



**Brooklyn, Queens, Staten Island,
Manhattan and the Bronx
HEALTH SCIENCES LIBRARIANS
<http://www.bqsimb.org/>**

Political Action Committee Chair Report for BQSIMB 2014 Fall Meeting

1. Update from the Association of American Medical Colleges (AAMC):

1.1 AAMC Ebola Website to House Latest Resources for Medical Schools and Teaching Hospitals

Washington, D.C., October 20, 2014. A new web page on the AAMC website contains links to information and resources for the nation's medical schools and teaching hospitals about Ebola and protocols for protecting health care workers from the virus. The site includes printable checklists, downloadable videos donning and doffing protective equipment, and a video "Lessons Learned" from Emory University Hospital and the University of Nebraska Medical Center, the two academic medical centers that have successfully treated patients with the virus. Accessible from AAMC website: <https://www.aamc.org/ebola>

1.2 IOM's Vision of GME Will Not Meet Real-World Patient Needs.

Washington, D.C., July 29, 2014—AAMC (Association of American Medical Colleges) President and CEO Darrell G. Kirch, M.D., issued the following statement on the Institute of Medicine's (IOM) report, *Graduate Medical Education That Meets the Nation's Health Needs*. Full statement is accessible from: <https://www.aamc.org/newsroom/newsreleases/381882/07292014.html>

Full IOM report is accessible from: <http://www.iom.edu/Reports/2014/Graduate-Medical-Education-That-Meets-the-Nations-Health-Needs.aspx>

... By proposing as much as a 35 percent reduction in payments to teaching hospitals, the IOM's recommendations will slash funding for vital care and services available almost exclusively at teaching hospitals, including Level 1 trauma centers, pediatric intensive care units, burn centers, and access to clinical trials. In addition to hurting patient care, these cuts will limit critical training settings for future physicians, nurses, and other health professionals. While the current system can and is being improved to train more doctors in non-hospital settings, these immediate cuts will destabilize a system that has produced high-quality doctors and other health professionals for more than 50 years and is widely regarded as the best in the world. ...

... The AAMC and its member institutions believe that a modest increase in the number of federally supported graduate medical education training slots, as has been proposed in legislation (with bipartisan support from nearly 120 members of Congress), would help alleviate the physician shortage and allow time to develop new models of care that will make better use of all the members of the health care team. We also support legislation creating accountability and transparency measures for GME funding received by teaching hospitals (H.R. 1201, Training Tomorrow's Doctors Today Act). ...

1.3. Congressional Briefing Highlights Role of Academic Medical Centers in Health Care Delivery.

Washington, D.C., October 10, 2014. At a recent briefing, more than 100 Congressional staff and other attendees heard a panel of leaders from medical schools and teaching hospitals outline the critical work being done in academic medical centers around the country. The event, "Academic Medical Centers: Where Quality Patient Care, Physician Training, and Medical Research Come Together," was co-sponsored by the Association of American Medical Colleges (AAMC) and the American Hospital Association (AHA). Full description of the event is available from the AAMC website: <https://www.aamc.org/newsroom/newsreleases/408580/10102014.html>

2. Update from the Accreditation Council for Graduate Medical Education (ACGME):

2.1 Single Accreditation System for AOA-Approved Programs Update

As previously reported at our spring meeting, on February 26, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) that outlines a single graduate medical education accreditation system for residency and fellowship programs in the United States.

The single accreditation system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common Milestones and competencies.

Over the next five years, beginning July 1, 2015, AOA-approved programs and sponsoring institutions will have the opportunity to apply for ACGME accreditation. The ACGME and AOA have created and will continue to create elements of operations and infrastructure to ensure a smooth transition to the single system.

Timeline for AOA - Approved Programs to Apply for ACGME Accreditation, beginning from September 1, 2014 and up to June 30, 2020:

Beginning Date: September 1, 2014

All AOA - approved programs must identify a sponsoring institution before the application process can begin. The sponsoring institution assumes the ultimate financial and academic responsibility for the graduate medical education (GME) program.

February 2, 2015

New sponsoring institutions submit *Intent to Apply for Institutional Accreditation form* on or after this date. The designated institutional official (DIO) is e-mailed a login and password to access the ACGME Accreditation Data System (ADS).

April 1, 2015

New sponsoring institutions can begin the institutional application process online.

New sponsors with pre-accreditation status or a status of Initial Accreditation and existing sponsors with a status of Continued Accreditation can begin to identify AOA - approved programs for ACGME accreditation under the terms of the single accreditation system.

The sponsoring institution must report the AOA - approved program identifier as part of the application authentication. Program directors will be e-mailed a login and password to begin the application process in ADS.

July 1, 2015

AOA - approved programs can submit the application for ACGME accreditation online from this date through June 30, 2020. Pre-accreditation status will be granted upon submission of a completed online program application.

Subspecialty Programs: The sponsoring institution can initiate the application process for subspecialty programs that are associated with core residency programs that have pre-accreditation status or are already ACGME - accredited.

Once pre-accreditation is granted, programs and sponsors must participate in all required annual ACGME reporting:

ADS Annual Update -- Case Log reporting -- Resident Survey -- Faculty Survey -- Milestone assessment and reporting

Programs with pre-accreditation status can begin the application process for Osteopathic Recognition. Applications can be reviewed by the Osteopathic Recognition Committee once programs achieve Initial Accreditation.

June 30, 2020

All sponsoring institutions and programs must achieve initial accreditation. The AOA ceases to accredit GME programs

The ACGME will continue to update information on the single accreditation system as new developments unfold, and as questions arise during the systems implementation. The dedicated web page is available from the ACGME website:

<http://www.acgme.org/acgmeweb/tabid/445/GraduateMedicalEducation/SingleAccreditationSystemforAOA-ApprovedPrograms.aspx>

3. Update from the American Hospital Association (AHA):

3.1. Joint Statement from the AHA, the AMA, and the ANA

October 17, 2014 As our nation's strategy to address the Ebola virus continues to evolve, hospitals and their partners in nursing and medicine are coming together to emphasize that a solution-oriented, collaborative approach to Ebola preparedness is essential to effectively manage care of Ebola patients in the U.S. <http://www.aha.org/presscenter/pressrel/2014/141017-pr-jointebola.pdf>

3.2. 2014 AHA Signature Leadership Series: Navigating the Gap Between Volume and Value, June 2014.

This updated guide on value-based contracting from AHA provides additional financial resources for hospital executives that will find step-by-step information on the financial planning process and how it can help their organizations evaluate the impact of repositioning initiatives as moving toward value-based care and payment. Available for free download from AHA Resource Center: <http://www.hpoe.org/resources/hpoehretaha-guides/1637>

3.3 AHA Signature Leadership Series: HPOE (Hospitals in Pursuit of Excellence): A Compendium of Action Guides 2014.

To support hospitals during this time of important change, AHA releases the 2014 edition of Hospitals in Pursuit of Excellence: A Compendium of Action Guides. This collection of action-oriented resources highlights the strong work hospitals and care systems are doing to design and implement strategies to deliver care that is safe, timely, equitable, effective, efficient and patient-centered. It will also assist health care leaders operating in the present volume-based environment to shift to a performance-based system that is focused on delivering value. Available for free download from AHA Resource Center: <http://www.hpoe.org/resources/hpoehretaha-guides/1655>

Respectfully submitted via email on October 21, 2014 by Rimma Perelman, Chair of Political Action Committee, BQSIMB.