UNIVERSITY OF TOLEDO
Introductory GME Primer Information

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Provost & EVP - University of Toledo
Dean, College of Medicine
JANUARY 14, 2008
NORTHWEST OHIO COMMISSION ON GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Importance of Graduate Medical Education in NW Ohio
NORTHWEST OHIO COMMISSION ON
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Hippocratic Oath

Iuro per Apollinem medicum et Sanitiam et Remediatiam et deos universos et universas, scitores faciens, perficiam secundem possibilitatem et actionem et iudicium meum iuramentum hoc et conscriptionem istam. eum qui docuit me artem hanc introducere inter meos, et communicare in vita, et in quo indiget dationem facere, et genus quod ab ipso fratribus aequale iudicare eligam. et docebo artem hanc eos qui indigent discere absque pretio et conscriptione, et delusione et intemperantia et de reliqua universa disciplina traditionem facer filiis meis et eius qui me docu it et edoctis et temperatis et iuratis legi medicinali, alii autem nulli.
Hippocratic Oath

I swear by Apollo Physician and Asclepius and Hygieia and Panaceia and all the gods and goddesses, making them my witnesses, that I will fulfil according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art - if they desire to learn it - without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.
Importance of Graduate Medical Education in NW Ohio

- Maintenance & Growth of GME Programs
- Maintenance & Growth of UT College of Medicine
- Maintenance & Growth of Health Care Systems
- Maintenance & Growth of NW Ohio Economy
  - Corporate Retention & Attraction
  - Workforce/Family Recruitment & Retention
  - IP Transfer & Commercialization Start-Ups
- Maintenance & Growth of Ohio Economy
- Maintenance & Growth of US Economy
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Importance of Graduate Medical Education in NW Ohio

Ptolemaic Astronomy
Astrolabe
Graduate Medical Education Primer

GOALS OF TODAY’S DISCUSSION

1) To introduce important GME concepts & define the vocabulary
2) To provide a brief overview of how GME is funded & administered
3) To review the historical & current view of GME in northwest Ohio
4) To discuss the University’s strategy to craft our future
Graduate Medical Education (GME)

The period of accredited didactic and clinical education in a medical specialty which follows the completion of an accredited recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education.

http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp
Allopathic Physician

A graduate from an allopathic school of medicine receives an M.D. degree. The system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment. MDs practice allopathic medicine.

Osteopathic Physician

A graduate from an osteopathic school of medicine receives an D.O. degree from an AOA accredited medical school. The system of medical practice founded on the philosophy of holistic treatment of people.

Resident

A licensed physician in an ACGME or AOA accredited graduate medical education specialty program following graduation from an accredited US or international medical school. [Internal Medicine, Surgery, Pediatrics, Obstetrics & Gynecology]

Fellow

A licensed physician in a program of graduate medical education accredited by the ACGME or AOA who has completed the requirements for eligibility for first board certification in the specialty. [Gastroenterology, Neurosurgery, Cardiology]

http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp
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Medical Education Glossary

**AMG-American Medical Graduate**
A graduate from a medical school accredited by the Liaison Committee on Medical Education within the United States or Canada.

**IMG-International Medical Graduate**
A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). IMGs may be citizens of the United States who are elsewhere or more commonly non-citizens who are admitted to the United States by US Immigration authorities.

http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp
Medical Education Glossary

ACGME
The Accreditation Council for Graduate Medical Education accredits teaching institutions (teaching hospitals) and residency training in allopathic programs. It operates through 26 residency review committees, a Transitional Year Committee, and the Institutional Review Committee (IRC). The ACGME approves standards for GME, hears appeals, and other administrative issues.

AOA
Responsible for the accreditation of undergraduate and graduate medical education programs. Founded in 1897 by a group of students from the American School of Osteopathy in Kirksville, MO, the American Osteopathic Association aimed to organize the efforts of individual physicians and colleges to advance the osteopathic medical profession.

LCME
The Liaison Committee on Medical Education accredits programs of medical education leading to the M.D. in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp
http://www.ama-assn.org/ama/pub/category/2376.html
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How is GME funded?

The federal government funds Graduate Medical Education (GME) through the Center for Medicare and Medicaid Services. CMS funds residencies through teaching hospitals in two ways:

- Direct Graduate Medical Payments (DME)
- Indirect Medical Education Payments (IME)

The state government funds Graduate Medical Education (GME) through the Department of Health Medicaid Services. Ohio funds residencies in underserved areas through teaching hospitals in two ways:

- Direct Graduate Medical Payments (DME)
- Indirect Medical Education Payments (IME)

The hospital systems fund Graduate Medical Education (GME) directly.

