

REPORT FROM LEARN, SERVE, LEAD 2024: THE AAMC ANNUAL MEETING

Submitted by Krystle Graham and Raman Marwaha, AADPRT CFAS representatives to AAMC

PLENARIES

“MOMENTS MATTER GENERATIVE ARTIFICIAL INTELLIGENCE: AN ECOSYSTEM TRANSFORMATION FOR MEDICINE”

Speakers: James Weinstein, DO, MS

James Weinstein, DO, MS, senior vice president of Microsoft Health, delivered a thought-provoking plenary titled "Moments Matter Generative Artificial Intelligence: An Ecosystem Transformation for Medicine," highlighting critical aspects of AI integration into healthcare. Here are the key takeaways:

1. Ethical Considerations:

- **Patient Data Protection:** AI systems must adhere to strict privacy standards, safeguarding sensitive health information.
- **Transparency:** Ensuring that AI decision-making processes are understandable and traceable for users and stakeholders is essential for building trust.

2. Bias Mitigation:

- Addressing and minimizing biases in AI algorithms is critical to prevent inequitable outcomes.
- Developing representative datasets and applying robust validation processes were emphasized to ensure fairness across diverse patient populations.

3. Informed Choice:

- Patients and providers must be equipped with the knowledge to understand how AI systems operate and make decisions, fostering shared decision-making.
- Transparent AI tools can empower stakeholders to trust and effectively use these technologies in clinical practice.

OTHER PRESENTATIONS

“THE AAMC ANNUAL WASHINGTON UPDATE 2024”

Speaker: Danielle Turnipseed, Chief Public Policy Officer, AAMC

1. 2024 Election: New Congress, New Administration
2. AAMC Advocacy Areas of Focus
 - a. Clinical Care
 - b. Medical Research
 - c. Health Equity
 - d. Education and Workforce
3. Congress Headwinds: partisan rancor, debt limit negotiations, political interference in higher education and medicine, tax legislation, funding challenges, cabinet and supreme court nominations, looming Medicare insolvency
4. AAMC Clinical Care: End Year Agenda
 - a. Increase GME funding
 - b. Extend telehealth and Hospital at Home waivers
 - c. Prevent cuts to the Medicaid Disproportionate Share Hospital Program
 - d. Protect the 340B Drug Pricing Program
 - e. Reform Medicare physician payment
 - f. Prevent cuts to Academic Medicine: site neutral/HOPD cuts & NPI, provider contracting and payment flexibility limits, Medicare physician fee schedule, hospital tax-exempt schedule
5. Health Equity: Legislative Efforts
 - a. Support AAMC Diversity and Health Equity Legislative Priorities: H. Res. 1180
 - b. Health Equity and Accountability Act of 2024: provides a comprehensive and strategic legislative roadmap that aims to eliminate racial and ethnic health inequities
 - c. Pursue HRSA Title VII Workforce Development and Diversity Pathway Programs: FY 2025 Appropriations
 - d. “Providing Resources and Opportunities for Health Education and Learning Act of 2024” to award grants to expand or create health care provider pipeline programs for institutions of higher education
6. Education: Federal Student Lending Programs
 - a. Creating affordable pathways to medical education
 - b. Preserving and strengthening Federal lending programs and forgiveness programs (Direct PLUS, PSLF)
 - c. Ensuring that students can borrow up to the cost of attendance and can effectively manage repayment
 - d. Eliminating uncertain and extraneous costs to borrowers such as student loan origination and interest capitalization
7. Call to Action: become engaged in advocacy efforts
 - a. Serve as a resource to policymakers

- b. Participate in congressional and agency briefings
 - c. Testify at congressional hearings
 - d. Meet with legislators and staff; attend congressional town halls
 - e. Write op-eds, letters to the editor, social media posts, etc.
 - f. Participate in grassroots advocacy
8. Stay Connected—Join the following
- a. Subscribe to Washington Highlights Weekly Newsletter
www.aamc.org/advocacy-policy/washington-highlights
 - b. AAMC Advocacy and Policy Website – www.aamc.org/advocacy-policy
 - c. AAMC action grassroots website – www.aamc.org/action

“THE REGULATORY ROUND UP: AN UPDATE ON FEDERAL HEALTH REGULATIONS IMPACTING ACADEMIC HEALTH SYSTEMS”

Speakers: Phoebe Ramsey, AAMC Director of Physician Payment Policy and Quality; Shahid Zaman, AAMC Director of Hospital Payment Policy; Gayle Lee, AAMC Senior Director of Policy and Regulatory

