

Potential Questions for COHS Panel

Denise Seigart, School of Nursing Chair

- Frequently when the shortage of primary care providers is mentioned with regard to healthcare reform, insurance companies and other institutions forget to factor in the impact nurse practitioners can have on increasing access. How do you think we can improve this understanding of the nurse practitioner role (since we have an NP program)?
- School-Based healthcare has been shown to be an important improvement in providing access to healthcare providers for children, yet very few schools employ nurse practitioners, and school nurses are spread very thin. How do you think healthcare reform can help provide care for children through schools (noting that our students do rotations through school health)?
- The education of nurses now includes much more content on navigation, insurance, cost controls, and management of care, due to the effects of the PPACA. What new content do you believe will be necessary in nursing education with the increased implementation of the PPACA?

Jayne Josephson

- As for a question for the panel, I believe the one of the most pertinent issues of health care reform is that of insurance length of stay limits, pre authorizations, and penalties for hospital admissions outside of the CMS criteria. I would wonder if acute care settings and insurance companies believe that teaching students and researching the impact of these issues related to patient outcomes is warranted?

Jo Powers, Senior level students in the MSW program

- Why has the state not expanded Medicaid benefits? Is there any discussion about this decision changing in the future?
- Will there be any new or additional resources for individuals and families who are negatively impacted by the lack of benefit expansion?
- Students are interested in hearing from representatives on the panel what their opinions are as to specific skills, knowledge and characteristics that will be critical for students to be successful in obtaining jobs and working with underprivileged populations when they graduate.

Dr. Daniel Harkness and the graduate students enrolled in *The Evaluation and Treatment of Mental Disorders*, a required course in the School of Social Work

- The Affordable Care act was designed to enhance care coordination and improve the integration of primary care and behavioral health services by establishing, for example, patient-centered medical homes for Medicaid patients with complex health care needs. Instead of establishing patient-centered medical homes for Medicaid patients with complex health care needs, however, Idaho contracts with Optum to administer Behavioral Health,

and Optum contracts in turn with 166 individual and group Medicaid providers within a 50 mile radius of the Boise State Campus. How does this enhance the coordination of primary and behavioral health services, which the Idaho Statesman has described “fragmented, underfunded and threadbare?” What are the implications for educating and training Idaho health providers?

Jeff Anderson, Faculty Respiratory Care

- Not specific to any one of my courses, I would like to ask how the changes such as non-reimbursement/penalties for 30 day readmissions for asthma and COPD will change the role of Respiratory Care Practitioners. Do the hospitals see a role for RCPs as case managers outside the hospital? Increased use of RCPs with discharge planning/patient education/follow up after discharge? Smoking cessation and other forms of patient education by RCPs? Will there be a specific physician extender role for this profession?

Pam Strohfus and Students NURS 604 - Designing Models of Health Care; Doctor of Nursing Practice Program

- Idaho's Republican lawmakers are hesitant to discuss Medicaid expansion under the Affordable Care Act even though there are thousands of people who are not insured and cannot afford insurance who could be covered in the expansion. What ideas do you have to care for our uninsured and indigent populations if this expansion is not passed in 2015? What can Idaho do to control insurance and medical care costs?

Cynthia Sanders, Social Work Undergraduate Coordinator

- Idaho is among the lowest spending on mental health care. How will this be impacted by ACA and how affect students and jobs post-graduation?
- Will the ACA include more control of pricing - e.g. will the pricing structure change and inhibit providers for charging essential whatever price they want to services and goods?
- How will Medicaid expansion (if we ever get it or an alternative) impact access to health care - are there enough providers? Will there be more jobs?
- What role does the panel see social workers playing in health care provision?
- There have been lots of challenges with Optum coming into Idaho. Is this getting better? Why are they primarily focused on managing PSR services rather than a spectrum of mental health care which would reduce the revolving door of hospitalization for those dealing with mental health challenges?
- Native Americans are not required to sign up for health insurance under the ACA. However, the health care service available in Idaho through reservations etc. is very limited and often requires prohibitive travel. What is being done to address inclusion of this vulnerable population?
- What is the best way for social workers to learn about and navigate the health care system under the ACA?
- How can health care workers, including social workers working in the health care field and other social service agencies, be better educated to serve those who may gain access to health care under ACA who previously did not?

- How will the conservative political climate in Idaho impede implementation of the ACA?
- How affordable is health care really?...many plans have increased deductibles keeping health care costs prohibitive to many individuals and families
- Most students at BSU fall into the "gap" and are forced to sign up for SHIP. What is being done to close the gap?

