Dean's Corner e-Newsletter
August 8, 2003

I want to join all faculty, staff, and students in welcoming the TCOM DO class of 2007, and the PA class of 2006. This is always an exciting time as new students begin the trek to their career goals. The formal welcome will take place on August 22, 2003, 3:00 P.M., at Will Rogers Memorial Auditorium with our UNTHSC convocation. The speaker for this event will be M. Roy Schwarz, M.D., President, China Medical Board of New York, Inc., Affiliated Professor at the Department of Biological Structure at University of Washington School of Medicine, and Clinical Professor at the University of California at San Diego School of Medicine. Dr. Schwartz also serves as adjunct professor at the University of North Texas Health Science Center at Fort Worth, School of Public Health.

Yesterday we bid farewell to our Chair of the Department of Psychiatry, Robert Denney, MD who will be retiring this month. Allen Podawiltz, DO will become acting chair, while a national search begins to fill this joint TCOM/John Peter Smith County Hospital position.

On July 7th the DO class of 2005 became the first group to begin inpatient core rotation in pediatrics at Cook Children's Hospital. All reports thus far are a great educational experience!

For all new faculty, students, and staff, this newsletter is a monthly compilation from the Texas College of Osteopathic Medicine. This deals with important activities within TCOM, as well the state of Texas, organized medicine, health policy, and research. Skim through this and read on items of interest…there will be no quizzes!

Once again welcome to all the new members of the TCOM family.

Please supply any pertinent information to my office (deantcom@hsc.unt.edu) by the second Thursday of the month, for inclusion in this Newsletter.

Student Affairs: (Dr. Mitch Forman and Dr. Thomas Moorman)

- We would like to welcome the Medical Classes of 2006 and the Physician Assistant Class of 2006 to campus. They begin classes on Monday, August 4. The Medical Student Class of 2006 will also be returning to begin there second year on that day. Welcome! Welcome! Welcome Back!

- There are 129 Medical and 28 Physician Assistant students enrolled in first year classes for the Fall 2003 Semester.

- Everyone is invited to the Annual Convocation and White Coat Ceremony. We will be welcoming the new Medical, Physician Assistant, Public Health, and Biomedical Science students to our UNTHSC family. The Ceremony will be on August 22 at 3 PM in the Will Rogers' Theater.

- Kick off the new school year at **Ranchland** Sept. 5 from 5-9 p.m. at the Circle R Ranch in Flower Mound. The festivities will be at the Western Pavilion. The festivities include a

myriad of activities such as horseshoes, basketball, volleyball, softball, swimming, karaoke, a playground with arts and crafts for children and much more. A fajita dinner will be served and a cash bar will be available. Directions are available at www.circlerranch.org. New students will receive one free ticket from student development in EAD-116. Faculty, staff, current students and new students needing extra tickets may purchase them for $5 each from the Gift Shoppe, the receptionist desk in the Atrium and student development. Children three and under are free. Tickets must be purchased by 5 p.m. Sept. 3.

- The Division of Student Affairs would like to welcome Dr. Thomas Moorman as the new Executive Director for Student Affairs. Dr. Moorman is not new to the institution, having worked here for the past nine years, first as the Student Development Coordinator, and most recently as Assistant Dean for the School of Public Health. Dr. Moorman holds both a bachelor degree and master degree from Texas A&M University, and a doctorate from the University of North Texas. The next time you find yourself in our area (EAD-240), please take a moment to stop by and welcome him "home" to Student Affairs.

- The Medical Student Government Officers for 2003-2004 are:

    - Janice Thomas, President
    - Patrick Keehan, 1st Vice President
    - Samera Kasim, 2nd Vice President
    - Melinda Wenner, Treasurer
    - Betsy Pearch, Secretary

- The Physician Assistant Student Association Officers for 2003-2004 are:

    - Brittany Fuller, President
    - The election for other offices will take place in August

Clinical Affairs / Faculty Practice: (Dr. Robert Adams)

