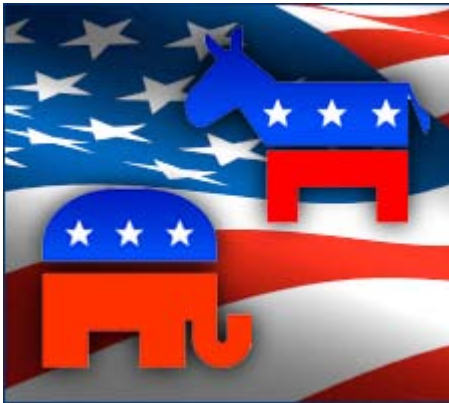


## HEALTH CARE REFORM- WILL IT HAPPEN, CAN IT HAPPEN AND IN WHAT FORM WILL IT HAPPEN?



*One of the key issues to be debated and perhaps implemented as a result of the presidential elections will be health care. Certainly recent economic issues have knocked this topic from its top perch but it remains a fundamental ground for discussion and debate. The following is a summary of a much larger article referenced at the close of this article which took a look at health care positions for several of the then Democratic and Republican candidates. In the future additional position summaries will be included for your review. RJH*

This report analyzes the health care proposals of the two leading presidential candidates. While earlier debate had included a number of other individuals, this summary attempts to lift out the salient points for Senator Barack Obama and Senator John McCain. When the primary process began, the approach to health care insurance reform fell into three categories: 1) proposals that emphasize tax incentives for obtaining insurance through the individual market (Giuliani, Huckabee, McCain, Romney); 2) proposals that build on existing private and public group insurance with shared responsibility

for financing coverage (Clinton, Edwards, Obama); and 3) proposals that aim to cover everyone through publicly sponsored insurance systems like Medicare (Kucinich). While it is possible that there will be some “leaking” from one position to another, it is important to take a look at the two remaining candidates.

### EXECUTIVE SUMMARY

#### INTRODUCTION

With the 2008 presidential election well under way, health care reform has jumped to the top of the nation's domestic policy priorities. The reasons are clear and numerous. The number of Americans without health insurance has continued to climb: 47 million people were uninsured in 2006, an increase of 8.6 million from 2000. In addition, an estimated 16 million non-elderly adults are underinsured as a result of high out-of-pocket health costs relative to income. And although employer-provided health insurance remains the predominant form of coverage for U.S. workers and their families, rapid growth in health care costs and premiums has weakened the ability of many firms to offer comprehensive coverage and for many families to afford it. Employers—particularly small companies—are passing more costs to their employees or eliminating coverage altogether.

Two presidential candidates— Senator John McCain (R-Ariz.), and Senator Barack Obama (D-Ill.), have proposed plans for the future direction of the health insurance system in the United States that range from simple ideas and philosophies to more concrete strategies for reform. They have also put forth ideas to improve quality and efficiency, and to control costs. To inform the public discussion about possible paths to reform, this report describes the candidates' proposals, examines key differences in their vision of a future health insurance system, and evaluates the proposals against the set of key principles laid out in the *Roadmap* report.

### PROPOSALS OF THE 2008 PRESIDENTIAL CANDIDATES

#### THREE DISTINCT APPROACHES TO HEALTH CARE REFORM

Continued on Page 4

### In this Issue

- New Members P.3
- NAATP Conference Registration P.6
- Career Opportunities P.8
- West Quality Improvement Award P.9
- SECAD 2009 P.9

# as **RJH** sees it....

## Open Letter to 100 College Presidents

The recent press reporting which has been given to the Amethyst Initiative and the support of over 100 college presidents to elevate the discussion concerning the “legal” drinking age in this country has gained considerable traction. However, this debate and the issuing of vitriolic statements continue to focus on only one small sector of the much larger and much more complex issue. To center the attention on “at what age should it be legal to use the drug of alcohol” completely misses the larger issues of how we as a society respond to a serious public health dilemma. Every day the press reports something related to the personal tragedies and public costs associated with alcohol misuse, the disease of addiction and its accompanying health care risks.

For all of the good intentions of the 100 College Presidents and the formation of the Amethyst Initiative, this debate continues to ignore the much larger and more important issue of how we respond to this disease and the accompanying health care risks it poses. As it is presented, the discussion seems much more like a discussion to reduce liability as opposed to a serious discussion on the impact of alcohol use and abuse on campus!

