1988 hooding speaker, a leader in public health

Agnes Mansour has received statewide and national recognition for her leadership in education, health and social services.

This year's hooding and commencement speaker for MSU-COM serves as executive advisor to a project which aims to meet the health care needs of the poor.

Agnes Mansour is executive advisor to Mercy Health Services Special Initiative for the poor. Mercy Health Services comprises the corporate structure for the health ministry of the Sisters of Mercy, Detroit-Province, one of the largest non-profit health systems in the United States. The special initiative identifies and puts into place new ways to meet both the health care and human service needs of the poor. Mansour served as the director of the Michigan Department of Social Services for four years.

She holds visiting professorships at MSU in the Social Science Research Bureau and at Wayne State University's Center for Urban Studies. Academically, she specializes in public policy related to poverty issues and social problems as well as reforms in health, education and welfare.

She has held teaching and administrative positions at Mercy College of Detroit and served as its president from 1971 to 1983.

Mansour received bachelor's degrees in medical technology and chemistry from Mercy College of Detroit, a master's degree in chemistry from Catholic University of America and a doctorate in biochemistry from Georgetown University.

She has served on the boards and executive

continued on back page

**Getting to know us**

**Provost pays MSU-COM an official visit**

In order to get better acquainted with MSU-COM, David K. Scott, provost, Lou Anna K. Simon, associate provost, and Robert F. Banks, assistant provost for academic personnel, spent several hours with various administrators of MSU-COM. It was the first official visit Scott and Simon had made at the College.

Dean Myron S. Magen spoke to the group concerning changes in the delivery system which have affected medical education. He emphasized the physician supply, noting particularly the differences among expert opinions. He also highlighted new College projects.

Kathie Schafer, budget officer, outlined the economic status of the College.

Gail Riegel, associate dean for academic affairs, highlighted the MSU-COM curriculum revision efforts and clinical training.

Douglas Wood, associate dean, discussed graduate medical education as a 10-year emphasis of MSU-COM.

Patricia Grauer, director of health information, gave an overview of the Interactive Learning Resource Center Advisory Committee.

continued on back page

**Home health care and the elderly**

A special report on home care and the effects of recent changes in the nation's Medicare system.

See page 5.
Maynard Amelon, associate clinical professor of family medicine, was cited for his civic activities in *Sun Forum*, a Novi newspaper.

Michael DeMattia, clinical professor of internal medicine, was recently inducted as a fellow in the American College of Osteopathic Internists.

John W. Gobel, assistant professor of internal medicine, has received a fellowship in pulmonary medicine from the American Lung Association. Gobel will present a paper entitled "Opportunistic Versus Nonopportunistic Infections in Human Immunodeficiency Virus (HIV) Infected Intravenous Drug Abusers (IDVA)" at the annual meeting of the American Thoracic Society in May.

Bruce L. Kaplan, assistant clinical professor of internal medicine, published "Relapsing Polyarthritis -- Review of Two Cases," in the April issue of the *Michigan Osteopathic Journal*.

Michael T. Keefe, assistant clinical professor of internal medicine, was recently inducted as a fellow of the American College of Osteopathic Internists.

Adalbert Koestner, chairperson of pathology, has been invited by the International Life Science Institute to participate as a section chairman and speaker in their workshop on diseases of the nervous system in laboratory animals to be held in Nara, Japan in April. He has also been invited by the Health Effects Institute in Boston to visit Professor Ikuta, Director of the Neuropathology Institute at the Niigata University Medical School this spring to review neuropathological data from monkeys exposed chronically to low levels of methanol fumes. This study was done to test the health effects of methanol as an additive to automobile fuel.


Kathryn L. Lovell was co-author of four posters at the Michigan Chapter: Society for Neuroscience Annual Meeting in Ann Arbor on March 19. She was re-elected secretary/treasurer for this organization.

Allan H. Morton, assistant clinical professor of internal medicine, discussed "Non-Steroidal Drug-Induced G.I. Disease in Arthritic Patients," at a American College of General Practitioners convention in February.