Direct Graduate Medical Payments (DME)

http://www.amsa.org/pdf/Medicare_GME.pdf
How is GME funded?

The federal government funds GME Direct and Indirect Education dollars through a complex formula based upon Medicare volume and payments, which have been generally fixed historically.

The state funds GME Direct and Indirect Education dollars through a complex formula based upon Medicaid volume and payments, geographic need, and historical precedent.

Current federal and state laws impede hospitals from creating new residency programs by instituting caps on the number of residents per hospital. The caps do not adjust for population growth meaning or rebalancing of physician specialties. The number of funded residency positions are commonly referred to as ‘cap positions’ or ‘slots’ and were fixed in 1996.

http://www.amsa.org/pdf/Medicare_GME.pdf
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How is GME funded?

**DME-Direct Graduate Medical Education Payment**

This is the direct cost of resident training including resident salary, fringe benefits, attending physician compensation, etc. This is known as Medicare’s contribution to the Per Resident Amount (PRA). Typically $45-55K/resident/year.

**IME-Indirect Graduate Medical Education Payment**

This is to cover the indirect costs associated with training residents including ordering more tests, longer patient stays, sicker patient populations, greater technological needs, and to offset the lack of private insurance’s contribution to GME. Typically $0-120K/resident/year.

**Indirect GME Service**

This is the average patient care “replacement for service equivalent”. Typically $165-255K/resident/year.

http://www.amsa.org/pdf/Medicare_GME.pdf
Northwest Ohio Commission

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Regional GME Sites

Promedica Hospitals

Mercy Hospitals

Firelands Hospital

UT Medical Center

St. Luke’s Hospital
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Clinical Medical Education
CURRENT UT AFFILIATION STATUS

EXPANDED

NETWORK

January 2004

January 2008
NORTHWEST OHIO COMMISSION ON GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

How is GME distributed in NW Ohio?

<table>
<thead>
<tr>
<th>Institution</th>
<th>MD</th>
<th>DO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Toledo Medical Center</td>
<td>232.22</td>
<td>0.0</td>
<td>232.22</td>
</tr>
<tr>
<td>Mercy Health Partners</td>
<td>148*</td>
<td>42*</td>
<td>190*</td>
</tr>
<tr>
<td>ProMedica Health System</td>
<td>57*</td>
<td>0*</td>
<td>57*</td>
</tr>
<tr>
<td>Firelands Regional Medical Center</td>
<td>0.0</td>
<td>16.0</td>
<td>16.0</td>
</tr>
<tr>
<td>St. Luke’s Hospital (began in 2007)</td>
<td>4.0</td>
<td>0.0</td>
<td>4.0</td>
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</tbody>
</table>

(*As presented on 1/14/2008)
How is GME funded in NW Ohio?

<table>
<thead>
<tr>
<th>Institution</th>
<th># DME</th>
<th>$ DME</th>
<th>$TOTAL</th>
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<tr>
<td>University of Toledo Medical Center</td>
<td>151.9</td>
<td>$9.3M^</td>
<td>$17.5M^</td>
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<tr>
<td>Mercy Health Partners</td>
<td>174.1</td>
<td>$20.9M*</td>
<td>$32.3M*</td>
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<tr>
<td>ProMedica Health System</td>
<td>57.0*</td>
<td>$6.5M*</td>
<td>$9.7M*</td>
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<tr>
<td>Firelands Regional Medical Center</td>
<td>16.0</td>
<td>$1.5M*</td>
<td>$2.5M*</td>
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<tr>
<td>St. Luke’s Hospital (began in 2007)</td>
<td>4.0</td>
<td>$0.4M*</td>
<td>$0.6M*</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>418.9</td>
<td>$38.6M*</td>
<td>$62.6M*</td>
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(^funding based on 124.4 slots as 22.5 slots are currently aggregated)

(*Estimates)
Regional Health Status, PLI Cases & Overall Comparative Costs

Region
United States
State of Ohio
Lucas County

Regional incidence adults (cases/100K/yr)
State Health Facts & Ohio Department of Health
Regional comparative MI rates

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate</th>
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<tr>
<td>United States</td>
<td>160</td>
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<tr>
<td>State of Ohio</td>
<td>233</td>
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<tr>
<td>Lucas County</td>
<td>270</td>
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</table>