Associate Dean for Clinical Affairs/Chief Medical Officer

Fiscal Year 2003 is rapidly drawing to a close and planning for 2004 is well underway. This year has been very successful for the clinical practice. A number of new activities have developed during the year which offers great opportunity for the future. The affiliation with Texas Cancer Care and Dialysis Associates to see patients on our campus helps to expand the services we provide and better accommodate our patients and referral providers. We have a significant new contract with JPS to provide oversight and medical care in their new cardiac service line initiative. There are other significant opportunities with JPS that will hopefully become reality during 2004. Also during FY 2003, we have started activities with the VA that will also hopefully expand in the coming months. The establishment of our self-insurance plan has gone smoothly and we're eager to meet the challenges of the next two critical years for this program. Activities, such as these, help us move the group practice forward in its mission of supporting the institution. FY 2003 will also be a successful financial year as we will end the year with a net profit. Given the financial difficulties of FY 2002, this is a tremendous accomplishment to make this turn around in one year. Everyone involved with the clinical activities deserves recognition for the effort that has been made for this to occur.

FY 2004 will undoubted present new challenges and new opportunities. We expect decreases in Medicare and Medicaid reimbursements which will have an impact. The Federal Prison contract will expire and we are waiting to hear if we'll be awarded the contract to continue these services. Although the changes and challenges never stop, we will continue to explore new opportunities for business that hopefully will ease the impact of these realities. Our business services continue to improve and we are prepared to meet the challenges ahead. We have some exceptional new faculty clinicians that have already started or will begin soon. Please take time to welcome them and offer your support as they get started, because they are critical to our future success.

Academic Affairs/Graduate Medical Education: (Dr. Don Peska)

Associate Dean for Academic Affairs

Raising the Bar for Clinical Education. The members of the class of 2004 have completed their third year clerkships under the new grading guidelines established by the Dean's office. As in the pas, all students are required to complete the subject (Shelf) examinations published by the National Board of Medical Examiners at the completion of each core rotation. This year those guidelines raised the value of their performance on that test to 25% of their final grade. The outcome: across the board improvement in student performance. These exams closely follow the format used by USMLE and now being emulated by COMLEX. While we continue to strive for improvement there are several factors that contribute to this better showing. They can be best summarized by saying that the faculty and students are reaching a sense of partnership whereby each has challenged the other to increase participation in the educational process. The bar for clinical education has been raised….for everyone.

Medical Education: (Michael Martin, Ph.D.)

Acting Associate Dean for Medical Education

= No Input =

Clinical Research: (Dr. Michael Clearfield)

Associate Dean for Clinical Research

We are completing a very successful year in research. I will be summarizing the year in the September newsletter and I would appreciate if you can send me any area you would like to be included in the year end summary.

A new policy for clinical trials is being initiated and I will detail this in the August newsletter. Congratulations to Dr. Stephen Weis for an extension on his TB epidemiology grant with 2 other grants pending.

I have received several nominations for the keynote speaker for next year's Research Appreciation Day. The cut-off for nominees is August 1 so if you have anyone you would like to nominate please let me know.

PA Studies: (from PA Hank Lemke)

New PA Class Will Soon Arrive

The PA class of 2006 has arrived on campus. This class consists of 28 students from 425 applications received. 109 candidates were interviewed by PA and departmental faculty. Graduates of the PA program also helped interview candidates. For the first time this year, the Admissions Committee implemented rolling admissions, which allowed candidates who applied early to receive early interviews and offers. Candidates were selected based on recommendations by the PA Studies Admission Committee

members. Offers were made until the class was filled. The new system has worked well and will continue in the next application cycle.

The profile of the incoming class looks like this:
Average overall GPA: 3.52
Average science GPA: 3.46
Average science hours: 70
Average age: 28
Females: 19; Males: 9
Ethnicity: 2 Hispanics; 26 Whites

The incoming class consists of all Texas residents. More than 80% of the admitted students have Bachelor's degrees. The remaining students have Master's, Doctoral or no degrees. In line with the national data, the most popular undergraduate major is biology. The top feeder school this year is Texas A&M University. We are fortunate to have a large number of students from pre-physician assistant societies, including several officers.

