The Honorable David Obey, Former Chairman, House Appropriations Committee

* In the next two years the federal budget will decline drastically (revenue vs. appropriations, entitlements vs. discretionary)

* $90 billion will be cut this year

* $13 million cut from NIH budget

* We have not had a balanced budget in 40 years

* We need to increase revenue by 20% or medical funding will continue to be cut

* Politicians do not cross party lines because if they do they get voted out of office

* Medicaid appears to be for poor people who do not vote (so less support by elected officials)
  
  o Annual income for Medicaid recipient is $22,000
  
  o In the past a family member (woman) stayed home to take care of the sick

* David Obey wrote Obama's stimulus plan

* Estate taxes go into Social Security

* It is important to keep Social Security separate from the regular budget so it is less likely to be cut for something else
* Recommendations for communicating with policymakers: Must be aware that policymakers have less time to learn about issues than ever before, which is why votes are usually strictly along party lines. When speaking with a policymaker, we first must know whether we are dealing with a politician who is trying to get reelected along party lines; or one who is curious, interested in the issues, and who enjoys the process of compromise. Think of how to convey the message so policymakers can perform in ways that will get them reappointed. Their attention is fragmented. Must use clear understandable language. Francis Collins knows how to explain complex scientific issues in terms of politics and competing options. Propose things that will save money over time. Congressman Obey's disappointment was that physicians who came to him were primarily interested in reimbursement issues rather than investment in healthcare research. Instead we should talk to policymakers about clear benefits to health care results.

Karen Davis, PhD, Past President, The Commonwealth Fund (www.commonwealthfund.org)

* Founded in 1918 with the charge to enhance the common good

* Current mission is to promote a high-performing health care system that achieves better access, improved quality and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children and elderly adults

Resources


* Their report, Mirror, Mirror on the Wall, documents how, despite having the most costly health system in the world, the U.S. consistently underperforms in healthcare outcomes and performance, relative to other countries. http://www.commonwealthfund.org/Publications/Fund-Reports/2010/Jun/Mirror-Mirror-Update.aspx?page=all

* Their Website, http://whynotthebest.org <http://whynotthebest.org>, enables organizations to compare their healthcare performance against that of peer organizations, against a range of benchmarks, and over time. A regional map shows performance at the county, state, and national levels.

Recommendations for communicating with funders and policymakers

* Foundations want to fund appropriate projects

* You must meet a foundations mission to be funded
* Simple proposals are good
  o No fancy media
  o Include graphs

* Grant proposals
  o Know your audience (mission of the foundation)
  o Connect on common ground
  o Communication only occurs when someone receives your message
  o Don't use jargon
  o Making them understand is your job
  o Research the foundation before you contact them-find their passions

* For policy makers-Show how your research
  o Helps their constituents
  o Gives them stories to tell (i.e. like the State of the Union address, President always has people in audience to illustrate stories)
  o Creates jobs, economic development (ROI)
  o Has applications in everyday life
  o Promotes national leadership
  o Offers statistics with personal stories and examples
  o How can your issues connect with their passions

Concurrent Session: Communicating the Value of Fundamental Research to the Public and Policy Makers

Elizabeth Bass, MPH, Director, Center for Communicating Science and Evonne Kaplan-Liss, MD, MPH, Director of the Advanced Certificate in Health Communications, Stony Brook University
This was an interesting session where researchers were shown how to rewrite scientific research so that the general public or policy makers could understand. They took abstracts submitted earlier by session participants and showed them how to rewrite them in lay language. Speakers would be excellent presenters at any medical school campus. (In reflecting back, the speakers from the next morning [Bradner and Merchant] demonstrated the principles that were taught in this session, bringing these lessons home.)

Leadership Lunch

Valerie Williams, PhD, MPA, Chair, AAMC Board of Directors, University of Oklahoma Health Sciences Center (Marty Thompson at the Bird Library reports to her) and Darrell Kirch, MD, President and CEO of AAMC

On July 1, 2013 the Council of Academic Societies (CAS) will morph into the Council of Faculty and Academic Societies (CFAS pronounced CeeFas). The purpose of the CFAS is to serve as a forum reflecting the diversity of medical school faculties represented in the AAMC. Its members are drawn directly from the faculty rosters of each school as well as the academic professional societies that are populated with faculty from many schools. As such, the CFAS will identify critical issues facing faculty members of medical, provide a voice for faculty about those issues to the AAMC as they relate to creation and implementation of the AAMC's programs, services and policies, and serve as a communications conduit with faculty regarding matters related to the core missions of academic medicine.

CFAS is comprised of faculty members of AAMC member medical schools and academic societies who are AAMC members.

* Medical Schools: Two representatives from each medical school: one faculty member must be within ten years of initial career faculty appointment; the other should be a departmental chair, division chief or institute/center director (or a comparable faculty leader). Medical schools are expected to utilize internal faculty bodies in making appointments to the CFAS.

* Academic Societies: Two representatives from each member society; one representative should be within ten years of initial society membership (or with five years of appointment if a chair of a society.)

