Laura Burke¹, Dhruv Khullar², E. John Orav³, Jie Zheng⁴, Austin Frakt⁵, and Ashish K. Jha⁶

AFFILIATIONS ▾

PUBLISHED: JUNE 2018  Full Access

<https://doi.org/10.1377/hlthaff.2017.1250>



Ensuring the Public Trust in Research and Practice

The New York Times

Opinion

LETTER

For Full Disclosure in Medicine

The New England Journal of Medicine describes its role in a new central repository.

Sept. 30, 2018



The screenshot shows the Convey website interface. At the top, the navigation bar includes links for 'About', 'Features', 'How it works', 'Gallery', 'FAQs', 'Contact', and a green 'Request a Demo' button. The main header features the Convey logo and the tagline 'Simplify and tailor the disclosure collection process to receive only the information required by an organization.' Below this, a sub-header states 'Discover the Convey® difference, brought to you by the Association of American Medical Colleges (AAMC)'. A dark overlay box on the right contains the text 'Looking to store and submit your personal financial interest data using Convey?' with 'Learn More' and 'Create a Free Account' buttons. The main content area has the headline 'Convey captures the data you need, when you need it, and from where you need.' followed by a paragraph: 'The ability to capture a complete snapshot of your disclosure data, in one seamless interface, is the single most strategic investment for the modern enterprise.' To the right of this text is an image of a laptop, tablet, and smartphone displaying the Convey interface. On the left, there is a list of three bullet points, each preceded by a blue checkmark icon: 'Designed to strategically align with your organization's compliance requirements', 'Developed to enable one time data entry for multiple disclosure needs', and 'Ensures a standard set of data and streamlined process for staff, to aid in eliminating errors and oversight'.

www.convey.org

Recruiting the Next Editor-in-Chief for *Academic Medicine*



ACADEMIC MEDICINE

Journal of the Association of American Medical Colleges

Editor-in-Chief of *Academic Medicine*

The Association of American Medical Colleges (AAMC) is seeking an Editor-in-Chief for *Academic Medicine*, a monthly, peer-reviewed scholarly journal. The Editor-in-Chief, whose term would begin on January 1, 2020, will provide leadership and strategic vision for the journal, as well as report on all editorial matters to the AAMC's Journal Oversight Committee (JOC). Other responsibilities include maintaining *Academic Medicine*'s standard of excellence and continuing to build its reputation as essential reading for leaders of medical schools and teaching hospitals in the United States and abroad.

The Editor-in-Chief will actively solicit new content from across the academic medicine community. The incumbent will be expected to work efficiently with the journal's online manuscript processing system to conduct initial screening of manuscripts; make timely decisions about reviewed and revised submissions; provide constructive comments for authors as appropriate; write editorials for publication in the journal; provide content for the journal's podcast, blog, and other social media; and periodically meet with journal staff at the AAMC, while maintaining routine availability via e-mail and phone. The incumbent also will work collaboratively with the journal's associate editors and editorial board. Regular travel to AAMC headquarters in Washington, D.C., and to key medical education conferences and events is required.


Qualifications of the successful candidate include:

- Present or recent leadership role at a medical school, teaching hospital, or academic society
- Demonstrated track record of academic excellence and recognition as a scholar in the field of medical education or academic medicine, including extensive experience publishing in and reviewing for peer-reviewed journals
- Editorial board or prior editorial experience (preferred)
- MD degree or equivalent, or PhD or equivalent
- Familiarity with *Academic Medicine* and its mission
- Excellent leadership skills, in particular the ability to motivate and inspire teams
- Strong sense of ethics and integrity, including a clear understanding of the ethical guidelines for scholarly publishing
- Understanding of editorial, ethical, and political sensitivities involved when accepting and soliciting journal content
- Knowledge of social media, new media, and disruptive technologies in scholarly publishing (preferred)
- Strong writing and organizational skills

The term is five years, renewable once, and subject to annual review by the JOC.

It is expected that the Editor-in-Chief will devote an estimated 30-35 hours per week to these duties. A stipend will be provided and is negotiable. Candidates should apply to the position on the AAMC Careers Page (aamcworkdayjobs.com/AAMC/jobs). For fullest consideration, candidates should submit a letter of interest and curriculum vitae by Jan. 18, 2019.

The AAMC is an affirmative action/equal opportunity employer.



aamc.org/careers

Public Policy Update

Public Policy Update



We Live in Interesting Times...



**Partisan rancor appears to be particularly
bad right now.**

**You would think Congress couldn't agree
on anything, much less complex legislation.**

But, for the first time in 22 years...

Congress Passed by Huge, Bipartisan Margins the Labor-HHS Bill Before Oct. 1

The House voted **361 to 61**

The Senate voted **93 to 7**

The President signed it into law...



THE WHITE HOUSE
WASHINGTON

...the first time since 1996

What Made the Difference?



- **Second Year of Budget Deal Provided Workable Spending Caps for FY 2018**
- **Agreement of New Senate Committee Chair with Ranking Member to Exclude Controversial Riders**
- **Combining DoD & Labor-HHS into One Bill**

Key Programs in Labor-HHS Bill



NIH: National Institutes of Health

HRSA: Health Resources and Services Admin.