Michael Oppari, associate clinical professor of internal medicine, recently presented a proposal of changes to graduate medical education to the Council on Graduate Medical Education of the U.S. Department of Health and Human Services. The March issue of *Osteopathic Medical News* reported that Oppari called for changes in physician training to emphasize cognitive over procedural skills; to encourage primary care training; higher reimbursement for primary care trainees, including osteopathic interns; bonus payments to teaching institutions that have a large number of primary care training slots; and a definitive mechanism for the reimbursement of ambulatory training costs in community sites.

Richard A. Pascucci, associate professor of internal medicine, published "Use of the Laboratory in the Rheumatic Diseases" in the April issue of the *Michigan Osteopathic Journal*.

Felix J. Rogers, assistant clinical professor of internal medicine, was recently inducted as a fellow of the American College of Osteopathic Internists. He also discussed angina, silent ischemia and myocardial infarction at an intensive one-day seminar at Detroit Osteopathic Hospital.

Leonard C. Salvia, assistant clinical professor of internal medicine, spoke on thrombolytic therapy at an intensive one-day seminar at Detroit Osteopathic Hospital.

David Schwartz, assistant clinical professor of internal medicine, was recently inducted as a fellow of the American College of Osteopathic Internists.

He also served as program moderator for "Coronary Artery Disease: Now and the Future," at an intensive one-day seminar at Detroit Osteopathic Hospital.

Donald H. Williams, chairperson of psychiatry, has received an invitation from Governor James Blanchard to serve on the planning committee for the 1988 Michigan sponsored national conference on "Trends and Issues: Mental Health Services in the 1990s," to be held in October.
Heisey receives award from alma mater

In recognition of a major contribution to the field of biology, Richard Heisey, professor of physiology, recently received a distinguished alumni award from his alma mater, Elizabethtown College Department of Biology.

The college is located in Elizabethtown, Pennsylvania, his hometown.

Heisey, who has taught at MSU since 1967, is the first recipient of the award. He will be the keynote speaker at the department's annual awards banquet. He plans to speak about careers in biology. He will also hold a seminar focusing on research, for biology students and faculty.

The award, named the Dr. Charles S. Farver-Apgar and Dr. Bessie D. Apgar Biology Alumni Award, will be presented by Dr. Farver-Apgar, a former professor of Heisey's.

Heisey received his B.S. from the college and after serving as biological researcher in the United States Army, received a Sc.D. from Johns Hopkins School of Hygiene and Public Health. He had a research fellowship at Harvard Medical School where he taught physiology before coming to MSU.

He currently teaches both graduate level and undergraduate level courses in physiology. He formerly taught the "Introductory Physiology for Medicine" course in MSU-COM and served on the graduate research committee which helped establish the Medical Scientist Training Program.

Richard Heisey, professor of physiology.

News from beyond

Martin Finkel, 1974, discussed "Sexual Abuse in Adolescents" at the February convention of the American College of General Practitioners. His presentation focused on understanding the conceptual framework in which children and adolescents are victimized.

James J. Venier, 1976, assistant professor of internal medicine at MSU-COM, was recently named assistant director of the emergency department at E.W. Sparrow Hospital in Lansing. He was awarded a fellowship in the American College of Emergency Medicine in 1983. He and his wife and 4-year-old daughter Jackie live in Mason.

Sidney K. Simonian, 1977, relocated to the new Oakland General Hospital Professional Building on April 18.

She recently received the award of Fellow in the Osteopathic College of Ophthalmology and Otorhinolaryngology at the 72nd Annual Clinical Assembly.

Jeffrey A. Kommit, 1978, writes: "Sandy and I are pleased to announce the birth of our second daughter, Rachel Anne, on October 12. I made it from the reunion with 36 hours to spare. It wasn't even close."

Sylvia G. Mustonen, 1979, was board certified in general practice in September.

She is now on staff at Detroit Osteopathic Hospital and is practicing in Detroit.

Ronald H. Bradley, 1984, and his wife Patty, have a baby girl born March 19. She weighed 7 pounds and 9 ounces.

Kenneth W. Laguroos, 1984, has started practice in anesthesiology in Portland, Maine, at the Osteopathic Hospital of Maine.

Jacqueline Fitzgerald, 1985, and John C. MacMaster, 1986, were married on October 4, 1986. They had a son on April 2 at Lansing General Hospital.

