Hospitals offer Medicaid deal

BY LYNN BONNER - Staff writer

North Carolina hospitals want to set up a program that they say would add $43 million to state coffers and bring in as much as $350 million in federal money for hospital care for Medicaid and uninsured patients.

The proposal is basically an accounting maneuver that has the hospitals using their own money to get extra Medicaid funds from the federal government.

Hospitals would pay the state a percentage of their cost to treat patients, aiming for a total of about $216 million. The state would keep $43 million of the money hospitals pay, and return the rest to them, along with federal matching money. The federal government spends a little more than $2 for every $1 the state spends, so if the state sends $173 million back to the hospitals, the hospitals would get more than $350 million in additional federal money.

The state's private hospitals say that they need to do this because they receive a smaller share of Medicaid reimbursements than public hospitals do for treating the poor. As health care costs have risen, they say it's hurting their bottom line.

"This makes sure all hospitals get paid the same," said N.C. Hospital Association lobbyist Hugh Tilson.

Sen. Pete Brunstetter, a Republican from Winston-Salem and a chief budget writer, is sponsoring the bill that would set up the assessment system that would allow the state to tap into the federal money.

The state should maximize its federal payments, Brunstetter said, because costs increase for private payers when hospitals lose money treating Medicaid patients.

"It doesn't make sense to leave that money," he said. The plan would need approval from the federal office that administers Medicaid. While the
proposal looks like an accounting trick, other states, including Ohio and Illinois, have similar programs.

State-owned and state-operated hospitals, long-term care hospitals and some other speciality hospitals would not pay the assessment. Twenty-three small rural hospitals would not have to pay the assessment, but would be eligible for the extra federal money, said Don Dalton, spokesman for the hospital association.

UNC Hospitals support the proposal, though they would not participate, said spokeswoman Karen McCall.

UNC Hospitals and East Carolina University are part of a separate Medicaid-enhancement deal worked out with state officials that brings in more money for state-owned hospitals and their doctors.

WakeMed CEO Bill Atkinson objected to the state's arrangement with UNC, saying it would give the university hospitals an unfair financial advantage. The hospital association proposal for private hospitals is not a response to the state's arrangement with UNC and ECU, Dalton said.

lynn.bonner@newsobserver.com or 919-829-4821
Letter to the Editor:

**Cornerstone at ECU**

Your Jan. 28 article about East Carolina University's efforts with Operation Re-Entry was right on track. Thank you for recognizing this very important program.

As you noted in another recent article about ECU's Brody School of Medicine, East Carolina has a record of service to the community and to the citizens of North Carolina. The motto of East Carolina is To Serve. This service is the cornerstone of education at ECU.

We all recognize the sacrifices that are made by our men and women serving in the military. At ECU, the students and faculty are finding ways to help these folks who have given us so much. We are also aware that North Carolina has a very important military presence with a huge economic impact. East Carolina's work with our military supports our North Carolina economy.

I sincerely hope that our General Assembly will see the valuable impact that ECU has on the lives of our citizens, like those in the military, and continue to support this great institution. I am proud of what East Carolina has accomplished and I am excited about the potential for service that exists within the university.

Carl Davis
Chairman
ECU Alumni Association
Raleigh
State superintendent: More work to do

By Jackie Drake
The Daily Reflector
Tuesday, February 8, 2011

North Carolina's top education official said Monday that improving the state's graduation rates will depend on having essential standards in place along with appropriate assessment and accountability.

“The Common Core is really part of a big journey for us to be able to personalize education,” June Atkinson, state superintendent of public instruction, said at a gathering of educators in Greenville. “And it is critical that we have the essential standards, that we change our assessment and accountability, so that all of us can rejoice next year and the year after that our graduation rate far exceeds 74.2 percent.”

Atkinson was the keynote speaker at the 29th annual Mary Lois Staton Reading and Language Arts Conference held at the Murphy Center of East Carolina University.

Addressing elementary, middle and high school teachers as well as administrators and instructional coaches from throughout the state, Atkinson gave an overview of the Common Core State Standards that North Carolina and 46 other states are in the process of adopting and implementing by 2012-13.

Atkinson said last year's state graduation rate of 74.2 percent is the highest it has been since such statistics have been tracked, but “we've got a lot of work to do.”

She compared the standards to a GPS guiding students and teachers through multiple delivery formats both virtual and face to face.
How many of you would have benefitted from being able to press replay for your teacher's lectures?” Atkinson asked.

Using the example of the Pony Express, an innovation rendered obsolete by the telegraph in just 18 months, Atkinson emphasized the need for schools to adapt to stay relevant to the modern world.

“Our challenge as educators is to do a great job in the classroom every single day while keeping our eyes on what the future will hold,” Atkinson said.

Sponsored by the Department of Curriculum and Instruction in the College of Education, this year's conference theme was literacy standards for the 21st century. Several workshop sessions were held in addition to Atkinson's speech.