Dr. Jane Grassley, School of Nursing and DNP student

- I am very curious about where we are going next and where we need to go with nursing education. My question is given the zeitgeist of the current generation of nursing students (EI but also maturity, and their seemingly need to external validation-praise) how do we prepare the next generation of students to be prepared to care for the aging population, advanced technology and the health care needs of the population? There is so much more to this question I am not sure where to start? Sure wish I could be there.
- Given that many students have been somewhat sheltered from difficult life experiences, (they did not live through the great depression), how do we educate this generation of students to be prepared to care for the aging population, advanced technology and the health care needs of the population?

Cathy Deckys Nursing Faculty: Leadership Management Lab (425):

- When health care is a priority for all, how do you see including those in poverty who currently choose between food, clothing, and shelter? What will the extent of the scope of practice be for nurses?
- From what I have seen through shadowing various nurse practitioners, Medicaid has a huge impact on how providers are able to practice. It does not seem right that insurance companies should control how patients are treated and the treatment options available to them. How do insurance providers view their relationship with medical providers? Is there any communication taking place on how to improve this relationship and addressing the current restrictions on providers?
- Health care is still quite expensive and many people still will be left without access to care with the affordable care act. How do we lower health care costs? Higher learning has allowed nurses to become practitioners to alleviate a shortage in Doctors.
- Will health care reform result in a necessary standardization of nursing scope of practice across states, and, if so, how will that impact the approach of educators in preparing nurses at the baccalaureate level and beyond?

Cathy Deckys Nursing Faculty: Leadership Management Lab (425): KINES 426- Administration in Athletic Training (Hammons) Dave Hammons... Dr. Pam Gehrke, SON I asked my NURS 420 Policy, Power, and Voice and Dr. Kim Martz, Jeff Anderson Respiratory Care

- Health care is still quite expensive and many people still will be left without access to care with the affordable care act. Within the context of HCR, How do we lower health care costs (one item)?
- Higher learning has allowed nurses to become practitioners to alleviate a shortage in Doctors, concerned about expansion of M.A's, states vary in the scope of work of nurses, PA, etc.

- Seems like there is a shift toward non-physician providers with affordable health care, has this created conflicts in your setting- how can potential conflicts be approached in higher education programs?

Dave Hammons - KINES 426- Administration in Athletic Training

- How is your institution managing role strain on providers due to the influx, or foreseeable increase in patients?
- How does HCR (Health Care Reform) affect student-athlete insurance policies (secondary insurance)? It seems like it could place increased burden on institutions that provide such policies.
- It seems like there is a shift toward non-physician providers with affordable health care, has this created conflicts in your setting- how can potential conflicts be approached in higher education programs?
- There is an escalating financial burden on the pre-health care professional student, with a potentially diminished return due to HCR- what words of advice can you share with such students to continue the pursuit of their professional goals, (e.g. MD, AT, PT, OT)?
- Should HCR provide a platform to increase a focus on high school health education- insurance, and prevention?
- What does the market look like for preventative service programs and the impact it may have on students enrolled in degree programs that focus on preventative education and care?

Dr. Andy Hyer and Dr. Caile Spear are doing an IPE activity with his HLTST 202 Health Delivery Systems and my KINES 240 Foundations of Health Promotion & Prevention.

The questions we want them to discuss are:

- What is the role of health care in prevention?
- What is the role of prevention in health care?
- What are the barriers and supports to developing a team approach to prevention and care within our current system?

Dr. Sarah Toves, CEH

Here is a question from the MHLTHSCI 692 graduate capstone class:

- In Idaho it is estimated that unpaid caregivers, primarily family members/spouses, of older adults or children with special needs, provide approximately 8.5 million hours of care valued at one billion dollars (\$1,037,881,136 and yes, this is a big number.) What is your organization currently or planning to do to support these community-based providers of care which is becoming increasingly complex? How does this population fit into organization's your vision of the patient/family-centered medical home and what impact does this have for students pursuing health care and public health careers.
- A question from the MHLTHSCI 555 Program Evaluation in Health class: Achieving the triple aim of quality and value at a population health level requires a rethinking of the metrics used to measure success. How have the strategies used to measure/monitor success changed and what evaluation skills do managers/leaders need to have to meet this challenge, i.e., what should I be learning in my master's degree program to be competitive in the job market?
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have to meet this challenge, i.e., what should I be learning in my master's degree program to be competitive in the job market?

