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Editorial: Heart of it

Brett Sheridan can do things ordinary human beings and even some extraordinary ones can't do. He is a skilled heart surgeon at UNC Hospitals - the only one, in fact - and last year he did 19 heart transplants and almost 100 additional surgeries. And had Sheridan accepted another job offer in the western United States, the UNC heart center would essentially have been out of business.

So it's not surprising that Dr. Bill Roper, the head of UNC Hospitals, gave Sheridan a $335,000 raise to boost his salary to $600,000 annually. Indeed, UNC Hospitals expects to hire another heart surgeon whose salary will be in the same range. The talk about salaries was part of a conversation Roper had not long ago with editors and reporters from The News & Observer, and he observed that, "No one ever asks for the cheapest surgeon."

The increase for Sheridan may reflect his skills and the demand for his services in Chapel Hill, but it also speaks to a larger issue: the fact that in America's profit-driven health care system, one that sees hospital systems and drug manufacturers advertising like expensive retail merchants, competition for doctors is also part of the game.

The competition in the Triangle is pretty fierce. WakeMed, which heavily advertises its highly respected heart treatment centers, has nine heart surgeons. Duke University's health operation has 11 heart surgeons who do procedures on adults.

Heart surgery is a very lucrative field, and additional revenues are important to a public hospital such as UNC Hospitals. It should be noted that UNC does a large amount of treatment at no charge, about $135 million worth last year, with WakeMed doing $70 million and Duke $47 million.

In countries where health care is essentially a government service, as it is in most industrialized ones, competition is not a factor, and doctors, while well
compensated, don't make nearly what physicians in this country do. Nor are drugs as expensive.

American insurance companies - which also have a vested interest, of course, in maintaining the status quo - counter complaints about costs with an old refrain that this country's health care is better than anywhere in the world.

They like to say that people from foreign countries who could afford to be treated anywhere come here and that American drug manufacturers are using cutting-edge research to provide life-saving medications. Those things are true, to a point.

Yet the American system's for-profit nature results in care that tends to be better for more affluent people than for others. Meanwhile, costs are inflated for individuals with insurance (whereupon insurance companies negotiate the prices down) and for people who have some means to pay (where hospitals can be particularly aggressive in trying to collect whatever people have).

It's a crazy-quilt system that forces doctors' offices and hospitals to devote considerable resources to employing people who just process paperwork. Insurers also take from patients much freedom of choice by limiting the approved "network" of doctors to whom they can go, or by charging them heavily for straying from that network.

One doctor's salary, when it seems to fit the specialty in the context of the health care system we have, really isn't the big story here. It is the large and more complex issues surrounding how to make America's system affordable and accessible for all citizens - even with major health reform legislation already on the books - that are more important.
College dropouts cost taxpayers billions, report says
By Eric Gorski, AP Education Writer

Dropping out of college after a year can mean lost time, burdensome debt and an uncertain future for students. Now there's an estimate of what it costs taxpayers. And it runs in the billions.

States appropriated almost $6.2 billion for four-year colleges and universities between 2003 and 2008 to help pay for the education of students who did not return for year two, a report released Monday says.

In addition, the federal government spent $1.5 billion and states spent $1.4 billion on grants for students who didn't start their sophomore years, according to "Finishing the First Lap: The Cost of First-Year Student Attrition in America's Four-Year Colleges and Universities."

The report takes into account spending on average per-student state appropriations, state grants and federal grants, such as Pell grants for low-income students, then reaches its cost conclusions based on student retention rates.

The dollar figures, based on government data and gathered by the non-profit American Institutes for Research, are meant to put an economic exclamation point on the argument that college completion rates need improvement. But the findings also could give ammunition to critics who say too many students are attending four-year schools — and that pushing them to finish wastes even more taxpayer money.

The Obama administration, private foundations and others are driving a shift from focusing mostly on making college more accessible to getting more students through with a diploma or certificate.

Mark Schneider, a vice president at the American Institutes for Research and former commissioner of the Education Department's National Center for Education Statistics, said the report's goal is to spotlight the costs of losing students after year one, the most common exit door in college. "We're all about college completion right now, and I agree 100% with the college completion agenda and we need a better-educated adult population and workforce," Schneider said.

The cost of educating students who drop out after one year account for between 2% to 8% of states' total higher education appropriations, Schneider said. He said the report
emphasizes state spending because states provide most higher education money and hold
the most regulatory sway over institutions and can drive change.
Ohio, for example, has moved toward using course and degree completion rates in
determining how much money goes to its public colleges and universities instead of
solely using enrollment figures.
"We recognize an institution is not going to be perfect on graduation and completion
rates," said Eric Fingerhut, chancellor of the Ohio Board of Regents. "But at the same
time, we know they can do better than they're doing. And if you place the financial
rewards around completion, then you will motivate that."

The AIR report draws from Department of Education data, which Schneider concedes
does not provide a full picture.
The figures track whether new full-time students at 1,521 public and private colleges and
universities return for year two at the same institution. It doesn't include part-timers,
transfers or students who come back later and graduate.

The actual cost to taxpayers may run two to three times higher given those factors and
others, including the societal cost of income lost during dropouts' year in college, said
Richard Vedder, an Ohio University economics professor. And tying state appropriations
to student performance could just cause colleges to lower their standards, he said.
Robert Lerman, an American University economics professor who, like Vedder,
questions promoting college for all, said the report fleshes out the reality of high dropout
rates. But he said it could just as easily be used to argue that less-prepared, less-motivated
students are better off not going to college.