Regional incidence adults (cases/100K/yr)

State Health Facts & Ohio Department of Health
## Regional Comparative Cancer Rates

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate</th>
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<tbody>
<tr>
<td>United States</td>
<td>186</td>
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<tr>
<td>State of Ohio</td>
<td>200</td>
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<tr>
<td>Lucas County</td>
<td>213</td>
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</tbody>
</table>

Regional incidence adults (cases/100K/yr)

State Health Facts & Ohio Department of Health
Regional comparative mortality rates

<table>
<thead>
<tr>
<th>Condition</th>
<th>Ohio</th>
<th>Lucas Co</th>
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<tbody>
<tr>
<td>Infant Mortality</td>
<td>760</td>
<td>810</td>
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<tr>
<td>Neonatal Mortality</td>
<td>250</td>
<td>290</td>
</tr>
<tr>
<td>Vascular Mortality</td>
<td>351</td>
<td>402</td>
</tr>
<tr>
<td>Suicide Mortality</td>
<td>10.7</td>
<td>13.1</td>
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</table>

Regional incidence adults (cases/100K/yr)
State Health Facts & Ohio Department of Health
Ohio Health Care Costs

Ohio Health $$ $665.4 B
  – % OH GSP 16%
  – % US GNP 13%

Ohio State $$ $13.3 B
  – % OH Budget 41%
  – % US Budget 17%

Ohio State Health Care Data Warehouse
State Health Facts & Ohio Department of Health
Ohio Health Care Costs

<table>
<thead>
<tr>
<th>Ohio Health</th>
<th>US State Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal PC Expenditures</td>
<td>#6</td>
</tr>
<tr>
<td>Expenditures / GSP</td>
<td>#8</td>
</tr>
<tr>
<td>State Hosp Exp / Pt Day</td>
<td>#14</td>
</tr>
<tr>
<td>State Health Exp / GSP</td>
<td>#8</td>
</tr>
</tbody>
</table>
Ohio Health PLI Costs

Ohio 2005 PLI Pay Outs  5025

NW Ohio PLI Pay Outs  2613
  26% Higher Average $$ / Case
  55% Higher Payout Likelyhood
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Number of Graduating Seniors at UT COM

[Bar graph showing the number of graduating seniors from 1996 to 2007, with a steady increase over the years.]
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Percent of Students Remaining in Ohio for Residency

Percentages: 60%, 40%, 50%, 20%, 30%, 0%, 10%
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GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Percent of Students Remaining in Lucas County for Residency

Year


0% 5% 10% 15% 20% 22% 20% 18% 17% 16% 14% 14% 16% 11% 8%
Med students get residency matches
Fewer staying here for their training

By JC REINDL
BLADE STAFF WRITER

It was a day to celebrate for the 151 soon-to-be graduates of the University of Toledo medical school, the former Medical College of Ohio.

But for the city of Toledo, and possibly the quality of health care in northwest Ohio for next decade, the future didn't appear too bright yesterday during the university's letter-opening ceremony for Match Day.
The University of Toledo, however, is worried that its medical students aren't sticking around. Only 12 of its 150 medical seniors matched with residency programs in northwestern Ohio. That, combined with the region's aging physician work force, could lead to a physician shortage "of crisis proportions" unless area residency programs are beefed up, a blue-ribbon panel has concluded.
NORTHWEST OHIO COMMISSION ON GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Graduate Medical Education Primer

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4) To discuss the University’s strategy to craft our future
THE UNIVERSITY OF TOLEDO MISSION

The mission of The University of Toledo is to improve the human condition; to advance knowledge through excellence in learning, discovery, and engagement; and to serve as a diverse, student-centered public metropolitan research university.
Discovery, Learning and Communication – Vigorously pursue opportunities to develop and widely share new knowledge and expand the understanding of existing knowledge as well as develop the knowledge, skills and competencies of our students, employees and the community within a culture of lifelong learning.
THE UNIVERSITY OF TOLEDO CORE VALUE VI

Wellness and Healing – Promote the physical and mental well-being of others, including our students, faculty and employees, and to provide the highest level of disease prevention, treatment and healing possible for those in need in the community and around the world.
V. We will be recognized as a transformational force in the ongoing evolution of our regional and national health care system.

The University will pursue the following strategies to attain this goal:

2. Mature our educational, research and clinical relationships with the regional clinical practices and affiliate hospital systems in such that our educational programs are protected and nurtured.