In continuing to focus the attention of the media and therefore the public and policy makers on whether or not the national drinking age should be 21 or 18, we completely miss the more pressing issues of alcohol addiction and “at risk drinking behavior”. By keeping the discussion on the difference between 21 or 18, these esteemed college presidents have inadvertently continued the discussion of the prohibition vs. non prohibition forces, which is an absolute no win discussion. “At what age should it be legal to use alcohol” continues to be the focus of the debate as opposed to taking a serious look at alcoholism and “at risk drinking behavior” which is practiced by 18 year olds as well as 21 year olds and by those even younger.

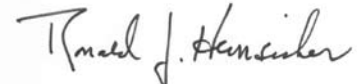
The National Association of Addiction Treatment Providers applauds the 100 College Presidents for raising the issue, but challenges them to go back to the drawing board to use their influence, power and platform to reframe the discussion. A discussion of prohibition vs. non-prohibition is simply one, which will go no place! It is the wrong issue! There is much more at stake than a college enforcing a drinking age, which it feels, is impossible at age 21! There is much more at stake than making a statement about the prevalence of alcohol in our society! What is at stake is taking a position on our response to the use and abuse of alcohol and the resultant disease of alcoholism, which afflicts nearly 10% of our society directly and another 60% indirectly.

The National Association of Addiction Treatment Providers calls on the 100 College Presidents and the Amethyst Initiative to refocus their energies and their message to the

point that it makes a real difference. We believe that they can make a significant difference, but only if they see the larger perspective. We urge them to issue their statement and frame the discussion in the following areas:

- Students today are tomorrow’s leaders. The misuse of alcohol impacts society significantly and crosses all levels. Information and research is available today that can prepare students in both their personal decisions regarding alcohol use and their response when they encounter individuals with a drinking problem whether it be at university, within their family or a future workplace.
- Alcoholism is a primary progressive chronic disease, which can be addressed through professional treatment and life long management of the disease.
- Every enrolled college and university student should be required to take a course taught by a certified addiction professional on the issues of use of alcohol and responsible drinking versus misuse; signs and symptoms of alcohol problems; how to confront a friend or colleague with an alcohol problem, and treatment for alcoholism and alcohol abuse.
- Every college and university will commit itself to having available and accessible services for students needing assessment and treatment referral for alcoholism and alcohol abuse.
- Every college and university will support and ensure that there are 12 step meetings available on their campus and that every student has access to the list of meetings and times of meetings.
- All colleges and universities supporting the Amethyst Initiative will issue a “Zero Tolerance” policy on campus and at all institutional sponsored events for alcohol abuse.
- Finally we urge the “100 College Presidents” to use this initiative to develop policies and to issue statements on the many hidden issues associated with alcohol abuse such as date rape, bullying, intimidation, and irresponsible public behavior.

The National Association of Addiction Treatment Providers would like to join the 100 College Presidents in this very important discussion. However, to only focus on age and therefore the legal issue of when to drink is to miss the larger and much more important issues facing our colleges and universities as well as our society. What will be our response to the disease of Alcoholism is far more significant and timely than at what age can you drink! The prestige and importance of these 100 college presidents should be reserved for the larger issues.



Ronald J. Hunsicker  
President/CEO, NAATP

## LOOKING FOR SOME COMMITTEE MEMBERS

1. Do you have some ideas for the NAATP 2009 Annual Leadership Conference?
2. Would you like to get involved with one of the premier addiction treatment conferences?
3. Would you like the opportunity to introduce a speaker or a workshop presenter at the 2009 conference?
4. Would you like to have your name and your organization name listed on the conference program as a member of the conference planning committee?

If you can answer yes to at least one of the above questions, consider volunteering as a member of the NAATP 2009 Conference Committee and Contact Sherry Anderson at the NAATP office at [717-392-8480](tel:717-392-8480) or email [sanderson@naatp.org](mailto:sanderson@naatp.org). All committee meetings are conference calls! Make the call today so that you can be part of the planning.

## Hanley Center Announces Five Year Research Project

Hanley Center, a premiere alcohol and chemical dependency treatment facility in West Palm Beach, Florida, has announced a five-year collaborative Substance Abuse Treatment Outcome research project to define and answer major questions about the disease of addiction, treatment and recovery.

Defining recovery and associated outcomes, evaluating treatment and developing promising protocols for effective treatment of alcohol and drug dependency are at the heart of the research project. The Substance Abuse Treatment Outcome partners are Hanley Center, the University of Miami's Miller School of Medicine and its Comprehensive Drug Research Center; epidemiologist, Dr. Karen Dodge of the Palm Beach County Public Health Department; researchers from the Scripps Research Institute's Jupiter, Florida Campus, and Florida International University in Miami.