NEW PA Curriculum Is Approved
The Dean has approved the new PA curriculum which will sharply reduce the number of shared classes with the D.O. students beginning this Fall. The first PA class to be affected by the new curriculum is the PA Class of 2005. PA program and medical school faculty are committed to maintaining the high quality of education these students receive. Many thanks go to the Departments of Pathology and Molecular Biology& Immunology, which have already committed valuable resources to teaching in the new Introduction to Disease course, the first in a series of new courses developed (and being developed) for the PA students. Several other departments have pledged further support for the new curriculum as well, which will draw upon faculty resources from Departments Family Medicine, Medicine, Surgery, Radiology, Pediatrics and Pharmacology. PA students will continue to share the Fundamentals of Behavior course and portions of the Clinical Therapeutics course with the medical students in the Fall.

TOMA: (Dr. Terry Boucher)

September 13th Vote May Decide the Future of Medicine in Texas

The time has come for a call to arms. This call is for a battle that must be fought on many fronts. In doing so, we must also acknowledge those osteopathic allies who have fought many of the previous battles with us. Our adversaries - who include the powerful state trial lawyers, AARP, and multiple citizen advocacy groups - are well funded and ready to fight. I am sure many of you have already seen their early mailings under the title "Save Our Texas Courts" logo. The good news is we do not need reinforcements, we already have the numbers. These numbers, known as voters/patients, must be inducted to participate in one of the most important elections for the Texas medical profession's livelihood.

As you know, during the most recent session of the Texas Legislation, the meaningful tort reform bill, HB4, was passed and signed by Governor Rick Perry. This is the all important, non-economic, damage cap of $250,000 for physicians per claimant. Although, the original bill by State Representative Joe Nixon was compromised to an additional $250,000 cap for two other distinct entities for a total possible cap of $750,000 per claimant, we cannot expect immediate, professional liability insurance premium relief. Therefore, the major problem remains patient access to medical care in Texas. Patient access will still be compromised despite the passage of this monumental legislation. As with previous tort reform attempts within the state of Texas, it is without question that this piece of legislation will be legally challenged frequently and consistently. The few malpractice insurance carriers that remain in our state, which recently was seventeen is now four, will not reduce our premiums until they see whether this

current legislation withstands legal and Texas Constitution challenge. The fastest, safest and best way to avert these legal challenges is through an amendment to the Texas Constitution. All of the citizens of Texas have the opportunity to participate in this special election September 13, 2003. The constitutional amendment that allows our legislators to set economic caps is Proposition 12. This election will include votes on twenty-two amendments to the Texas Constitution. Since this is an election that has little else on the ballot, there are no presidential, federal or other state elections, the turn out promises to be low. With a low turnout, it is imperative that the medical professions turn out in force to vote in favor of Proposition 12 on September 13. As with all other elections in the state of Texas, registration is essential and must be completed by August 14, 2003. Early voting is available, August 27 – September 9, 2003, for those who are unable to vote on September 13th or wish to vote early. Our call to arms as a profession is to ensure victory on this most important issue by getting as many of our colleagues, friends, family, nurses, clinical staff and all of those involved with the delivery of healthcare in the state of Texas out to vote for this essential Proposition 12. *By: Monte Troutman, D.O.*

Science and Health News:

Medicare drug benefit faces major hurdles - House and Senate bills may not be reconciled as 2004 election nears. By Lawrence M. O'Rourke -- Sacramento Bee Washington Bureau