"Getting them to go a second year might waste even more money," Lerman said. "Who
knows?"
Second-year medical student Lynn McGrath knows the iPod touch he carries will help him become a better doctor.

If a patient reports certain symptoms, McGrath, 25, can quickly research it on the high-tech device and learn how to treat it in minutes.

"The first year as medical students, it helps us figure out what's going on, but as you become more familiar, it's more of a confirmation," he said.

Starting this semester, the UCF's College of Medicine, which in its second year, is giving every medical student an iPod touch to help in their training.

The Central Florida college has joined in the growing trend of medical schools across the country that are providing advanced mobile devices to medical students. Florida State University also gives iPod touches to med students, and Stanford University in California is distributing much-larger Apple iPads to its future doctors.

The UCF iPod, which costs around $600 with medical applications, gives students instant access to look up diseases, medications and symptoms. It also allows them to listen to lectures and view vivid diagrams.

Ohio State University College of Medicine was the first to hand out iPod touches to each student in 2007.

"Like many things, the students are the ones who brought forth the idea," said Dr. Catherine Lucey, Ohio State University College of Medicine's interim dean. "It can be used to really help explain things to students."
For Nadine Dexter, who is the health sciences library director, it helps students to learn on their own and to know how to find the most recent information.

"We want to teach them that good up-to-date knowledge is what all good physicians need to make good point-of-care decisions," she said. "We don't want them to make a decision based on a 10-year-old text sitting on a shelf."

Some doctors on the UCF staff have embraced the tool, too.

"It used to be that you would read every journal that came to your mailbox," said Dr. Bethany Ballinger, director of clinical informatics and an emergency room doctor. "Now, there is no way. ... You are not looking at how much you can cram into your memory. You are looking selectively at what you need to learn to stay up to date and to manage this patient."

Before making the decision, UCF surveyed more than 150 medical schools in United States and Canada, Dexter said. Of those, two dozen schools incorporate a hand-held device into the curriculum and most either used or suggested an iPod.

UCF selected the iPod touch because it has the needed medical applications and is the easiest to use.

To ensure UCF students use them correctly, the school incorporates the devices and software into the courses. First-year students learn the basics about the various software programs. As they progress, they use their iPods to research more complicated cases, Ballinger said.

For example, as part of the program, students every few weeks visit patients with Ballinger at Florida Hospital East. If a patient complains of chest pain, Ballinger can ask the students why specific drugs are being prescribed or could there be another diagnosis.

"They can go on [the iPod] and look up information and find the answers here," Ballinger said. "If they look it up themselves and work the answer out themselves they are much more likely to retain this as opposed to blah, blah, learn these three causes of chest pains."

For second-year student Bryant Lambe, 22, the iPod touch helped him when he volunteered in Haiti where he served as a pharmacist for a neo-natal and pediatric intensive care unit. He would mix powder-form medication so it could be injected as liquid.

"They had giant books that listed how to reconstitute the drugs," he said. "When I got an order to reconstitute a certain drug I hadn't done before, I just typed in the name and I could pull up all the facts, all the interactions and what other drugs I could use to substitute if I didn't have that drug."
After graduation, the students get to keep the iPod touches, which is covered by the technology fee.

School officials have heard some rumblings from doctors who worry students will become too reliant on the device for information. But Ballinger said that won't happen.

"It doesn't let students off the hook," she said. "You can't take it into an exam."

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KFC pastes its Double Down ad on more students' butts

By Bruce Horovitz, USA TODAY

KFC is doubling down on its promo across college coeds' backsides. The world's largest chicken chain is putting yet more college women — at three more universities — into sweatpants with "Double Down" emblazoned across their rear ends.

Double Down is KFC's new male-targeted sandwich that uses chicken patties as buns. KFC's newest Double Down "ambassadors," found through a competition on its Facebook page, will be paid $500 each to wear the pants and hand out $5 KFC coupons for a day at Colorado State University in Fort Collins, Colo.; Indiana University in Bloomington, Ind.; and James Madison University in Harrisonburg, Va.

ORIGINAL IDEA: When KFC first started its on-the-bum promotion

The move follows stinging criticism last month after KFC first rolled out the provocative promo at Spalding University in Louisville. Even before it begins later this week, the expansion of the promo is drumming up additional criticism.

"It's hideous," says Terry O'Neill, president of the National Organization for Women. "This is 12-year-old boy humor."

Brand guru Steven Addis says the promo may be reprehensible, but it's not necessarily stupid. "Whether intended or not, KFC is becoming the Hooters of fast food."

KFC received 600 applications for the new jobs on its Facebook page, spokeswoman Laurie Schalow says. The women were picked for their experience, not their looks, she says. Two of the women have done beer company promos.

One is Sara Coleman, a 21-year-old senior at Colorado State, who majors in criminal justice. She says she already does promos for Anheuser-Busch and heard about the KFC promo from her mom.

Coleman has no problems with the outfit. "There are worse things that sweatpants could say," says Coleman, who hopes to use the money to go to Las Vegas.
She and two friends will pass out the coupons at CSU's homecoming football game Saturday. "There will be girls in a lot less clothing at the game. We're just wearing something we'd wear to bed."

Her school's officials are OK with the promo. "We support the right of local and national businesses to distribute information about their products and services to our campus community," says Mike Ellis, assistant vice president for student affairs.

Chris Muller, Boston University hospitality school dean, thinks the promo will be a hit, but doesn't like it. "In college life, women are supposed to be highly sexed and men are supposed to be very hungry. Someone said: 'Let's put them together.' "