Mike Berlin Health Studies 360, Healthcare Finance, have a question:

- What alternative long-term financing options might be in any proposals related to Medicaid Redesign? Many people who need the services of a Skilled Nursing Facility opt to do the "Medicaid Spend-down" in order to qualify to have Medicaid pay for these services. Having a financing system that provides this motivation doesn't seem advantageous to either the individual or the state. The individual loses their assets and the state bears much of the cost of long-term care. Is there any information you can give us about policy changes or improved financing (or insurance) mechanisms on the horizon to address this issue?
- Impact of Health Care Reform here in Idaho. We have heard that the hospital organizations here in Idaho have been developing Accountable Care Organizations. Can anyone on the panel tell us how those are being structured and about the current status of those? What types of (new or additional) healthcare jobs do you expect will come out the development of the ACOs and what types of classes/skills will best prepare us for getting those types of jobs?
- What advice would you give college students regarding career opportunities? Are there careers in the health field that look to be growing in the future (care coordination)? Are there also careers that may not exist in the next 25-30 years?
- Hospital organizations here in Idaho have been developing Accountable Care Organizations. Can the panel tell us how those are being structured and their current status? What types of (new or additional) healthcare jobs do you expect will come out the development of the ACOs and what types of classes/skills will best prepare us for getting those types of jobs?

Kathy Reavy

- From a nursing standpoint, I would like to see a discussion about the increasing costs of health care and the perceived fear of the Affordable Care Act from main stream insurance companies and hospital corporations. Do increases in health care "really" relate to the inclusion of children up to the age of 26 years?
- How much do vulnerable populations covered by the ACA impact medical costs--let alone physician access?

Dr. Janet Willhaus, NURS 334 Behavioral Health Nursing Lab

- How has the access for mental health care changed in Idaho as a result of the affordable care act and what is being done to increase access to community and hospital based behavioral health services as a result?

Terri Solberg, Office of Research - Emerging/enhanced research areas include:

- Chronic care/Disease management
- Role of mobile technology to support chronic care, patient self-care, patient engagement
- Decision support tools-- to Janet's point and Marty's expertise
- Readmission reduction
- Payment model reform
- Improving healthcare systems
- Prevention/wellness- Not so much out there now for funding, but I suspect we will see some modest growth in this area

- Big data/data analytics-- aligns with St. Al's comment of generating 1 terabyte/day of data, but not being able to extract meaningful/actionable information
- If you could pick one area to investigate what would you like our researchers at Boise State to address based on HCR?
- Use of patient registries
- Patient-centered care
- Addressing anticipated provider shortage—ties into new NP programs
- Emerging new roles (e.g. care coordinators, health coaches) --addresses new care coordination certificate.
- Integration of behavioral health into primary care--this is another area that I suspect we will start to see additional opportunities for funding

Vince Siero, Director of University Health Services

- What will the future health care team look like and how will we train them?
- What is the role of a university in answering research questions related to innovation in health care models?
- What are the proposed changes in how mental health care will be delivered in the environment of health care reform?
- Fast forward 20 years. What will medical schools look for in a candidate, i.e. what skills and knowledge will be valued for the physician of the future?
- What will the future health care team look like and how will we train them? What implications might this have for the way we educate and train students?

Dr. Ed Baker, Center for Health Policy:

- What attributes within hospitals and clinics go about staffing the leadership or management team within a product line, e.g., cardiology, pulmonary... what should we be doing in Higher education to train our graduates to progress into these positions?
- What is the role of providers, health information entities, higher education to facilitate discussions about death and dying and advanced directives?

Andy Hyer

- What advice would you give college students regarding career opportunities? Are there careers in the health field that look to be growing in the future? Are there also careers that may not exist in the next 25-30 years?
- I am wondering what is currently being done and what potentially may need to be done to produce more primary providers (Doctors, nurse practitioners, physician assistants) due to the number of insured individuals that will seek care, since everyone “should” be insured? Will more spots open up for programs that produce these providers? What’s the outlook for an individual considering a career in a field stated above?
- One of the questions that comes to my mind with education and health care reform is what impact will the accessibility of health care to all Americans have on the overall quality of health care? How will this increase be dealt with? How will institutions of higher education respond to meet the demand?