* Other: Other representatives may be appointed by the Administrative Board as felt to be consistent with the mission of CFAS.
Representatives shall serve three-year terms, with no more than two consecutive terms. CFAS member duties consist of representation, communication and advocacy. Additionally, member should provide regular reports of CFAS activities and endeavors, especially after formal CFAS meetings back to the academic society, bring faculty interests and concerns back to CFAS and distribute relevant AAMC and CFAS announcements and information to constituency.

Plenary Session: New Resources to Enhance Communication and Productivity

Dr. Jay Brader, Research Scientist and Instructor in Medicine at Harvard and Dana Farber Cancer Institute, spoke about his breakthrough approach for subverting the aggressive behavior of cancer by reprogramming a cell's fundamental identity and open source drug discovery. See: [http://tedxboston.org/speaker/bradner-md](http://tedxboston.org/speaker/bradner-md)

Dr. Raina Merchant, Assistant Professor of Emergency Medicine at the University of Pennsylvania talked about how 911 dispatchers and onsite responders need to know where the automated external defibrillators (AED) are located when someone goes into cardiac arrest. Her project used crowdsourcing, a smartphone app, and teams of volunteers to find and photograph AEDs. They mapped 1,400 AEDs with GPS coordinates. In cases where there is quick response to sudden cardiac arrest, as many as 60% of victims survive, but in general the survival rate is more like 3-7%.

Resources:

* Foldit-Solve puzzles for science ([http://fold.it/portal/](http://fold.it/portal/))
* Eyewire-Play a game to map the brain ([http://eyewire.org/](http://eyewire.org/))
* Galaxy Zoo-Data mining (NASA) ([http://www.galaxyzoo.org/](http://www.galaxyzoo.org/))
* Recaptcha-Free anti-bot service that helps books ([http://www.google.com/recaptcha](http://www.google.com/recaptcha))
* MyHeartMap-Finding AED's ([http://www.med.upenn.edu/myheartmap/#.UUpkF7dj4](http://www.med.upenn.edu/myheartmap/#.UUpkF7dj4))
Either or both of these individuals would be excellent speakers for AAHSL, due to their topics and manner of presentation.

Workshop: Alliance Building and Creative Negotiations: Enhancing Communications to Drive Transformational Change

Monica Heuer, MPP, MBA, Center for Applied Research (CFAR), Philadelphia, PA and Cambridge, MA

CFAR (http://www.cfar.com/html/index.html) is a spin off from the Wharton School of the University of Pennsylvania. It collaborates with faculty, and CFAR personnel teach at the school and hire MBA interns.

Monica presented a workshop to help us reach good outcomes and maintain good relationships. The workshop used a case approach in which one party was trying to sell a rare book, and the other party was trying to buy it. The method helped us understand the pressures the other party might be under, prepare a strategy before the negotiation, and get feedback on our strategy, as well as learn the strategies others used.

One of us (MM) had recently attended the Karrass two-day negotiation workshop, and felt this abbreviated workshop was more relevant to our environment as library directors, while providing the same key strategies. We would recommend this workshop for a possible program at AAHSL.

Second Plenary: Changes in Medical Education and Research Funding: Communicating and Managing the Difficult Choices Ahead

Atul Grover, MD, PHD, Chief Public Policy Officer and Darrell G. Kirch, MD, President and CEO, AAMC

This was an important session in that higher ranking AAMC officers had been unable to attend the previous spring meeting of CAS. This session described the threats to funding streams for academic medicine from national, state and local changes and reductions. Of particular concern was the reduction in funding for graduate medical education and the impact of Medicare cuts on teaching hospitals. (There are more medical students in the pipeline, but predictions are that there will not be enough
residency positions for them by the end of the decade unless there is more federal support.) Essentially they said that it is a waste of time to hope that something will put things back the way they were. Instead, these presentations were clear demonstrations of how we are all in the same boat, with reductions to research, patient reimbursement, education funding, etc.

They talked about the cost of building a new medical school versus expanding an existing school. New schools have some advantages in that they can for example, build common core facilities, rather than fragmented and locally held services. They felt that new schools were a good example of how medical education could reinvent itself. Most (70%) of NIH funding goes to 30% of institutions. Even in CTSA's we do not see innovation. Smaller institutions are lean and mean. When you hold up Hopkins as the model, it leads too many institutions to try to imitate them. Many people are negative about rankings as they distort the priorities and lead us in the wrong direction. Who are the most innovative? New schools; Dukes new campus in Singapore will not take as many fac; and University of Washington with both its research intensity and commitment to rural health.

Possible AAHSL Speakers

1. One of the highlights of the conference was talking with Tony Mazzaschi about his AAMC CAS news feed and the resources he checks to compile it. He might be an interesting speaker for a future AAHSL meeting, if he can get away to join us.

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Below is his personal Website, which is really just a list of his frequently consulted Websites, so he can access them quickly when he is on the road (http://mazzaschi.com/). Still, it helps give us some insight into how he puts together the news and leadership announcements.

2. Monica Heuer and CFAR for negotiation case studies.
3. Drs. Jay Bradner and Raina Merchant - great examples of communicating about research.

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