

College Roundup

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recognizes colleges for their practices and policies that include tenure clarity, work/life balance, compensation and benefits. "The fact that New York Chiropractic College was named to the Chronicle's list speaks highly of the people who work at NYCC and about their level of job satisfaction," said NYCC President Frank Nicchi, DC upon learning about the award.

Dr. David Odiorne, Executive Director of Institutional Advancement at NYCC said, "NYCC's recognition in five categories was an impressive performance. More than half of the small schools named were cited for their excellence in fewer categories. No other chiropractic college or school of acupuncture and oriental medicine were named."

The results are based on responses from nearly 41,000 administrators, faculty and staff members who rate the institutions they work for by taking an online survey. Recipients of this recognition also include Cornell, Rice and the University of Notre Dame.

Sherman College of Chiropractic

Spartanburg, South Carolina

Sherman College removes "Straight" from name

Sherman College has removed the word "Straight" from its name and is now known

as Sherman College of Chiropractic. The college's Board of Trustees voted unanimously to authorize the college's names change at its fall meeting in 2009.

The college was founded in 1973 as Sherman College of Chiropractic but it added the word "straight" in the late 1970s.

"The college will always remain true to its roots, providing a curricular focus on traditional chiropractic," said Sherman President Jon C. Schwartzbauer, DC. "Our founding name better reflects who we are — a contemporary educational institution committed to providing the best education possible, an institution with a strong commitment to educational progress, and an institution geared to meeting the demands of chiropractic students, both today and in the future."

Palmer College of Chiropractic

Davenport, IA, Port Orange, FL and San Jose, CA

Palmer College Receives Full NCA Regional Accreditation for All Three Campuses

Palmer College of Chiropractic has received regional accreditation for all three of its campuses. The Higher Learning Commission of the North Central Association of Colleges and Schools (NCA) has notified Palmer that the College — including the main campus in Davenport, Iowa and the branch campuses in Port Orange, Fla., and San Jose, Calif. — has

been granted the full 10-year accreditation by the NCA.

The Davenport and Florida campuses were granted re-accreditation and the West campus was granted accreditation by NCA for the first time.

"This is an important milestone for Palmer College of Chiropractic," said Clay McDonald, DC, MBA, JD, Palmer's vice chancellor for strategic development. "It is confirmation that all three of Palmer's campuses meet or exceed the standards of the NCA, which is the largest regional accrediting body in the United States.

The specific advantages of regional accreditation is that it allows for the creation of 3+1 agreements (transfer of credit agreements with undergraduate institutions) and generally makes it easier for students to transfer credits if they seek additional degrees beyond the Doctor of Chiropractic.

New Zealand College of Chiropractic

Auckland, New Zealand

New Zealand College Researchers Scoop Awards at Australasian Scientific Symposium

Dr. Heidi Haavik-Taylor, research director at the New Zealand College of Chiropractic

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Medicare Fees – Hulsebus

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in the prior year exceed a target.

According to the Centers for Medicare and Medicaid Services (CMS):

"Current law requires CMS to adjust the Medicare Physician Fee Schedule (MPFS) payment rates annually based on an update formula which requires application of the Sustainable Growth Rate (SGR) that was adopted in the Balanced Budget Act of 1997. This formula has yielded negative updates every year beginning in CY 2002, although CMS was able to take administrative steps to avert a reduction in CY 2003, and Congress has taken a series of legislative actions to prevent reductions in CYs 2004-2009. In the absence of Congressional action for the CY 2010 physician update, the final rule with comment period will reduce the conversion factor for services on or after Jan. 1, 2010 by 21.2 percent rather than the -21.5 percent projected in the proposed rule. The difference is due to the use of the most recently available data on CMS spending for physicians' services."

Medicare's fee schedule applies to over one million physicians and non-physician practitioners who are paid under the Medicare Physician Fee Schedule (MPFS) and sets payment rates for more than 7,000 types of services in physician offices, hospitals, and other settings. The Medicare

This stop-gap legislation is certainly going to create confusion in the field and a scramble on the part of Medicare carriers to comply with the short-term postponement, especially since they have already proceeded to implement the originally scheduled cuts. ICA strongly advises doctors of chiropractic to contact their regional administrators, watch for advisory announcements and search their respective websites for directions on fees and processing procedures during this period of transition.

provider fee schedule is updated annually. Medicare providers, whether participating or non-participating must operate under this schedule.

The US House of Representatives had acted in November to put forward a revision of the formula for determining Medicare Reimbursement rates and provided a small fee increase for 2010. The Senate declined to embrace that revision based on the estimate that such a revision would add as much

as \$89 billion to the federal deficit over the next decade and hence the short-term compromise.

According to a January 2009 CMS report, national health spending rose by a rate of 6.1 percent in 2007, the slowest rate of growth since 1998 and 0.6 percent lower than the 6.7 percent growth in 2006. In 2007, expenditures reached \$2.2 trillion or \$7,421 a person, making up a 16.2 percent share of the entire gross domestic product in the US. The Medicare portion of that massive expenditure is projected to increase substantially in the coming years.

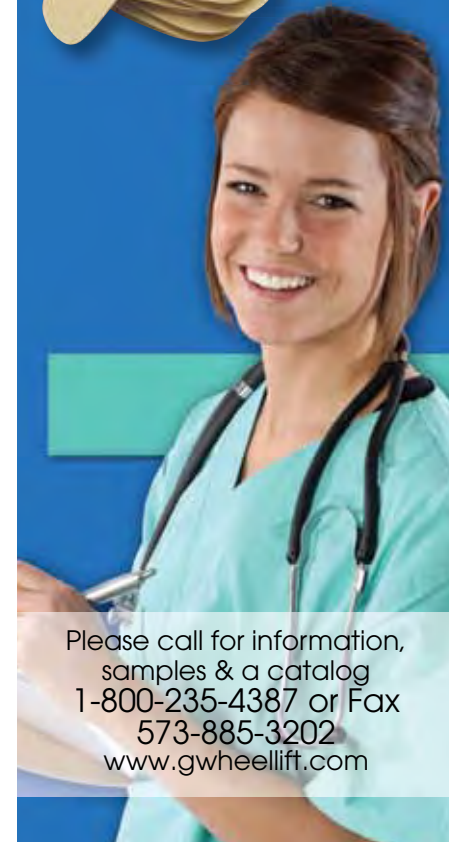
The 2009 wave of health reform debate and the legislation that will eventually be enacted does nothing to stabilize or improve the Medicare situation. Indeed, there has been a great deal of optimistic talk, and provisions targeted at realizing major Medicare savings, running into the hundreds of billions over the next decade, as part of the basis for paying for national health care reform provisions. How that could ever be possible in the face of the rapidly increasing pool of Medicare eligible citizens and rising Medicare program costs on all fronts is one of the great mysteries of the current legislative proposal now in the conference process between the House and Senate.

The fundamental challenge to which chiropractic must respond is that of effectively communicating to decision-makers information on the cost-effectiveness, clinical validity and relative safety of chiropractic, which

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