July 14, 2003 WASHINGTON -- Millions of Americans whose hopes were raised by the White House and Congress over adding a prescription drug benefit to Medicare in 2006 may be in for a disappointment, members of Congress say. While both Republicans and Democrats insist that a Medicare deal remains possible this year or early next, they acknowledge that major, perhaps insurmountable, hurdles stand in the way. "There's a growing feeling on Capitol Hill that this thing can't come together," said Rep. Robert Matsui, D-Sacramento, chairman of the Democratic Congressional Campaign Committee. “There’s been a lot of talk among members this week that we may not be able to get it done this year," Matsui said. "But if it goes over into next year, it will become stale, a very big issue on the campaign. And it will be a real disappointment to millions of people who counted on it. “The brawling has already begun. On Friday night, Matsui's committee launched a wave of televised attacks against eight Republicans in swing districts from New Hampshire to New Mexico, saying their support for the GOP-backed House version of the Medicare drug plan -- which passed by a single vote -- ignores seniors' needs. Meanwhile, congressional leaders are forming a conference committee in an effort to reach a consensus on the House and Senate bills. But the magnitude of the task has already delayed the expected completion of the work to September or later, instead of late July, as the Bush administration had hoped. Both conservatives and liberals are drawing hard lines that could block a deal and turn Medicare and prescription drugs into a high-priority issue in the 2004 campaign. Political analysts say Republicans probably would score big political points with millions of voters if they succeeded in winning approval of a prescription drug plan, even though it would not start until 2006. The Clinton administration's failure to pass a health care plan a decade ago gave the GOP political ammunition that helped them win control of Congress in 1994.Now Republicans have the chance to show that with control of the White House and both houses of Congress they can establish a prescription drug program for millions of senior citizens. Failure to pass a Medicare bill would be a "big problem for the party," said Sen. Rick Santorum of Pennsylvania, chairman of the Senate Republican Conference. The Senate and House bills have significant similarities, often overlooked in the debate over the most contentious provisions. Both are estimated to cost $400 billion over 10 years. Both rely on private insurance companies to deliver drug benefits under Medicare, starting in 2006. Both call for drug discount cards, to help the elderly in 2004 and 2005. And both increase Medicare payments to doctors and hospitals in rural areas. But the timing of the negotiations thrusts the issue into the political arena. Senate Finance Committee Chairman Charles Grassley, R-Iowa, said Congress needs to move quickly to cut a deal to prevent Medicare and prescription drugs from becoming a political hot potato in the campaign that will begin to heat up this fall. However, Senate Majority Leader Bill Frist, R-Tenn., conceded that a quick deal probably isn't in the cards. The finger-pointing has already begun, with Democrats attacking Republicans for trying to enact a Medicare overhaul bill that would force Medicare

beneficiaries to abandon the 38-year-old government system and switch to a private plan for health and drug insurance. “The bill cannot give seniors false choices that coerce them into leaving conventional Medicare to enroll in HMOs and private plans," said Sen. Edward M. Kennedy of Massachusetts, a leading Democratic voice on health issues. In a letter to President Bush signed by 36 other Democratic senators, Kennedy said: "We will oppose a conference report that forces seniors to choose between giving up their doctor or facing higher premiums to stay in the current Medicare program.” But House Majority Leader Tom DeLay, R-Texas, intends to lead the fight for a bill that would use a prescription drug benefit as a sweetener to encourage senior citizens to switch from traditional Medicare to private drug and health insurance plans, including health maintenance organizations. DeLay contends that the competition would drive down costs. Unless Democrats accept the reality that Medicare is in fiscal trouble, the program is in danger of collapse, Republicans assert. “In 2012, only nine years from now, the hospital insurance account will not bring in enough money to cover its expenses, and it will be exhausted by 2026," said Rep. Sue Myrick, R-N.C., chairwoman of the Republican Study Committee. “With the baby boom generation on the brink of retirement, we are told by everyone that Medicare will face serious fiscal challenges," said Rep. Bill Thomas, R-Bakersfield, the House Ways and Means Committee chairman. Members of Congress believe the impasse will be broken only if Bush steps in and prevails upon conservative Republicans to agree to a deal acceptable to Senate Democrats. Despite the threat by Democrats to filibuster any bill they find unacceptable, Kennedy and Senate Democratic leader Tom Daschle of South Dakota did apparently yield to House Republicans on one contentious issue: means testing of benefits. While Kennedy said he personally opposes means testing, he acknowledged that a majority of senators now are ready to vote for legislation that would have affluent people pay more out of pocket for a Medicare drug benefit than poorer people. If this provision becomes law as part of a Medicare prescription drug plan, it would be the first time that an outright means test was adopted as part of Medicare and Social Security, according to analysts of the two giant entitlement programs. But while appearing to yield on a means test, Kennedy and Daschle drew a firm line against the proposal of Bush and conservative Republicans that the Medicare prescription drug plan be used to encourage beneficiaries to leave the government system and switch to a private plan.” We will not support any change that would effectively intimidate or coerce our seniors who are in Medicare to leave Medicare," Kennedy said. “He said that such coercion would violate the right of patients to "have a personal relationship with their doctor. We want that right preserved," said Kennedy, making it clear he was speaking for at least 40 Senate Democrats, enough to block any Medicare prescription drug bill they oppose. Some analysts said that the Senate-House conference might tack onto the bill a provision pushed by Sens. Dianne Feinstein, D-Calif., and Don Nickles, R-Okla., that would have seniors with higher incomes pay a larger share of the cost of their Medicare Part B hospital insurance premiums. “Medicare reform must not include means testing the Part B premium," said Barbara B. Kennelly, president of the National Committee to Preserve Social Security and Medicare. "This would be administratively burdensome, raise little revenue, be grossly unfair to those impacted and severely undermine Medicare's universal equity."