- Idaho is lacking in the number of primary care physicians, which is why physician assistants and nurse practitioners have been coming into play more often lately. Is Idaho working on a medical school or another physician assistant program so that we have more primary care assistance within our state?
- Now that we must have health insurance, how are we, as a state and possibly a nation, going to make sure quality of care is not going to become jeopardized?
- With the growing shortage of doctors in Idaho, especially with healthcare reform demeaning so many additional PCPs, what can be done in order to ensure additional seats in the WAMMI program and at the University of Utah in order to train more medical professionals who could fill these vacancies?
- My question for Dr. Ted Epperly is, based on the demand for nurses in the state of Idaho; will the new innovations and health care reform cause the demand to increase?
- Is there a difference to work for a non-for-profit or for-profit hospital? If so, how does it affect employees?
- Has health care reform and the ACA been efficient in providing health care coverage to more people and has it improved or worsened the medical care people are receiving?
- One question that I have for Dr. Ted Epperly is will there continue to be funding for research as healthcare changes in the next few years? I hear that this is going to be a continuing growing part of health care and is that true?
- How is the healthcare reform going to affect my job in the future of being a respiratory therapist in Idaho?
- As I said, I do not know much about any aspect of health care yet, but my question would be, will there be more of a demand for doctors and how long will that demand last?
- The question I have for Ted Epperly is once we reach the ideal reform for healthcare, how does the employment rate look for health care professionals. If we get to a place where physicians are seeing patients for preventative medicine, will this not slow down the amount of physicians needed?
- One question I am very interested in is nursing career statistics. Over the years there has been a lot of talk on the demand for nurses. Since the demand, it seems like there has been a raise in nursing student applicants. Will this demand die down soon, with the rise of nursing student graduates, or will there always be a rather high demand for them?
- What do you envision will be the most impacted by the health care reform laws now in effect? How will adaptations in the administration of health care alter the profession? How will these changes affect healthcare consumers? What are your fears?
- In 2011 the Association of American Medical Colleges came out with a study regarding the number of Active Physicians (defined as physicians currently working with patients) per 100,000 populations. Out of the 50 states in the United States, Idaho is ranked #49. The state median for active physicians per 100,000 is 244.2, whereas Idaho has 184.2 active physicians per 100,000. The state of Idaho does have agreements with Utah's and Washington's medical schools for Idaho residents, which increases the likelihood of Idahoans continuing to medical school. My question for all of you is, how do you believe we can increase the number (while maintaining quality) of health professionals in Idaho?
- How health care in Idaho changed since Obamacare was implemented?
- How is the healthcare reform going to affect outpatient clinics, such as physical therapists?
- One question I have for Dr. Ted Epperly and/or the other panelists in regards to "Health Care Reform and the Future of Higher Education" is with rising costs of government based

programs such as Medicaid, can the government find a way to promote/encourage trading dependence on federal government for assistance with medical costs by offering the opportunity for assistance with higher education costs?

- Since St. Luke's has launched the mychart functionality, my family's medical histories are more available and changes can be made if errors are found. However, mychart isn't able to send records over to doctors or specialists that are out of the network. Since more patients are looking to have online access to their medical information, and the Affordable Care Act has patients changing doctors to comply with new insurance plans, do you think that any changes to these systems to make the medical information accessible to any provider, regardless of network or health care institution is on the horizon?

Nicole Lasich Clinical Instructor:

- What resources are there to help young adults learn about Health Care Reform?
- What action can the Public Health Club take to help students understand Health Care Reform?

Dr. Pam Gehrke, SON (NURS 420 Policy, Power, and Voice)

- How will HCR impact the demand for health care professionals?
- Will health care professionals (HCPs) make less money?
- How will HCR affect nurses and those who work in hospitals?
- Will HCR "scare" people away from becoming HCPs?
- How many NP's are being prepared in Idaho to meet HCR needs?
- How does HCR impact day to day actions of practicing nurses and professionals?
- How does HCR affect hospitals versus MDs in private practice?

How do enforcement, penalties, and/or waivers work?

- What are fines?
- How are penalties determined and/or assessed?
- Can people receive a waiver of penalties?
- How are penalties for not having insurance considered constitutional?

What are the benefits and the drawbacks of HCR so far?

- Are ERs being used less frequently as primary care clinics?
- How is my own personal care affected by HCR?
- How do those who don't qualify for tax credit afford health care?
- Is care really any more affordable now?
- Who benefits from HCR?
- How will rising insurance premiums be handled?

Will Medicaid expand in Idaho?

- Why did some states opt out? Why did Idaho do so?
- Why do some people who had coverage before the PPACA now not have coverage?

Where can I go as a HCP to find HCR resources and information for myself and for my patients?