8. Re-engineer and improve the quality, quantity and diversity of graduate medical educational opportunities in our health care system and in the region. We will enhance the recruitment and retention of our graduates into the broad spectrum of our graduate medical education programs. These programs will become exemplars for the accreditation standards in the selected disciplines.
The LCME accreditation process is based upon a self study document and a site visit. The 129 LCME standards are described and quantified a document provided by the LCME titled "Standards and Explanatory Annotations." They are divided into five major categories.

<table>
<thead>
<tr>
<th>Standard (Summary)</th>
<th>Category</th>
<th>Number</th>
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<tbody>
<tr>
<td>Institutional Setting</td>
<td>I</td>
<td>16</td>
</tr>
<tr>
<td>Education for MD</td>
<td>II</td>
<td>49</td>
</tr>
<tr>
<td>Medical Students</td>
<td>III</td>
<td>38</td>
</tr>
<tr>
<td>Medical Faculty</td>
<td>IV</td>
<td>14</td>
</tr>
<tr>
<td>Educational Resources</td>
<td>V</td>
<td>12</td>
</tr>
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</table>
Functions and Structure of a Medical School (June 2007 - LCME)

**B. Structure-General Design.** The program of medical education leading to the M.D. degree must include at least 130 weeks of instruction. The medical faculty must design a curriculum that provides a general professional education, and that prepares students for entry into graduate medical education. The curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students’ ability to use principles and skills wisely in solving problems of health and disease.

*There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline. The LCME must be notified of plans for major modification of the curriculum.*
C. Clinical Teaching Facilities

*The medical school must have, or be assured use of, appropriate resources for the clinical instruction of its medical students.* A hospital or other clinical facility that serves as a major site for medical student education must have appropriate instructional facilities and information resources. *Required clerkships should be conducted in health care settings where resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching the students.*

*There must be written and signed affiliation agreements between the medical school and its clinical affiliates* that define, at a minimum, the responsibilities of each party related to the educational program for medical students. In the relationship between the medical school and its clinical affiliates, the educational program for medical students must remain under the control of the school’s faculty.
Clinical Medical Education

UT STRATEGIC GOALS

- **Goal 1**: Continue to *benchmark and educate the community* on UME and GME related physician work force matters.
- **Goal 2**: Prepare for UT role in the implementation of *legislative commission*.
- **Goal 3**: Enhance *quantity, quality and diversity of all UT UME and GME* clinical teaching programs.
- **Goal 4**: Develop *congruence of mission*, vision & core values of all affiliated teaching hospitals & clinic systems in education.
- **Goal 5**: Develop a four (or more) *hospital system affiliation* agreement for all learners and clinical faculty.
- **Goal 6**: Develop community wide use of clinical teaching resources, *eliminate dependence on any single hospital* & clinic system other than UTMC.
NORTHWEST OHIO COMMISSION ON GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Clinical Medical Education

STRATEGIC GOALS

- Continue to *benchmark and educate the community* on UME and GME related physician work force matters
  - Fully understand regional & national challenges in UME & GME
  - Actively & transparently engage the broader NW Ohio community
  - Publicly share regional status and strategic plan at frequent intervals
  - Develop true & enduring accountability for process & outcomes
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Clinical Medical Education

STRATEGIC GOALS

❖ Prepare for UT role in the implementation of legislative commission:

- Enhance meaningful communication with stakeholders
- Participate openly & actively with US & Ohio legislative processes
- Participate openly & actively with OSMA legislative processes
- Facilitate access to clear and objective UME & GME information
- Facilitate implementation of legislative commission recommendations
NORTHWEST OHIO COMMISSION ON
GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Clinical Medical Education

STRATEGIC GOALS

- Enhance *quantity, quality and diversity of all UT UME and GME* clinical teaching programs:
  - Optimize all existing opportunities to recruit & retain physicians
  - Recognize, reward & enhance excellence in physician educators
  - Work closely with national educators (ACGME, LCME…)
  - Work closely with Academy of Medicine & OSMA processes
  - Update and execute all educational contracts immediately
  - Restore medical education responsibility to the hands of the educators
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GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Clinical Medical Education

STRATEGIC GOALS

- **Goal 1:** Continue to benchmark and educate the community on UME and GME related physician work force matters.
- **Goal 2:** Prepare for UT role in the implementation of legislative amendment.
- **Goal 3:** Enhance quantity, quality and diversity of all UT UME and GME clinical teaching programs.
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NORTHWEST OHIO COMMISSION ON
GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Clinical Medical Education
STRATEGIC GOALS