She writes: "I am currently completing the MSU-COM family medicine residency and will remain in the Department of Family Medicine as a faculty member. John is in his PGY-2 of family practice at St. Lawrence Hospital in Lansing.

We plan to settle in Alcona County (northeast lower Michigan) on John's family farm and expect to practice together in the local community clinic after leaving the Lansing area in 1989."

John R. Carney, 1986, has recently completed training as a flight surgeon in the United States Navy.

He will be the flight surgeon for patrol squadron-45 in Jacksonville, Florida.

News of MSU-COM alumni.

Send your news to the Office of Health Information, A310 East Fee Hall, East Lansing, MI 48824-1316.

April 1988 / Communique
Congress and the Reagan Administration have increasingly looked to home health care as part of a solution to the long-term care requirements of the elderly.

The demand for home health care increased, some home care agency directors say, as a result of government efforts since 1984 to hold down hospital costs.

As health care professionals know, starting that year, Medicare's cost-reimbursement system for hospitals was replaced by the prospective payment system (PPS), which sets a flat payment per case in advance for each hospital patient based on that patient's diagnosis. The system now identifies 467 Diagnostic Related Groups (DRGs).

Under the new system, hospitals are forced to release patients who may still need care requiring sophisticated skills. Home care providers are today rendering such services as respiratory/ventilator care, antibiotic and other forms of intravenous therapy.

Medicare-certified agencies increased from 2,858 in 1979 to 5,949 in 1986 according to the Health Care Financing Administration. Much of the growth has been in for-profit agencies, a switch from a traditionally non-profit industry.

There are about 120 Medicare certified home health care agencies in Michigan. There are other agencies which are not Medicare certified.

What is home health care?

Many of the roots of home care go back to visits made on the sick poor by religious orders. A district nursing association was formed in Liverpool, England in 1849. Similar organizations sprang up here just before the end of the century.

Today, besides highly technical nursing skills, a myriad of other services can fall under the definition of home care. The nation's Medicare program covers some but not all of these services, which in many cases the aged must receive or else face institutionalization. A home care nurse can play an important role in referring patients to community services which can provide other kinds of care.

Gertrude Jewel, 79, has lived within nine miles of her birthplace near Tecumseh, Michigan her entire life. She has lived in the same house for the last 43 years. The last three years there would not have been possible without home health care. In addition to skilled nursing services, she receives meals from the Lenawee County Department on Aging and has assistance from nurse aides. She says it means a lot to her six children that she can remain in what for some of them is still "home."

"This is my home," she said. "This is where I want to live."

Jewel receives her nursing care from Connie Towey, nurse and director of clinical services at Allied Health Services in Tecumseh.

"Connie's my pride and joy," she said.

More than just a cost-effective solution for the nation's Medicare program, Connie Towey believes home care is better for the patients.

"Patients are happier and may recover faster when they are in their own homes following a familiar routine," she said.

Home care nurses basically work themselves out of a job. Their overriding goal is to help patients regain independence in their homes—without the care of a nurse, Towey said.

Congress has periodically raised the question of quality assurance in home health care.

Home care is delivered without supervision that is assumed in other areas of health care.

In Michigan, quality assurance for the growing industry is done through Medicare and other insurance companies who process claims, according to officials at the Michigan Home Health Assembly. These assessments include clinical record reviews.

"The industry has a very good track record," said Roberta Humphries, president of MHHA. "It has regulated itself in many ways to maintain that reputation."

The physician's role

An April 1986 New England Journal of Medicine article entitled "Home Care—Who Cares?" claimed that physicians know very little about home health care. The authors believed that with prospective payment forcing everyone to become cost-conscious, physicians need to know about cost-saving home care services, and that physicians should become patient advocates at a policy-making level. Meanwhile, they noted, the National Home Health Care Assembly has indicated that physicians don't participate in making a home health care plan.

Bonnie Gilberg, administrator of Americor, the home health agency affiliated with Lansing
General Hospital, believes physicians' understanding has improved since her agency was established in 1984.

"We are getting more and more calls from physicians' offices," she said.

One of her nurses, Pamela Schuman, believes physician cooperation with home care providers is essential to maintaining the patient's health.