Health Policy News:

Medicare Outlier Threshold Reduced

The Centers for Medicare and Medicaid Services (CMS) Aug. 1 published in the Federal Register the final fiscal year (FY) 2004 Medicare inpatient PPS rule, lowering the outlier threshold to $31,000 which is lower that the current (FY 2003) level of $33,560 and significantly lower than the level in the proposed rule of $50,645. In a related development, a bipartisan group of 21 Senators, led by Olympia Snowe (R-Maine) and Jeff Bingaman (D-N.M.), July 25 wrote a letter to CMS Administrator Tom Scully citing the "devastating impact" the proposed change would have had "on hospitals across America."

National Academies Weighs in on NIH Organization

A joint committee of the National Academies' Institute of Medicine and National Research Council July 29 released its congressionally mandated report, enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges. The committee, chaired by Dr. Harold Shapiro of Princeton University, recommends few changes to the organizational chart of the NIH itself, but focuses rather on reforms to improve NIH management and responsiveness to 21st century biomedical science, which is seen as dynamic, complex, and increasingly interdisciplinary. In particular, the committee recommends strengthening the role of the NIH Director and advisors, and fostering new initiatives for trans-NIH research.

House Approves FY 2004 VA-HUD Appropriations

The House of Representatives July 25 approved its version of the FY 2004 VA-HUD and Independent Agencies appropriations bill (H.R. 2861), providing a 2.7 percent increase for Department of Veterans Affairs (VA) research program, a 6.2 percent increase for VA Medical Care, and a 6.2 percent increase for the National Science Foundation (NSF). The Senate VA-HUD Subcommittee has yet to mark up its version of the bill.

GAO Releases Report on Rising Malpractice Premiums

The General Accounting Office (GAO) July 28 released a report (GAO-03-702) that identifies "losses on medical malpractice claims" as the primary force behind the recent and dramatic increases in malpractice insurance premiums.

CMS Stands Firm on Implementation of HIPAA Transactions Rule Date

The Centers for Medicare and Medicaid Services (CMS) July 24 stated that it did not have the statutory authority to delay the date for compliance with the transactions and code set (TCS) rules, although they did state that there would be some leeway in the enforcement.

NIH Establishes Steering Committee to Streamline Decision Making

National Institutes of Health (NIH) Director Elias Zerhouni, M.D., July 25 announced the formation of a steering committee made up of 10 directors representing the 27 institutes and centers at NIH to give "crisp strategic direction" to the agency and streamline the decision making process.

House, Senate Medicare Bills Both Exceed $400B Limit, According to New CBO Estimate
Washington Post http://www.kaisernetwork.org/firstedition/wed/1
Kaiser Daily Health Policy Report

Drug Ads Pressuring Doctors To Prescribe Certain Medications, AMA Official Says Hartford Courant
http://www.kaisernetwork.org/firstedition/wed/2
Kaiser Daily Health Policy Report

Doctors Need Incentives To Embrace Technology

Doctors are the last line of resistance in the battle to bring health care into the information age. But with the right incentives, physicians could quickly become technology's strongest allies.

As health care gears up to modernize its archaic paper systems with new information technology, gaining acceptance from doctors is the "the single largest hurdle," according to a report due out next week from Deloitte Research, "Clinical Transformation: Cross-Industry Lessons For Health Care."

The report's author, health-care economist Ruth Given, joins a growing chorus of health-care experts calling for a complete overhaul in the way hospitals and doctors are compensated and rewarded. The goal is to make it worth doctors' while to join the technology bandwagon so they can help cut errors and improve quality of care.