"In this groundbreaking research, we are combining the science of neurobiology research with clinical experience at Hanley Center," said Dr. Barbara Krantz, Hanley's CEO and Medical Director. "Two of the most intriguing areas of our research include the influence of hormonal shifts on treatment success and how we address chronic pain as a co-occurring condition with substance abuse. We are evaluating current treatment provided at the Center, including specific interventions for older adults and gender-specific treatments."

"We will be able to both diagnose the presence of addiction and predictability of relapse through evaluation of certain hormone and neuropeptide biomarkers," said Dr. Karen Dodge. "We believe this will greatly support recovery efforts for individuals, especially during their first year of recovery after treatment."

"Both medicine and addiction treatment are moving towards more evidence-based practice, so that we can determine what interventions work best for whom and under what conditions," said Dr. Krantz. "We need a unified definition of recovery that is the sum of both neurobiology research and clinical experience. At Hanley, we consider the following domains in recovery: bio-medical, biomarkers; psychiatric; psychological (cognitive); emotional; social and spiritual. The outcomes will help us offer patients identifiable goals in recovery."

According to Dr. Krantz, the project will also help to identify promising new areas of research and could synergistically affect regional and national policy, because addictive disorders have devastating health and financial consequences.

The Board of Trustees of the Hazelden Foundation is pleased that Mark G. Mishek has accepted its offer to serve as Hazelden's new President and CEO. Hazelden's Search Committee recommended Mark from a list of excellent candidates following a national search. Mishek succeeds Ellen L. Breyer, who resigned in April.

Mark G. Mishek currently serves as President of Allina's United Hospital as well as Senior Vice President of Allina Hospitals & Clinics.

Mark has the skills and broad experience as a health care executive to lead Hazelden into our seventh decade. Mark has been a dynamic leader in health care in the Twin Cities for a long time and has demonstrated his ability to manage a complex health care organization. His contribution and level of commitment to service and quality patient care will be valuable assets as we grow and innovate in the treatment and recovery of those suffering from the disease of addiction. Mark will assume his new role on November 3, 2008.

Mark's career in health care spans 30 years. He has held positions with the Allina system since 1981. He was Executive Vice President for Law & Public Affairs and General Counsel and Corporate Secretary for Allina Hospitals & Clinics.

Mark earned his bachelor's degree and law degree from the University of Minnesota. He is currently Chair of the St. Paul Area Chamber of Commerce and serves on the boards of Capital City Partnership and ClearWay Minnesota. He is a past Board member of Portico Healthnet.

Mark, who lives with his family in St. Paul, is in long term recovery from the disease of addiction. During his first months he will spend time meeting with Hazelden friends and staff.

## WELCOME NEW MEMBERS

**Big Island Recovery**  
**Kailua Kona, HI**

**ABC Recovery Center**  
**Indio, CA**

The health care reform proposals of the eight presidential candidates offer fundamentally different visions of the future of health insurance in the United States and fall into three distinct categories: 1) strategies that emphasize tax incentives for obtaining insurance through the individual market; 2) proposals that build on existing private and public group insurance with shared responsibility for financing coverage; and 3) proposals that aim to cover everyone through publicly sponsored insurance programs like Medicare.

**Tax Incentives for Individual Market Insurance.** Republican presidential candidates—Senator John McCain (R-Ariz.), has proposed to increase insurance coverage through the individual insurance market with new tax incentives and deregulation of state markets (Figure ES-1).

**Mixed Private-Public Group Insurance with Shared Responsibility for Financing.** Democratic presidential candidate Senator Barack Obama (D-Ill.), has proposed plans for universal coverage that would maintain and build on the current mixed private and public insurance system. Most include a new group insurance market arrangement often referred to as “connectors” or “exchanges” that would provide people with a choice of private and public group plans. These proposals include consumer protections, financial support for premiums for lower- and moderate-income households, expansions in state Medicaid and the State Children’s Health Insurance Program (SCHIP), and requirements for individuals to purchase coverage and for employers to offer or help pay for coverage. These proposals are similar in structure to the new Massachusetts universal coverage law that includes a private-public group “Insurance Connector.” In California, Governor Arnold Schwarzenegger and the state legislature have also proposed such a plan.

**Public Insurance.** No current Presidential candidate has proposed a plan for universal coverage in which everyone becomes insured through a public insurance program like Medicare.