Schuman has developed relationships of trust with certain physicians at the hospital, who value her updates on patients and her concerns about the home environment. She believes physicians can help patients more effectively when they know what goes on in their homes.

Robert Fedore, professor of community health science, recently conducted a survey of MSU-COM alumni in Michigan to assess the appropriateness and adequacy of the curriculum content of the required course entitled "Gerontological Principles for Medical Practice." (see chart below.)

As alumni know, the focal point of the course is a home visit to an elderly person, from whom a medical history is taken and a limited physical examination is conducted. Students make a functional assessment and write a care plan, both later incorporated in a case presentation.

"What they report back is very enlightening to the students," he said. "They see people function against great odds."

It is not only the objective of the course for students to gain an appreciation for the interrelationships of the multiple factors to be considered in the caring for the elderly, but also to lay the foundation for appropriate attitudes and behavior in order to effectively deliver such care, Fedore explained.

Fedore believes physicians must recognize that in elderly care, the medical and social aspects of care can't be separated.

He predicts that physicians will become more involved in home care on a team basis. A major obstacle to actual physician home visits will continue to be the cost, he said.

What MSU-COM alumni say about their gerontological education and their medical practices

Keeping pace with the changing health care needs of the elderly population can be a challenge to medical educators. MSU-COM's Robert Fedore recently conducted a survey to assess his contribution to the geriatric training of MSU-COM students: his course "Gerontological Principles for Medical Practice."

During the summer of 1987, Fedore, a professor of community health science, sent a one-page, single mailing of questionnaires to 586 alumni located in Michigan; 197 responded. The following are some of the results:

<table>
<thead>
<tr>
<th>Estimated percent of patient population identified as elderly persons.</th>
<th>25% or more</th>
<th>50% or more</th>
<th>75% or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25%</td>
<td>20%</td>
<td>43%</td>
<td>28%</td>
</tr>
<tr>
<td>25% or more</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you sense a need for some geriatric training for medical students?

Yes | No
---|---
92% | 7%

Do you feel there is a need for continuing medical education in the area of geriatric medicine for physicians in practice?

Yes | No
---|---
92% | 7%

Respondents were also given space for recommendations for medical education. Among the suggestions for medical students was information on the nature and utilization of community services pertaining to the health care of the elderly.

Concerning continuing medical education, a few respondents suggested a review of ethical issues which pertain to the elderly patient's autonomy and decisions made regarding care.
About Medicare

Through Medicare, in 1988 the federal government will provide health insurance for an estimated 32 million persons who are aged, disabled, or suffer from end-stage renal disease. Over one million people in Michigan are over age 65. In 1985, Michigan Medicare beneficiaries totalled 1,130,000. They shared over $3 billion, according to Health Care Finance Administration records.

Home care falls under Medicare in what is called Part A of the insurance. Funded primarily by social security payroll taxes, it pays for care provided by hospital, skilled nursing facilities, home health agencies and hospices.

In order to qualify for Medicare benefits in home health, a physician must prescribe home health care, the patient's condition must be such that they need skilled nursing care on an intermittent basis and the patient must be confined to home. Patients do not need to be returning home from a hospital stay in order to receive home care benefits.

Federal spending on health care has grown rapidly despite policy reforms throughout the '80s. Outlays for Medicare are expected to reach $73 billion this year and are projected to reach $104.4 billion in 1992.

Roland Self, an MHHA administrator, sometimes wonders if doomsayers who claim the United States has created a health care system it can't afford may be right.

Implications of the regulations

The federal budget for fiscal year 1988 reported that the prospective payment system has curbed hospital spending, which increased only 2 percent between 1985 and 1986 after almost doubling from 1980 to 1985. However, there are other ramifications.

Today the catch phrase for PPS says patients go home "sicker and quicker." This is where home care could step in to pick up care in a more cost-effective manner.

"When HCFA instituted the DRG system, they promised to increase home care benefits," said Gilberg. "They never did."

Instead cost limits have been placed on home care, which while they have increased each year, Humphries, president of the MHHA, believes they may not have kept pace with inflation nor with the increased training that agencies require.

Ironically, Humphries pointed out, home care can help prevent high medical costs by spotting problems early and by putting off institutionalization for as long as possible.