The report illustrates myriad ways that health care can draw on the experiences of other service industries such as banking, airlines and retailing in using information technology. But it also makes it clear that because of the way medicine is structured, solutions that have worked elsewhere might not transfer easily to health care.

Physicians aren't like employees at banks or airlines, who must implement technology their company has paid for, Ms. Given points out. Rather, physicians are often independent agents, who are under no obligation to adopt technology just because a hospital where they have admitting privileges wants them to.

It isn't that doctors are technophobes. By contrast, experts argue, many doctors are more than amenable to electronic medical records, computerized order-entry systems and clinical decision-support tools that offer them medical information at the point of care. But they need financial aid, user-friendly systems and more support from hospital executives.

WHAT WILL IT TAKE? "Most doctors don't have a vested interest in directly improving hospital efficiency," Ms. Given notes. Once doctors' interests are more closely aligned with the health-care systems in which they work, they will more readily embrace technology, she adds.

Her proposals for overcoming doctor resistance include financial rewards to hospitals such as special bonuses and extra payments for adopting technology that improves patient safety, including tools and procedures recommended. Any changes with dollars attached could be a big help. Doctors argue that they need real financial incentives to participate in technology initiatives, such as higher compensation from employer health plans if they spend money from their own pocket on electronic medical records.

"Physicians, unlike nearly all other professionals, are not paid for their time on the phone or in any other forms of client service, aside from face-to-face patient visits," notes Ed Fotsch, president of Medem, the for-profit online physician network of the American Medical Association and other medical societies. The 90,000 doctors in Medem's network can offer secure online consultation services to patients, though charging for such consultations has yet to be widely accepted.

"The problem with physicians and technology now is that doctors are being squeezed every which way," adds Dr. Joseph Leapfrog Group, an employer coalition. Once hospitals are paid more to improve quality, she adds, "more of that needs to flow through immediately to the MDs" to get them to accept things such as computerized order-entry systems.

The report also urges hospitals to invest only in technology systems "that are easy to learn, that mesh well with the physician's natural workflow, that allow timely access to the exact information he or she wants, and that show benefits in terms of real-time savings, providing more time to see patients."

Hospitals also have to reduce physicians' "time costs" by providing support and technical help to aid with the transition to new technology, and offer doctors perks they value, such as access to hand-held online drug-reference data bases that eliminate the need to check clunky reference books.

The report also recommends putting more training resources in place for nurses, who, unlike physicians, "generally understand the potential benefits of new technology immediately and, with proper support, are much more likely to promote, rather than resist, adoption." More information on the report is expected to be available through the Deloitte Consulting Web site2.

Heyman, an Amesbury, Mass., OB/GYN who serves on the board of the AMA. "We are very eager to promote technology but our biggest concern is unfunded mandates. We want to avoid a situation where doctors spend lots of money on technology and have no way to be reimbursed for their expenses." He adds, "Physicians aren't in the way -- most of them would embrace technology in a moment if there was a simple way for them to obtain it."

A number of recent developments could make the transition to information systems more attractive for doctors. Last week, Health and Human Services Secretary Tommy Thompson announced plans for building a national electronic system that would keep track of patients' medical records, allowing insurance companies, hospitals and doctors to access them when necessary. The plan includes the adoption of a standard electronic medical vocabulary that would, for the first time, let different hospital systems and doctors' offices talk to each other, something that isn't possible now.

Mr. Thompson also announced that the Institute of Medicine is developing a standardized health record, which HHS plans to make available free to medical professionals. Another group sponsored by the Markle Foundation, Connecting for Health, is also working on standards and other incentives to make electronic records widely available and easy to use for doctors.

Doctors could also benefit from plans to move forward with the National Health Information Infrastructure (NHII), a long-in-the works effort to develop a national system to exchange public-health data. Last week, about 1,000 health-care technology experts met in Washington to make recommendations for the plan, which would use information-technology systems to help detect bioterrorism and other health threats, and make the nation's health-care system more efficient.

Among the recommendations is a government program of loans to health-care institutions so that they can make needed investments in technology, including demonstration projects for electronic health records in outpatient clinics and doctors' offices.