- How does Medicare fit with HCR?
- Where can I refer patients to enroll?
- What minimum coverage is required?
- Who qualifies for waivers?

Karla West, Counseling, UHS

- As you may know the entire state of Idaho is considered by the U.S. Department of Health and Human Services (HRSA) as a medical and mental health shortage area, resulting in a number of underserved populations, including students. Additionally, without the expansion of Medicaid in Idaho, many of our citizens, including students, find themselves uninsured. If we value access to quality health care, we must also then value quality education to produce quality health care providers. In what ways is the state going to support our institutions of higher education, the ones who are tasked with the production of the quality health care providers, to ensure the ability to produce the care providers we so clearly need?
- We live in a fee-for-service model of health care, which leaves us with minimal ability to support training programs that cannot financially support themselves independently. In Idaho, however, the state licensure laws, provider credentialing, and reimbursement processes for services rendered don't align in a way that allows for those early in their career (akin to medical residency) to charge adequate fees. How then, can we in higher education continue to foster the training of new mental health professionals when we cannot financially support the process of training itself?
- How can we, in higher education, work to improve parity for mental health services, including addressing the reimbursement and co-pay rates for mental health services to be more in alignment with reimbursement and co-pay rates for medical service?
- As Idaho has not expanded Medicaid benefits, many college nontraditional and/ or part time students find that they fall into the gap of not being able to afford health insurance through the exchange, but also don't qualify for Medicaid. What role do you see higher education having in helping to bridge this gap and how do you foresee the revenue stream for this gap-stop?
- Knowing that Idaho's institutions of higher education are educating and training our future health care providers, what support might we expect from the state to help us: 1) navigate through the current and future changes that health care reform brings 2) achieve scholarly and relevant research outcomes, and 3) educate the student body population in how to navigate the selection of health care options, including the insurance exchange?
- As Idaho has not expanded Medicaid benefits, many college nontraditional and/ or part time students find that they fall into the gap of not being able to afford health insurance through the exchange, but also don't qualify for Medicaid. What role do you see higher education having in helping to bridge this gap and how do you foresee the revenue stream for this gap-stop?

Ken Peterson, DEAN COBE

- Do you see opportunities for traditional colleges like Health Sciences and Business to work together to better address the health care industry's needs as it moves towards building sustainable business models for population-based healthcare?"

Dr. Ed Baker, Center for Health Policy:

- What is the role of providers, health information entities, higher education to facilitate discussions about death and dying and advanced directives?

Cynthia Sanders, Social Work Undergraduate Coordinator, MSW, social welfare policy courses

- Idaho is among the lowest spending on mental health care. How will this be impacted by ACA and how affect students and jobs post-graduation?

Dr. Andy Hyer and Dr. Caile Spear are doing an IPE activity with his **HLTST 202 Health Delivery Systems** and my **KINES 240 Foundations of Health Promotion & Prevention**

- What is the role of health care in prevention?
- What is the role of prevention in health care?
- What are the barriers and supports to developing a team approach to prevention and care within our current system?

Andy Hyer: As part of the introductory discussion board my students in **Health Law and Ethics and Health Delivery Systems**

- What do you envision will be the most impacted by the health care reform laws now in effect? How will adaptations in the administration of health care alter the profession? How will these changes affect healthcare consumers? What are your fears?
- In 2011 the Association of American Medical Colleges came out with a study regarding the number of Active Physicians (defined as physicians currently working with patients) per 100,000 population. Out of the 50 states in the United States, Idaho is ranked #49. The state median for active physicians per 100,000 is 244.2, whereas Idaho has 184.2 active physicians per 100,000. The state of Idaho does have agreements with Utah's and Washington's medical schools for Idaho residents, which increases the likelihood of Idahoans continuing to medical school. My question for all of you is, how do you believe we can increase the number (while maintaining quality) of health professionals in Idaho?

TJ Wing (The board comes from the Health Professions Residential College):

- By 2025 there is predicted to be a shortage of physicians of 130,000 in the US alone. Physicians attend on average 14 yrs of college, take on an average of \$165,000 in student debt, and have decreasing salaries levels and job satisfaction levels. What should pre-med as well as med schools do to ensure this predicted crisis is averted?