As state superintendent, Atkinson heads the Department of Public Instruction and oversees more than 1.4 million students in approximately 2,300 public schools.

She grew up in Virginia, attending public schools and college there before earning her doctorate at N.C. State University.

She taught high school in Virginia and Charlotte, where helping her students find and prepare for meaningful employment laid a foundation for her work as state superintendent.

The late Mary Lois Staton, who died in 2002, was a professor of education at ECU for 27 years. She founded the conference to provide educators an opportunity for ongoing professional education.

Contact Jackie Drake at jdrake@reflector.com or (252) 329-9567.
Editorial:

**Seed corn**

North Carolina's splendid community college system is the third largest in the United States, and in 2008-09 enrolled 850,000 people in classes. It is the key to job training, and to retraining, which is what many of those new students, having lost jobs, are doing. The system was even singled out (via Forsyth Tech) in President Obama's recent State of the Union address.

But there is a fear that with the state facing a $3.7 billion budget shortfall, the knife will fall and fall hard on the system, which has an open-door admissions policy and which has for years been putting a bigger teaching load on instructors. The community colleges, though they can make an excellent case for being protected from the largest budget cuts, generally lack the lobbying and political clout of schools in the University of North Carolina system.

To slice and dice the 58 community colleges would be akin to the General Assembly cutting off its nose to spite its face. If a goal of government in these hard times of high unemployment is to put people back to work, then the community colleges can lead the way toward that goal.

It's obvious that the schools will have to raise tuition, though it still will be a bargain considering what the colleges provide. But to insist on substantial budget cuts could well do more long-term harm than short-term good.

**Generating jobs**

Legislators can't preach job creation on one hand and take away important pathways to job creation on the other. One of the major points the state uses to recruit new, higher-paying industry is that if businesses need a workforce skilled in a certain process or technology, community colleges can quickly set up a training program specific to that need. The colleges also have become for many students a cost-efficient and accessible path of entry into university programs.

Though the colleges are spread throughout the state, and often are centers for the arts and a variety of activities for cities and towns wherever they are,
they're even more prevalent than the number of individual campuses would indicate. They have satellites and other educational centers. In all there are 162 places where community colleges offer courses, an average of more than one and a half sites per county. This represents outreach and then some.

**More with even less?**

In these tough times, the colleges have reached even more people. In the last three years, the system has added 50,000 full-time students, a 25 percent increase. And yet, per-student funding from the state has dropped by 12 percent. That doesn't compute, and yet the colleges have kept serving more people on less money because the need for job training and economical higher education options demands it.

Cut that per-student figure another 10 percent, which could happen, and eventually community colleges will hit a wall, their heroic efforts thus far notwithstanding.

Funding for enrollment growth this year will need to be $34 million. The General Assembly should deliver that. It's crucial. And if legislators are looking at priorities with an eye toward which decisions will affect the most people, or constituents, they might keep that 850,000 number in mind.

The state's community college system is a jewel, one that draws the admiration of other states and educators nationwide. To neglect it by failing to fund it adequately puts that reputation at risk and accreditation along with it. There need to be champions in the legislature who will not let that happen.
Duke links up for research in India

BY Sarah Avery - Staff Writer

DURHAM–Duke University has forged a partnership with a large medical center in India to create a clinical research company that will study diseases and speed the development of new drugs and therapies, the groups announced Monday.

The effort links Duke Medicine with Medanta - The Medicity to create a joint venture called the Medanta Duke Research Institute, based in India. Medanta - The Medicity is a 1,500-bed medical center in Gurgaon, India, that provides patient care, education and research in such disciplines as robotic surgery, neuroscience, cancer and transplantation.

MDRI will work with Duke scientists involved in early-phase research in the United States and Singapore, where Duke operates a medical school. Gov. Bev Perdue praised the deal. "International collaboration is vital for both the future of medicine and for our economic well-being," she said in a statement.

The MDRI facility, slated to open in April, will occupy 27,000 square feet at Medanta - The Medicity and include 60 hospital beds. Medanta will finance the creation and operation of the facility, and Duke will provide scientific, clinical research and operational expertise.

As part of the collaboration, Duke and Medanta officials said, the groups will conduct early-phase clinical trials in diverse populations, establishing dosing, safety and toxicity of drug candidates. Officials said the MDRI will adhere to strict standards for research and human subject protection.

Dr. Sidney M. Wolfe, director of health research for the consumer advocacy group Public Citizen, said clinical research has been moving overseas in the past 20 years, primarily by for-profit companies such as Quintiles, based in the Research Triangle Park.

"Why is globalization of anything happening?" Wolfe said. "It's less expensive to conduct research" in emerging countries.
Wolfe said concerns have been raised about how for-profit research companies treat participants in overseas clinical trials, given that U.S. regulators have limited reach and resources abroad.