But much remains to be done. Efforts to move forward with electronic medical records need to be coordinated better, and there is a growing call for federal subsidies to encourage more rapid adoption of technology by health-care providers.

"This really will be an effort of substantial magnitude, a moon shot, and we don't yet have commitment of the level of resources to accomplish what needs to happen," says David Bates, Chief of the Division of General Medicine at Boston's Brigham and Women's Hospital, who attended the NHII meeting. But Dr. Bates, who has published numerous studies on the impact of technology on health care, says he has never been more encouraged about the prospects for technology adoption, which "could take us a long way in the direction we need to go."

House, Senate Medicare Bills Both Exceed $400B Limit, According to New CBO Estimate – Washington Post http://www.kaisernetwork.org/firstedition/wed/1 Kaiser Daily Health Policy Report

Drug Ads Pressuring Doctors To Prescribe Certain Medications, AMA Official Says - Hartford Courant
http://www.kaisernetwork.org/firstedition/wed/2 Kaiser Daily Health Policy Report

House Approves HHS Spending Bill

The House of Representatives July 10 approved its version of the FY 2004 Labor, Health and Human Services, and Education and Related Agencies appropriations bill (H.R. 2660) by a vote of 215-208. The bill includes a 2.5 percent increase for the NIH and a 9.7 percent cut for the Title VII health professions programs.

Debate Halted on Malpractice Reforms

The Republican-supported medical liability reform bill, the "Patients First Act" (S. 11), was pulled from consideration on the Senate floor after a July 9 vote to invoke cloture and avert a likely Democratic filibuster failed. The Patients First Act had been introduced by Sen. John Ensign (R-Nev.) shortly after the July 4 recess. The Ensign bill contained the same reforms outlined in the AAMC-supported, House-passed "HEALTH Act" (H.R. 5).

Senate Names Medicare Conferees; Senate Democrats Outline Concerns

With Congress's return from the Fourth of July recess, the Senate named its conferees to the Medicare prescription drug legislation. At the same time, Senate Democrats have begun to stake out their position that the final conference agreement not deviate from key aspects of the Senate-passed proposal.

ACGME Resident Duty Hours Requirements Take Effect

The Accreditation Council for Graduate Medical Education (ACGME) board June 24 approved the final details of the duty hours requirements that went into effect July 1, 2003. Each Residency Review Committee (RRC) is permitted to develop its own language to supplement the language of the common program requirements in three areas: six hours post call, definition of new patient, and exceptions to 80 hours. Each RRC will post its requirements on its web site.

NIH Discusses "Post-Doc" Training and Other Issues

The NIH is reexamining issues relating to the support and career development of post-doctoral trainees, one of several issues discussed by the NIH Advisory Council to the Director (ACD) at its meeting on June 30. Dr. Ruth Kirschstein, Senior Advisor to NIH Director Elias Zerhouni, described the creation of an ACD working group to collect and examine information on the career development of new biomedical scientists, including the length of time spent in post-doctoral training.

Medicare Conferees Hold First Meeting

The House and Senate conferees to the Medicare prescription drug legislation held their first meeting July 15. The meeting was reportedly devoted to conferees' opening statements and discussion on process and timing.

House VA-HUD Appropriations Subcommittee Approves FY 2004 Spending Bill

The House VA-HUD Appropriations Subcommittee July 15 approved its version of the FY 2004 VA-HUD spending bill, including a 2.7 percent increase for the Department of Veterans Affairs (VA) research program, and a 6.2 percent increase for the National Science Foundation (NSF).

Administration Projects Record Deficits

In its annual mid-session budget review released July 15, the Office of Management and Budget (OMB) estimate the federal budget deficit will reach a record $455 billion in FY 2003, an increase of nearly 50 percent over the Administration's $304 billion deficit estimate in February. The OMB report cites "weaker-than-anticipated" economic growth, the costs of military action and reconstruction in Iraq, and increased spending associated with a more costly economic stimulus package and other legislation passed this year as factors contributing to the increased deficit projection.