- Develop *congruence of mission*, vision & core values of all affiliated teaching hospitals & clinic systems in education. :
  
  - Engage affiliates BOT’s, administrations & community leadership
  - Pursue aligned missions, visions & values of affiliates in education
    - Prioritize educational programs in health professions
    - Prioritize retention of Ohio physician graduates
    - Rebalance primary care and specialty care program distribution
    - Separate educational programs from market share competition
    - Strive for educational excellence and specialty diversity
    - Invest in the quality of the programs with facilities and personnel
    - Prioritize faculty development and educational commitment
Clinical Medical Education

STRATEGIC GOALS

- Develop community wide use of clinical teaching resources, *eliminate dependence on any single hospital & clinic system other than UTMC*:
  - Leverage all community clinical resources to address challenges
    - Enhance “steerage” to all faculty and UME/GME programs
    - Link UME to all GME programs as deemed appropriate
    - Facilitate cross coverage and joint recruitment/retention
    - Establish several new residencies under UT-COM management, ie:
      - Dermatology, Ophthalmology, Otolaryngology, Plastic Surgery
    - Add new CMS GME CAP positions where ever possible
    - Partner with well respected national GME leaders
    - Partner with well respected legislators
Crafting the Future

Testimony

Friday, January 25, 2008

Chicago, Illinois

154 GME slots for the community
NORTHWEST OHIO COMMISSION ON GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Proposed 2012 GME Positions

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<th></th>
<th>2007</th>
<th>New</th>
<th>2012</th>
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<tbody>
<tr>
<td>UTMC</td>
<td>152</td>
<td>81</td>
<td>233</td>
</tr>
<tr>
<td>Community</td>
<td>79</td>
<td>49</td>
<td>128</td>
</tr>
<tr>
<td>Total FTE</td>
<td>231</td>
<td>130</td>
<td>361</td>
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Richard A. Cooper, M.D. is a Professor of Medicine and Senior Fellow in the Leonard Davis Institute of Health Economics at the University of Pennsylvania. Following two years on the faculty of the Harvard Medical School, Dr. Cooper became Chief of the Hematology Section in the Department of Medicine of the University of Pennsylvania and subsequently Director of Penn’s Cancer Center, positions he held for 14 years. In 2005, Dr. Cooper returned to Penn in the Leonard Davis Institute. His more recent work in health policy has centered on projecting the future needs for physicians and non-physician clinicians. He has long championed the notion of impending physician shortages and called for remedial actions, positions that most major organizations now support. His recent work has focused on finding solutions to the problem of physician shortages through changes in undergraduate and graduate medical education.
Dr. Michael E. Whitcomb was appointed editor-in-chief of Academic Medicine, the journal of the Association of American Medical Colleges ("AAMC"), in November 2001, and has been instrumental in establishing the journal as one of the finest international publications in the field of medical education.

Until 2006, Dr. Whitcomb simultaneously served as the AAMC's senior vice president for medical education and director of the Division of Medical Education, as well as the director of the AAMC Institute for Improving Medical Education. Throughout his career, Dr. Whitcomb held the position of dean of the schools of medicine at both the University of Missouri-Columbia and the University of Washington, and he established the Center for Health Policy Studies at Ohio State University and served as its first director. Dr. Whitcomb was also a Robert Wood Johnson Health Policy Fellow of the Institute of Medicine.
NORTHWEST OHIO COMMISSION ON
GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE

Special Thanks for Research & Preparation

<table>
<thead>
<tr>
<th>Dr. David Leach</th>
<th>Dr. Lloyd Jacobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michael Whitcomb</td>
<td>Dr. Mary Smith</td>
</tr>
<tr>
<td>Dr. Richard Cooper</td>
<td>Mr. Bryan Pyles</td>
</tr>
<tr>
<td>Dr. Ronald Davis</td>
<td>Ms. Michelle Martinez</td>
</tr>
<tr>
<td>Dr. Walter Reiling</td>
<td>Ms. Nan O’Connor</td>
</tr>
<tr>
<td>Dr. Daryl Kirsch</td>
<td></td>
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<tr>
<td>Dr. Richard Knapp</td>
<td>Mr. Nick Tzitzon</td>
</tr>
<tr>
<td>Dr. Edward Saltzberg</td>
<td>Mr. Andrew Buczek</td>
</tr>
</tbody>
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THANK YOU
“Contraria horum………..primum no nocere.”

Above all….. do no harm.

THANK YOU