

Spring 2017 Update

Greetings!

I am looking forward to seeing everyone next month at the Annual Conference, *Collegiality: Students, Colleagues, and All That Jazz* at the New Orleans Marriott, April 19-22 (#CAPCSD2017). This year, we are offering our 3rd Leadership Academy, a sold-out Clinic Director's Symposium, and multiple outstanding sessions. Additionally, we will be celebrating the launch of the CAPCSD Clinical Educator training modules, which are just completing final stages of user pilot testing. At the Conference, we will be promoting the Modules and showing members how to access the courses and share with their own clinical educators/preceptors. New Orleans will prove to be an exciting and educational experience for all, and the Board and I hope that you're planning to join us!

Healthcare updates. Changes in healthcare are directly impacting CAPCSD members. One of the nationwide rehab companies, Genesis, has begun to charge programs for placing students. In response to a request from several regional clinic directors' groups, representatives from Genesis will be at the CAPCSD Conference for an open dialogue during lunch. Watch the program for an update on location and time for this meeting.

Another major impact from the changing state of healthcare has been increased understanding that university clinics who bill must be implementing and adhering to Medicare requirements, including billing Medicare for services, 100% supervision, etc. Many programs have contacted CAPCSD asking that we, as an organization, advocate with the Centers for Medicare and Medicaid Services (CMS) on behalf of our members.

The Board has discussed this at length on our monthly phone calls and in last month's face-to-face meeting in Austin. Collectively, the Board has decided that we will not pursue an appeal with CMS to change the requirements for university clinics for several reasons.

First, the Board considered the rationale for these changes from a national level and concluded that the need for university clinics to change business and educational practices is the downstream effect of the massive changes in healthcare. The Board recognizes that this is not the way programs have done business for years, nor is it a fit with how we've educated students in the past. Programs are definitely feeling the impact of what many in other medical settings and private practices have been experiencing for several years now, and as painful as it may be for all of us (including me at Florida State), it is time for us to think creatively about how we will meet these requirements and demonstrate that we too are part of healthcare reform.

Second, the Board examined what other options programs might have for learning about meeting the requirements. ASHA and AAA provide guidance to university clinics on their websites, e.g., <http://www.asha.org/News/2016/New-Resources-for-University-Clinics-and-Private-Practitioners-Who-Treat-Medicare-Patients/> (I couldn't get to specific pages re: Medicare on the AAA site because I don't have login privileges, sorry). The guidance that these organizations provide is up-to-date and is more responsive to changes than we can likely offer via CAPCSD. That being said, one way that CAPCSD does support member programs every year is by

scheduling sessions on Medicare and 3rd party reimbursement at the Annual Conference. This year, the Wednesday April 19th pre-conference specifically addresses Medicare issues for university clinics. Programs concerned about the Medicare impact are encouraged to have at least one or more representatives attend this session.

Third, the Board considered the role of CMS. The agency was formed to serve its clients, not the providers who serve them. Therefore, its primary interest is in making sure that its clients are served by healthcare providers who can follow CMS requirements. Facilities that follow CMS requirements number in the thousands, on a continuum from large hospital systems to small private practices. There is a very poor likelihood that CAPCSD would be successful in advocating for a group of university clinics (n < 300) that CAPCSD member programs are special and need different rules. Also, considering the current political climate and goal to change the Affordable Healthcare Act in a significant way, CMS's efforts are likely to be directed elsewhere right now.

Fourth, the Board evaluated possible outcomes of such advocacy. Although the number of university clinics being forced to comply with Medicare regulations may be a drop in CMS' regulatory bucket, there is likely significant money to be recovered in fines should CMS and the Medicare Audit Contractors choose to begin auditing university clinics for compliance with Medicare rules. The Board decided that "shining a light" on our programs may result in negative consequences, the exact opposite of the goals of any advocacy CAPCSD would undertake.

April 15 Deadline. On January 30, 2017, CAPCSD sent an email from me to all member programs regarding abiding by CAPCSD resolution that April 15 is the decision deadline for incoming graduate students. I have been notified that several programs are in violation of this resolution and CAPCSD is taking steps to notify those programs and remind them of compliance.

The Board encourages member programs to have as many individuals as possible attend the **Semi-Annual Business meeting, Saturday morning April 22, 8:00-9:00 a.m.** The Board will share the current state of CAPCSD's finances, provide updates on the impressive work accomplished in the past year by various committees, and welcome discussion on topics of importance to the membership, such as Medicare.

On behalf of the 2016-17 CAPCSD Board of Directors, we look forward to seeing you in New Orleans in April. Laissez le bon temps rouler!



Lisa Scott, PhD
President, CAPCSD Board of Directors