Audience Questions from 1/20/2015:

- Why are there no women on the panel?
- Why are there no women on the panel? If there was, would a woman's perspective be different? If so, why and how?
- Why are there no female board members on the panel?
- Would Mr. Roth be able to comment more on the plans for expansion of Boise St. Luke's in the context of health care reform?
- Are all healthcare systems in Idaho on board with the concepts envisioned by SHIP?
- Working with a "team approach", where does the patient advocacy come in? Is the patients' voice taken into account or their families?
- How can fields that operate w/reimbursement - and typically physician based outcomes - learn and adopt to be more similar to those who function without reimbursement and a greater level of patient-centered care?
- In a system spoken of by the panel to have an inadequate number of MD's, how can allied health professionals be used in a more effective and active manner w/respect to health and prevention?
- Where do PA's and NP's fit into this new system? Will we see a change in those roles?
- As the healthcare system evolves more lower-income individuals will be able to access medical care. Frequently underserved populations, such as women, have unique needs to be addressed in the healthcare setting. Please discuss the importance of adequate representation for such populations in leadership and decision-making to ensure that we meet the needs of all Idaho residents and how this can be facilitated in an educational setting?
- With the move towards preventative medicine, there will be many that will be resistant to preventable methods such as lifestyle changes. This may cause patients to leave a physician that is encouraging a preventive approach for a physician that will provide a "quick fix". What will it take for the medical community to unite on this front so physicians won't lose patients?
- Why is there not an RN to MD bridge program if MD's are needed?
- I am an Advanced Practice Nurse; what do your colleagues in medical specialties say about changing the focus of care?
- Home HealthCare pays little. How is it going to be funded to allow for better wages at the caregiver level?
- How do we change Idaho's social norm of the bootstrap mentality of toughing it out and doing "life on your own" to buy into regular preventive medical visits in order to get the "buy-in" for this new medical model?
- Will additional resources be given to mental health in the medical reform acts and transformations?
- Can we change billing codes?
- How far out do you see wide-span utilization of the technology Dr. Epperly utilizes with his patients?
- What plans are in place to educate the general public, especially vulnerable and marginalized people about changing the model of care? How will we get technology resources to them?
- How will education of professional healthcare workers adapt to this model and will it be culturally attuned?

- How do we change the minds of those following the money in healthcare to move to this model?
- Does bringing healthcare to the home include prenatal care and birth similar to Sweden and Norway?
- What is the proposal for income distribution?
- Does this new system account for professionals who want an independent clinic or will they be employees of the new medical home system?
- What are you doing to diversify health care leadership, not just first level care delivery?
- How do you facilitate health and behavior change for the poor without further blaming the victim?
- In development of software for home health approach to care, how will it incorporate the “human touch” of ‘eyes on the patient’ to detect delicate visual cues and continue to embrace human interaction in maintaining the mental health as well as physical health of patients?
- Will the interprofessional team work (goal) include the breakdown of barriers between all modalities within healthcare, MD, RN, RT, X-ray, dietary, etc?
- Are you concerned about the consumer being able to comply with the use of technology?
- What steps are being taken to get various disciplines on board with all this proposed innovation?
- How do we integrate the conversation regarding end-of-life care/goals into integrative health practices?
- What are we doing as a state to increase the amount of primary care physicians in Idaho?
- How do you educate the public to take some responsibility for their own health?
- What happens to the healthcare workers when the system becomes more efficient, and therefore there is less disease to manage?
- Do you feel that the lack of human interaction might cause unease when a patient is being treated? (This question refers to the advancement in technology that intends to keep patients at home)
- By 2025 there is predicted to be a shortage of physicians of 130,000 in the US alone. Physicians attend on average 14 yrs. of college, take on an average of \$165,000 in student debt, and have decreasing salaries levels and job satisfaction levels. What should pre-med as well as med schools do to ensure this predicted crisis is averted?
- **RADSCI 330** Introduction to Sectional Imaging, students are interested in knowing with increased regulations on pre-authorization for advanced imaging studies such as Computed Tomography (CT) and Magnetic Resonance Imaging (MRI), how do you foresee this affecting physician’s choices in ordered imaging studies and speed of care for our patients?
- **RADSCI 330** Introductions to Sectional Imaging, do you foresee a change in the role of the Medical Imaging within the healthcare system considering the use of reimbursement caps and restrictions based on modality of service (MRI, CT, Ultrasound, etc.) rather than type of imaging study performed (i.e., routine procedure versus cerebral angiogram)?
- **RADSCI 350** Imaging Pathophysiology, considering reimbursement policies, do you foresee a change in the employment of Physician Assistants (PA) or Radiology Physician Assistants (RPA) in the realm of Medical Imaging? (Potential increase or no change due to reimbursement for services)