But Wolfe said the Duke collaboration is likely to provide better oversight than for-profit operations.

"A helpful and hopeful distinction between Duke or another academic medical center partnering in other countries is that they'll go through the universities' Institutional Review Boards," Wolfe said, referring to an oversight committee charged with protecting patient safety.

Private drug-testing companies have review boards as well, but Wolfe said they have historically had problems.

Officials from both Duke and Medanta - The Medicity stressed their commitment to safety.

"Our shared goal is the safe and rapid development of therapies targeted at significant health problems," Dr. Naresh Trehan, founder and managing director of Medanta - The Medicity, said in a statement. "We hope that our partnership will produce research that will enable development of drugs and devices to improve health in India and around the globe."

sarah.avery@newsobserver.com or 919-829-4882
Wake Forest coach donates a kidney to player

BY RON GREEN JR. - Staff Writer

When a coach says he would do anything for his players, it sounds like a cliché.

Then there is Wake Forest baseball coach Tom Walter.

On Monday, Walter donated one of his healthy kidneys to Kevin Jordan, a Wake Forest freshman outfielder talented enough to be drafted in the 19th round by the New York Yankees last year but sick enough to wonder if he would ever play again.

Surviving became Jordan's challenge.

Today, Walter and Jordan are recuperating together at Emory University in Atlanta, each with one healthy kidney and baseball in their futures.

"I wanted to help this young man," Walter, 42, said on a conference call last week. "When we recruit our guys, we talk about family and making sacrifices for one another. It's something we take very seriously."

When no one in Jordan's family could give him what he needed, the baseball coach - for whom Jordan has never played a game – did.

"It's something you can't imagine," said Keith Jordan, Kevin's father.

"Somebody mentioned divine intervention when you look at how we got to Wake Forest. ... It's just one of those things you can't express in words."
Dire diagnosis
Hired by Wake Forest on June 16, 2009, Walter and his staff had their first contact with Jordan 15 days later. A switch-hitting outfielder at Northside High in Columbus, Ga., Jordan was a hot prospect by the time he signed with the Deacons on Nov. 11, 2009.

Two months later, Jordan was diagnosed with the flu. Three months later, Jordan was 30 pounds lighter and struggling on the baseball field.

A visit to Emory University revealed Jordan was suffering from ANCA vasculitis, a condition caused by abnormal autoantibodies that attack cells and tissues. In Jordan's case, it led to kidney failure.

With his kidneys functioning at 20 percent of their ability, Jordan was put on medication - 35 pills a day.

By summer, he was on dialysis three times a week.

Last August, Jordan decided to enroll at Wake Forest despite his illness, becoming a sick teenager away from home.

"Kevin showing up on our campus was a courageous act on his part. Far more courageous than anything I'm doing," Walter said. "For him being a freshman, not knowing anyone on campus, having to be in his room on dialysis, took an incredible courage."

Two days before fall classes began, Jordan, Walter and team trainer Jeff Strahm met with Dr. Barry Freedman, a nephrologist at Wake Forest University Baptist Medical Center. Freedman told Jordan his kidney function was down to 8 percent and explained a transplant was necessary.

Coach gets tested
When testing of Jordan's family failed to find a compatible kidney donor, Walter volunteered to be tested. He passed the first stage in December and a second in early January. More tests followed to confirm the match.

"Most of the anxiety came because it was a waiting game," Walter said. "I had made up my mind it was something I wanted to do. My biggest fear was I wouldn't be able to do it. I would be disappointed."
On Jan. 28, the Deacons were 30 minutes into their first practice of the spring when Walter, who doesn't typically carry his cell phone to practice, got the call.

He was a match.

Eight days ago, Walter told Wake Forest athletic director Ron Wellman he wanted to donate his kidney to Jordan.

Wellman immediately offered his support.

Walter, the father of children ages 8 and 11, had already talked with his wife, Kirsten, and other family members about his decision.

"They were certainly stunned, I guess. It was out of left field," Walter said. "Once they got past the initial shock, there was nothing but support."

On the day he told Wellman, Walter called his baseball team together and told the players what was happening. For a moment, they sat quietly. Then they broke into applause.

If all goes according to plan, Walter will be with his team Feb. 18 when the Deacons open the season at LSU.

Barring complications, Walter is weeks from doing what he enjoys - running, playing with his kids, playing golf and coaching third base. He knows living with one kidney has risks but chooses not to dwell on them. "You can't plan for that," he said. "It's like telling yourself you can't leave the house because you might get hit by a car."

Walter also understood what Jordan faced if he didn't find a matching donor. "I think it's everybody's first goal that Kevin have a normal life. Forget baseball for now. If he gets back on the field, that's another story," Walter said.

It's possible that Jordan could swing a bat again in April. The plan is for him to attend summer school.

"It transcends baseball," James Harris, his teammate, said. "It's an inspiration."

rgreenjr@charlotteobserver.com or 704-358-5118