In an apparent attempt to improve communications and the speed of reimbursement, a 1980 law required that all home health agencies be assigned to regional intermediaries by HCFA. The 1984 Deficit Reduction Act required that the number of intermediaries be reduced to ten. In Michigan the controlling agency is Wisconsin Blue Cross/Blue Shield.

Humphries believes the regional intermediaries will have a positive impact and noted that Wisconsin Blue Cross/Blue Shield had made impressive attempts to keep members updated.

Much of the criticism about the regulation of home health care has been aimed at the Medicare officials.

About a year ago, litigation began on a case, Duggan vs. Bowen. Duggan, a Medicare beneficiary along with other beneficiaries, members of Congress and the National Association for Home Care have filed suit against Otis R. Bowen, secretary of health and human services and William R. Roper, Health Care Financing administrator.

The plaintiffs say "Medicare patients and providers of home health care services are faced with irrational and unexplained coverage determinations which fail to take into account individual patient needs, the attending physician's opinion, and community medical practice."

They believe "judicial relief is necessary to prevent further administrative erosion of the home care benefit that Congress has consistently determined is so crucial to the elderly and infirm of this nation."

Humphries would agree.

"I'm sure almost every member (of MHHA) can hold up two very similar cases where services were reimbursed in one and not in the other," she said.

The complicated regulations are not only a constant challenge to providers, but also to the patients themselves. In a special report on the future of Medicare on March 13, 1986, the New England Journal of Medicine, noted that the Medicare program had become so complicated that "few elderly people understand how it works, what it entitles them to or even where to go to find answers to their questions."

Perhaps the biggest problem is that Medicare does not cover supportive services.

"You wish you could give patients a lot more services," Gilberg said.

Under the federal guidelines, cases must be closed at certain points, she explained. In many cases the nurse can refer the patients to community services which can help.

What are the current government proposals?

In the rush for a balanced federal budget, Medicare may well be a tempting target for
Calendar of events

April 30 - May 2

Tutorial on Level I
Myofascial Release Technique

Intensive exposure to basic concepts of myofascial release manipulative therapy. Emphasis is placed on direct experiences giving participants opportunity to test various forms of motion and motion changes, and palpate various tissues and forms.
Prerequisite training is "Principles of Manual Medicine." Sponsored by MSU-COM and MSU College of Human Medicine. 24 hours of Category I credit. Cost is $375 or $200 for physicians in training.

May 5-6

Cognitive-Perceptual-Motor Therapy
Approach to Neurobehavioral Rehabilitation of the Brain Injured Child and Adult

Will focus on the holistic approach to sensory integrational training and neurobehavioral rehabilitation of brain injured children and adults and their integration into family, school and community.
Will be held at Northwestern Michigan College, Traverse City, Michigan. Sponsored by MSU-COM Division of Rehabilitation Medicine, Grand Traverse Chapter of the Michigan Head Injury Alliance and the Traverse Bay Area Intermediate School District. 12 hours of Category I credit. Cost is $85.

June 17 - 18

Second Annual Alumni Mid-Year Seminar:
Diagnosis and Management of Common Neurologic Diseases

To be held at Grand Traverse Resort Village in Grand Traverse. Sponsored by the MSU-COM Alumni Association. Cost is $100, $50 for members of the MSU-COM Alumni Association or $25 for physicians in training. Eight hours of Category I credit.

June 20 - 24

Principles of Manual Medicine

A combination of didactic lectures and "hands-on" experience sufficient to understand the principles involved in the diagnosis and treatment of musculoskeletal disorders

Amenable to manual medicine methods.
Sponsored by MSU-COM, MSU College of Human Medicine and the North American Academy of Manipulative Medicine. 40 hours of Category I credit. Cost is $800 or $400 for physicians in training.

July 8 - 9

Clinical and Medical/Legal Issues in General and Emergency Medicine

To be held at Grand Traverse Resort Village in Acme. Sponsored by MSU-COM. 10 hours of AOA Category I credit. Cost is $100 or $25 for physicians in training. A separate course brochure will be mailed prior to the conference.