AHRQ: Agency for Healthcare Research & Quality

CDC: Centers for Disease Control & Prevention

National Institutes of Health



\$39.1B for FY 2019

- **\$2B (5.4%) Increase Over FY 2018**
- **\$9B (30%) Cumulative Increase Since FY 2015**
- **Rejects President's Request to Limit Salary Support**
- **Preserves NIH Support for F&A**

HRSA Diversity / Workforce Programs



Most Title VII, VIII Grant Programs Spared But Not Increased

	Diversity	Primary Care	Geriatrics	Public Health
• FY 2018	\$88.1M	\$48.9M	\$40.7M	\$17.0M
• Pres. Request	\$0	\$0	\$0	\$0
• FY 2019	\$88.1M	\$48.9M	\$40.7M	\$17.0M

Other HRSA Programs



- AHECs:** \$39.9M (\$1M or 3% increase)
- CHGME:** \$325M (\$10M or 3% increase)
- NHSC:** \$105M (+\$310M in BBA = \$415M, 0% increase)
- 2nd Year:** \$10M for Rural Residency Programs
- New:** \$25M for GME Grants for Public Med Schools

Other Key Programs in Labor-HHS Bill



- **AHRQ**
 - **\$338M: \$4M increase**
- **CDC**
 - **\$7.9B: \$126M increase**

* Total FY 2019 CDC funding is \$7.9B, \$354M below FY 2018. However, when one-time FY 2018 expenditures are excluded, the FY 2019 CDC funding level is \$126M higher than the FY 2018 level.

Another Bipartisan Accomplishment: Opioids Epidemic Package

The House voted **393 to 8**

The Senate voted **98 to 1**

The President signed it into law



- Institutions for mental disease (IMD) exclusion **BUT**
- Grants authorized
- No new GME slots
- 42 CFR Part 2 not addressed

Issues Affecting Care Delivery



- **340B Drug Pricing Program**
- **Medicaid DSH / CHIP**
- **Clinical Regulatory Issues**
- **Veterans Administration**

340B Drug Pricing Program



- **No Bad (or Good) Legislation Passed...**
- **Hospital Groups' Lawsuits Pending**
 - **Suit against Medicare outpatient payment cuts**
 - **Suit for HRSA to implement final "ceiling price" rule**
- **AHA Voluntary Stewardship Standards**

Medicaid DSH and CHIP



- **2-Year Delay of Medicaid DSH Cuts**
 - **FY 2018 start date now set for FY 2020**
- **CHIP Reauthorized for Total of 10 Years**

Clinical Regulatory Issues



- **Medicare Physician Payment Issue**
 - E/M coding, payment changes
 - CMS, Hill meetings; Capitol Hill letters to CMS
- **Medicare Hospital Payment Issue**
 - Hospital outpatient off-campus payment cuts
 - CMS, Hill meetings; Capitol Hill letters to CMS
- **Proposed “Public Charge” Rule**

Veterans Administration



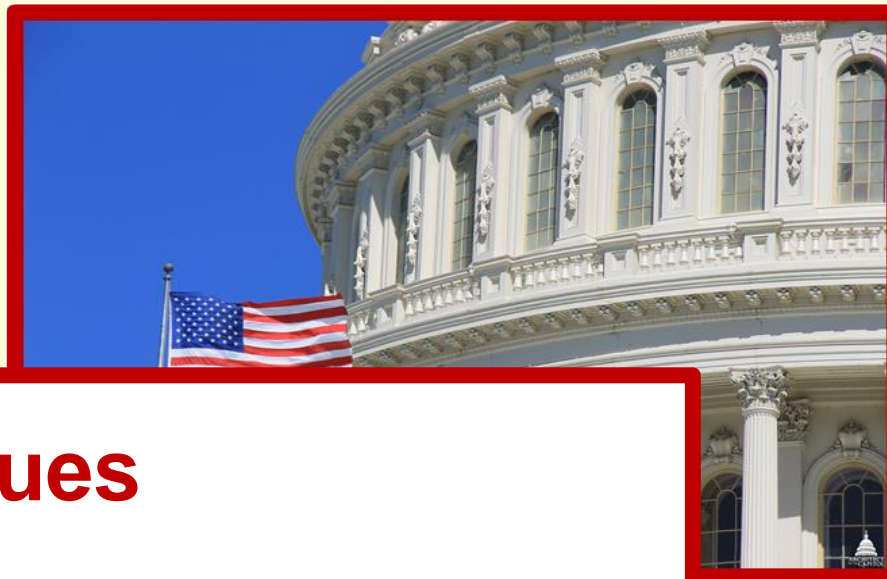
- **VA Research Budget**
 - **\$779M for research in FY 2019, \$57M (7.9%) increase**
- **The VA MISSION Act**
 - **Academic affiliate relationships preserved**
 - **New scholarship and loan repayment programs**
 - **New GME program**

Challenges and Opportunities Ahead



- **Impact of Elections**
- **House, Senate Leadership Changes**
- **Lame Duck Session**

Challenges and Opportunities Ahead



Overarching Issues

- **Federal Deficit**
- **Budget Caps / “Pay Fors?”**
- **Drug Pricing / 340B?**
- **Coverage / “Medicare for All?”**

Challenges and Opportunities Ahead



Specific Issues

- FY 2020 NIH \$ Level
- Title VII, VIII Workforce Funding
- Student Financial Aid
- Medicaid DSH Cuts
- PCORI Reauthorization
- GME Caps Bill

What You Do on a Daily Basis



Your role and your GRR's role in advocacy have been more important than ever. Thank you!

Our most important advocacy asset for academic medicine is the work you do every day to advance care, research, education, and community.

For More In-Depth Discussion at LSL



“Advocacy Update and Election Preview”

Karen Fisher, Chief Public Policy Officer, AAMC

**Ross Frommer, Vice President, Government
and Community Affairs, and Associate Dean
Columbia University Irving Medical Center**

**3:15 - 4:30 pm, Saturday, November 3
Convention Center 19**

Questions? Feedback?



Karen Fisher Contact Info:

- **Cell #: 202-841-2807**
- **Email: kfisher@aamc.org**



Tomorrow's Doctors, Tomorrow's Cures®

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Association of
American Medical Colleges