- 1. Key Health Care Policy Issues
 - a. Payment Cuts (physician and hospital)
 - b. Insurance Reforms
 - c. Cybersecurity
 - d. Virtual Care (i.e. telehealth)
 - e. Behavioral Health
 - f. Social Determinants of Health
 - g. Future of Value-Based Care
 - h. Prescription Drugs (340B, Inflation Reduction Act)
 - i. Artificial Intelligence
 - j. Privacy (Reproductive health care, tracking technology, non-discrimination)
 - k. Workforce Shortages (GME)
 - l. Health Care Consolidation and Private Equity ownership
- 2. Bipartisan Policy Issues:
 - a. Behavioral Health**
 - b. Telehealth flexibilities
 - c. Limiting out of pocket spending (reducing drug costs)
 - d. Enhancing transparency (reporting, PBMs)
 - e. Regulate anticompetitive PM practices
 - f. Site Neutral
- 3. 2025 PFS: Telehealth
 - a. Congress must extend statutory waivers beyond 2024 for Medicare that removes geographic restrictions and prohibition of patient’s home as eligible originating site
 - b. Other goals:

- i. permanently allow audio-only telehealth services
 - ii. extend virtual-supervision of residents through 2025
 - iii. permit practitioners to use enrolled practice location instead of home address when providing telehealth services through 2025
 - iv. payment parity (declined to recognize AMA's telemedicine CPT codes)
- 4. 2025 PFS: Specialty Impacts
 - a. Psychiatry: **-1.6 %** Payment Change from 2024
- 5. GME 2025 IPPS Final Rule:
 - a. Request for Information- criteria for newness of residency programs (an issue important for development of FTE caps)
 - i. CMS did not finalize proposals in IPPS rule: 90% resident newness, inexperienced program director/faculty, commingling of residents
 - ii. CMS issued a second FRI in an interim final rule, requesting further feedback on newness of residency programs (deadline was October 15, 2024).
 - b. Sec. 4122 on CAA- Slot Distribution (requires distribution of an additional 200 Medicare funded residency slots)
 - i. 4 categories of Qualifying Hospitals are eligible (rural hospitals or hospitals treated as rural, hospitals over GME cap, hospitals in states with new medical schools, and hospitals that serve geographic HPSAs)
 - ii. 100 slots must be distributed to psychiatry or psychiatry subspecialty residencies**
 - iii. Pro Rata distribution of up to one FTE will be awarded to all qualifying hospitals, HPSA prioritization if any slots remain
 - iv. Awards effective July 1, 2026

“ANNUAL ADDRESS ON THE STATE OF THE PHYSICIAN WORKFORCE”

Speakers: Michael Dill, Director, AAMC Workforce Studies

1. Physician training capacity is rising but not fast enough
 - a. Physicians continue to work fewer weekly hours
 - b. Significant amount of physicians over age 65, particularly in areas of need
 - c. Population is growing and getting older: total population +12%; population 65 and older +56% between 2006-2022
2. PAs and NPs are an important part of the landscape
 - a. Shortages in primary care if no growth in training and APP roles
 - b. Shortages in specialty care no matter what
 - c. Even if we receive 15,000 GME slots, that is only part of the solution
3. What works?
 - a. Organizational change has a bigger impact than individual change
 - i. Provide support
 - ii. Earn trust

- iii. Prioritize psychological health and stress prevention
 - iv. Reduce and eventually eliminate harassment
 - v. Include physicians in decision-making
 - vi. Adequate staffing
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“RETURN ON INVESTMENT OF THREE YEAR MEDICAL SCHOOL PROGRAMS: NOW IS THE TIME TO ADOPT THIS MODEL”

Speakers: Alicia Gonzalez, Catherine Coe, Peter Nalin, Sally Sanetn, Joan Cangiarella, Tonya Fancher, Judith Brenner

The 3-year MD programs at UNC and NYU present a compelling alternative to the traditional 4-year medical education pathway, addressing the growing need to optimize training duration while maintaining educational quality. Here's a summary of their structure, outcomes, and implications:

1. Program Design and Accreditation:

- Both programs meet the **130-week requirement** set by the Liaison Committee on Medical Education (LCME).
- The curriculum reduces electives and focuses on a **directed pathway** toward affiliated residency programs.
- These programs aim to fast-track students into specialties of interest, often within the same institution.

2. Performance Metrics:

- **UNC:** Performance in **NBME exams and USMLE Steps 1 and 2** is comparable between 3-year and 4-year program graduates, suggesting no compromise in foundational medical knowledge.
- **NYU:** Graduates of the 3-year program show:
 - Slightly **lower USMLE Step 1 and 2 scores** compared to their 4-year counterparts, potentially due to reduced preparation time.
 - **Higher USMLE Step 3 scores**, reflecting better clinical preparedness and alignment with residency training.

3. Flexibility:

- Options to **decelerate** are available, based on either **student choice** or **program recommendation**, ensuring adaptability to individual needs.