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of August 1, 2003
<http://grants.nih.gov/grants/guide/2003/03.08.01/index.html>

NOTICES

CLARIFICATION FOR - INTEGRATED PRECLINICAL/CLINICAL PROGRAM FOR TOPICAL MICROBICIDES (PAR-03-137) (NOT-AI-03-051) National Institute of Allergy and Infectious Diseases
INDEX: ALLERGY, INFECTIOUS DISEASES
<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-03-051.html>

ADDENDUM TO NIDA NEUROPROTEOMICS RESEARCH CENTERS (NIDA NPRCs) RFA-DA-04-004 (NOT-DA-03-006) National Institute on Drug Abuse INDEX: DRUG ABUSE
<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-03-006.html>

REQUESTS FOR APPLICATIONS

NATIONAL ALCOHOL SCREENING DAY ACADEMIC EMERGENCY MEDICINE DEPARTMENT COLLABORATION (RFA-AA-04-001)
National Institute on Alcohol Abuse and Alcoholism Centers for Disease Control and Prevention Substance Abuse and Mental Health Services Administration
INDEX: ALCOHOL ABUSE, ALCOHOLISM; DISEASE CONTROL, PREVENTION; SUBSTANCE ABUSE, MENTAL HEALTH SERVICES
<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-04-001.html>

ACADEMIC PUBLIC PRIVATE PARTNERSHIP PROGRAM (AP4) PLANNING GRANT (RFA-CA-04-005) National Cancer Institute INDEX: CANCER
<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-04-005.html>

THE SALIVARY PROTEOME: CATALOGUE OF SALIVARY SECRETORY COMPONENTS (RFA-DE-04-007) National Institute of Dental and Craniofacial Research
INDEX: DENTAL, CRANIOFACIAL RESEARCH
<http://grants.nih.gov/grants/guide/rfa-files/RFA-DE-04-007.html>

INNOVATIVE TECHNOLOGIES FOR PEDIATRIC CRITICAL CARE AND REHABILITATION (SBIR/STTR) (RFA-HD-03-014) National Institute of Child Health and Human Development
INDEX: CHILD HEALTH, HUMAN DEVELOPMENT
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-03-014.html>

OBSTETRIC-FETAL PHARMACOLOGY RESEARCH UNITS (RFA-HD-03-017)
National Institute of Child Health and Human Development
INDEX: CHILD HEALTH, HUMAN DEVELOPMENT
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-03-017.html>

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National Heart, Lung, and Blood Institute
National Institute for Biomedical Imaging and Bioengineering
Institute of Circulatory and Respiratory Health (ICRH), Canadian Institutes of Health Research
INDEX: HEART, LUNG, BLOOD; BIOMEDICAL IMAGING, BIOENGINEERING; CIRCULATORY, RESPIRATORY HEALTH, CANADIAN INSTITUTES HEALTH RESEARCH
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National Institute of Neurological Disorders and Stroke
National Institute on Deafness and Other Communication Disorders
National Institute of Child Health and Human Development
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National Heart, Lung, and Blood Institute
National Institute of Neurological Disorders and Stroke
Institute of Circulatory and Respiratory Health, Canadian Institutes of Health
Research
INDEX: HEART, LUNG, BLOOD; NEUROLOGICAL DISORDERS, STROKE; CIRCULATORY, RESPIRATORY HEALTH, CANADIAN INSTITUTES OF HEALTH RESEARCH
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National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Aging
National Cancer Institute
INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES; AGING; CANCER
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National Institute of Dental and Craniofacial Research
National Institute of Diabetes, Digestive and Kidney Diseases
INDEX: AGING; CANCER; DEAFNESS, OTHER COMMUNICATION DISORDERS; DENTAL, CRANIOFACIAL RESEARCH; DIABETES, DIGESTIVE, KIDNEY DISEASES
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National Institute on Aging
National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Cancer Institute
National Institute of Child Health and Human Development
National Institute of Dental and Craniofacial Research
National Institute on Drug Abuse
National Institute of Mental Health
National Institute of Neurological Disorders and Stroke
National Center for Complementary and Alternative Medicine
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Quotes

"When one door closes, another opens; but we often look so long and so regretfully upon the closed door that we do not see the one which has opened for us."
Alexander Graham Bell, Inventor

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