July 29 - 30

Endocrinology and Diabetes

To be held at Grand Traverse Resort Village in Acme. Sponsored by MSU-COM. 8.5 hours of AOA credit. Cost is $100 or $50 for physicians in training. A separate course brochure will be mailed prior to the conference.

August 5 - 7

Tutorial on Level II
Myofascial Release Technique

This course is designed to build on the Level I course by giving additional hands-on and theoretical experience. The course will emphasize and assist in developing a working knowledge of functional anatomy and neuroreflexive mechanisms which can be used in the treatment of biomechanical problems.
To be held at the Homestead Resort in Glen Arbor. Prerequisites are "Principles of Manual Medicine" and "Level I Myofascial Release Technique." Sponsored by MSU-COM and MSU College of Human Medicine. 24 hours of Category I credit. Cost is $375 or $200 for physicians in training. Housing reservation forms will be sent upon receipt of your reservation.

Many of the MSU-COM sponsored programs are held at the Kellogg Center for Continuing Education. The Center is on the MSU Campus on Harrison Road at Michigan Avenue. Taxis serve the center and Lansing Capitol Airport. For those who drive, a gated lot is located next to the building.

For more information or to register for any of these courses contact the Office of Continuing Medical Education, MSU-COM, A306 East Fee Hall, East Lansing, MI 48824-1316. Or call (517) 353-9714.
Hooding speaker  
continued from page 1  
committees of numerous academic associations and hospitals, in addition to those of Michigan Bell Telephone Company, the Women's Economic Club and the Michigan State Housing Development Authority.

Mansour received the Wonder Woman Foundation Award in 1983 and has been recognized in numerous publications including *Who's Who of American Women, Two Thousand Women of Achievement, Outstanding Educators of America* and *Outstanding Business Women in Metropolitan Detroit.*

Provost visit  
continued from page 1  
and their efforts to bring state-of-the-art technology to the College for medical training purposes.

Sandra Kilbourn, director of continuing medical education, discussed CME and management courses held for MSU-COM department chairpersons and administrators.

J. Justin McCormick, associate dean for research, and Veronica Maher, associate dean for graduate studies, were on hand to relay information about research, the Medical Scientist Training Program, and the training of faculty for clinical research.

David Kaufman discussed his clinical research in neuroophthalmology.

Robert Esdale, administrative assistant, talked about the AOA-funded back pain study.

The biomechanics department received attention with Chairperson Robert Soutas-Little giving insights.

Donald Stanton, director of rehabilitation medicine, discussed the physical medicine and rehabilitation programs.

Home health care  
continued from page 4  
cutbacks.

The 1988 federal budget includes "urgently needed Medicare reforms that will restrain the rapid growth in federal health spending and, in turn, will help improve the nation's competitive position."

The federal administration has proposed three changes.

First, the budget includes legislation to broaden the types of prepaid health care plans in which Medicare beneficiaries could participate. Beneficiaries would be offered a voucher with which they could choose from a variety of plans, each offering benefits at least equivalent to Medicare's.

Second, hospital costs would be trimmed again. It was proposed that Medicare payments for hospital capital costs would become part of the hospital's fixed, predetermined price per admission—depending on the patient's diagnosis. It is believed that this reform would reverse the inflationary incentives of the current system which rewards hospitals for building excess capacity.

Finally, one proposal aims to cut physician costs. Medicare payments to physicians whose practices are based in hospitals—radiologists, anesthesiologists, and pathologists—would be incorporated into the set price for each procedure.

Meanwhile in Congress, some support continues for increased Medicare services in home health care. Long-time advocate of the aged, Claude Pepper, Democrat of Florida, proposed a bill to increase Medicare home health benefits to include supportive services. Medicare would pay for home care when two or more of the activities of daily living cannot be accomplished without assistance. Activities of daily living include such things as bathing and getting dressed each day.

In the meantime, Congress passed an amendment to the Older Americans Act authorizing $2 million annually for fiscal years 1989 and 1990 for demonstration projects to test ways to assist the elderly receiving home care.

No doubt debates will continue concerning home health care. The issue may highlight the much larger problem of gaps in the nation's public health care provisions for the elderly.

"We, as a society, have to decide if we are willing to pay," Gilberg said.

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