4. Residency Pathway and Retention:

- The **directed pathway** to affiliated residency programs emphasizes close collaboration between medical schools and residency programs during the selection process.
 - A significant advantage of these programs is their ability to **retain graduates locally**, which can help address physician shortages in underserved areas or priority specialties.
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“PHYSICIAN RECRUITMENT, RETENTION, AND COMPENSATION IN AN EVOLVING LANDSCAPE:

Speakers: Atif Zaman, Jason Tackett, Penny Castellano, Bess Wildman

The discussion highlights critical insights into the recruitment and retention challenges in psychiatry and the University of Chicago's and OHSU's strategic approach to addressing these issues in the broader academic medicine context. Here's a summary:

AAMC Survey Findings: Recruitment and Retention Challenges in Psychiatry

- **Recruitment:** Psychiatry ranks as the **second most difficult branch to recruit for** among medical specialties.
- **Retention:** It is also the **third most difficult specialty to retain professionals**, reflecting ongoing challenges.
- **Contributing Factors:**
 - **Compensation:**
 - **Burnout:** High levels of professional exhaustion due to the emotional demands of the field.
 - Other potential contributors include generational expectations, work-life balance needs, and workforce unionization.

University of Chicago 10-Year Strategic Plan

This comprehensive plan serves as a **roadmap for addressing priorities** while staying aligned with the institution's mission, vision, and values.

1. **Compensation Models:**
 - Designed to be **equitable, market-based**, and tied to **meaningful incentives**.
 - **Academic Rank and Time-in-Rank:** Compensation structures are aligned with these factors to ensure fairness.
 - **Stable Take-Home Pay:** A goal to maintain consistency in financial security for faculty.
2. **Stewardship and Incentive Eligibility:**
 - Incentives require meeting certain **stewardship benchmarks**, including:
 - **Teaching, mentorship, and evaluations.**
 - **Active participation in institutional activities:** committees, faculty meetings, and clinic responsibilities.
 - Demonstrating accountability, such as completing clinical encounters and attending scheduled clinics.

OHSU's Clinician Associates Model:

- A specific track for faculty who are **100% clinically focused**.
- Compensation is structured accordingly, ensuring clarity and alignment with their roles.

“A DATA DRIVEN APPROACH TO IDENTIFY SUCCESSFUL STRATEGIES FOR ADDRESSING FACULTY BURNOUT”

Speakers: Valerie Dandar, Joan Courand, David Gozal, Susan Matulevicius

AAMC StandPoint Survey on Burnout

1. Methodology:

- Collected data from **28 medical schools** between 2021 and 2024.
- Represented **518 distinct departments** across institutions.
- Provided **qualitative and quantitative reports** with **benchmarking** to facilitate comparisons and identify trends.

2. Key Insights:

- Identified "**bright spots**"—departments or institutions with lower burnout rates.
- These exemplars serve as learning opportunities for others to adopt successful strategies.

Wellness Initiatives at UTSW (University of Texas Southwestern Medical Center)

UTSW demonstrates a comprehensive approach to addressing burnout and enhancing faculty well-being.

1. Leadership Commitment:

- Appointment of a **Dean of Faculty Wellness**, signaling the institution's prioritization of well-being.

2. Burnout Reduction Strategies:

- **EMR Optimization:** Streamlined electronic medical records to reduce administrative burden.
- **Enhanced Childcare Options:** Improved access to childcare, supporting work-life balance.
- **Peer Support Programs:** Fostered networks for shared experiences and mutual encouragement.

3. Professional Development and Wellness Programs:

- **Coach Certificate Professional Development Program:**
 - A **10-month program** involving over **60 hours** of in-person and virtual coaching sessions.
 - **CME-Certified Faculty Wellness Retreat:**
 - Full-day events focusing on education, resilience, and well-being.
 - **Wellness Champions:** Faculty members designated to promote and advocate for wellness initiatives within their departments.
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“APPLYING THE CLINICAL EDUCATOR MILESTONES TO PROFESSIONAL TRANSITIONS ACROSS THE CONTINUUM”

Speakers: Kiran Pandit, Janine Shapiro, Deborah Simpson, Shari Whicker

The **ACGME Clinical Educator Milestones** are a framework designed to guide and assess the development of clinical educators in graduate medical education. These milestones provide a structured approach to evaluating teaching and educational skills across a spectrum of proficiency. There are 4 Universal pillars and levels of competency are from Level 1 to Level 5. **This can help with** providing **benchmarks** for educators to identify their current level and areas for growth, supporting **faculty development** programs by offering targeted goals for enhancing teaching and mentoring skills and encouraging a culture of **educational excellence** and continuous improvement in clinical learning environments.