## ENVISIONING THE FUTURE:

### KEY DIFFERENCES IN THE CANDIDATES APPROACHES

Overall the candidates’ views of a future health insurance system are fundamentally the same within the two parties but fundamentally different between the two parties in the following key areas:

- **The goal of universal coverage.** The candidates differ markedly on the goal of providing coverage to everyone. The Democratic candidate supports universal coverage as a goal. While the Republican candidate discusses expanding access to health insurance coverage, Senator McCain, has not to date, said that covering everyone is a goal.
- **Insurance markets.** Both the Republican and Democratic candidates, envision a health insurance system that continues to be structured around private

insurance markets with a supporting role played by public insurance programs. The candidates diverge significantly, however, on the way this system should operate. The Democratic Candidate sees the health insurance system based primarily on broad private and public group risk pools with regulations that prevent insurers from selecting against individuals with serious health risks, while the Republican Candidate sees a health insurance system that would rely nearly exclusively on individual insurance markets without consumer protections. The Democratic candidate propose to replace the individual insurance market with new group insurance “exchanges” or “connectors,” with a choice of private and public health plans. These markets would be regulated by ground rules designed to ensure that anyone—even older people or those with health problems—can obtain an affordable health plan with a standard set of benefits. In contrast, the Republican candidate proposes plans to encourage more people to buy individual market insurance through the provision of new tax incentives and changes in the tax code. The Republican candidate has not discussed how he would address adverse selection issues and the considerable difficulties that people with higher health risks face in securing affordable coverage.

- **The role of employers.** The Republican and Democratic candidates have fundamentally different views of the role employers will play in the health insurance system. The Democratic proposals would retain and strengthen employers’ role in the system by requiring that all large employers offer coverage or pay part of the coverage costs of their employees. This would allow people to keep the coverage they have and maintain the significant financial support provided by employers. In 2005, employers contributed approximately \$420 billion—over one-fifth of total U.S. health care expenditures in that year—for premiums for active employees and their dependents. In contrast, the Republican candidate proposes changes in the tax code that could significantly alter the role employer’s play. Under current federal law, health benefits that employees receive from their employers are excluded from taxable income. The Republican candidates has proposed eliminating or changing this special tax treatment and replacing it with a new standard income tax deduction that would apply to anyone with private insurance, either employer-based or individual market. This change has the potential to weaken the incentive of some employers, particularly small employers, to continue providing health coverage to their employees; if they knew their employees could gain an equivalent tax deduction if they purchased coverage in the individual market. The Republican candidate has not addressed how he would replace any lost employer financing.
- **Requirements that individuals have coverage.** The candidates diverge on whether they would require everyone to have health insurance. Obama would require coverage only for children, though he would consider an individual mandate for adults if substantial numbers of people do not buy coverage that is deemed affordable.

The Republican candidate does not require that people have health insurance.

- **Affordability and enforcement.** With the presence of an individual mandate, it will be critical that health plans are affordable and that the mandate is enforceable. Even the ability of the Republican proposals to expand coverage will depend on whether people have access to affordable health plans. With respect to affordability, Obama has said that enrollees would pay a set percentage of their income on premiums, but have not specified the percentage or what would happen if affordable plans are not available. They have also focused exclusively on premiums when determining affordability, despite the fact that out-of-pocket costs can and do comprise a substantial share of family incomes, particularly in low- and moderate-income households. The Republican candidate has suggested subsidies and tax credits to help low- and moderate-income people buy coverage on the individual market but have not specified the amount of the subsidies. McCain has proposed a specific refundable tax credit for everyone that would not vary by income. The Republican candidate has not discussed how they will address the considerable variation in the value of tax credits or subsidies for health coverage purchased in the individual market when premiums can vary substantially based on health risk and age.
- **Ease of enrollment.** The complexity and fragmentation of the current health insurance system often makes obtaining and retaining insurance difficult. The Democratic candidate that has proposed mixed private-public approaches would fill the gap in the current system with new group insurance “connectors.” However, these proposals would not make enrollment easier or more seamless and would retain the complexity in the system. Neither would the Republican proposal to provide tax incentives for individual market coverage make enrollment easier or more seamless. In theory, by separating coverage from employment, these proposals would make coverage portable, with people able to retain their health plans from job to job. But the candidate has not addressed serious problems in the individual market. Many people, especially those with health risks, have trouble obtaining coverage and staying covered over time, if the terms of their coverage change. Shifting the insurance system away from the relatively greater security of employer group coverage could ultimately exacerbate the complexity of the system, making access to insurance more uncertain and the potential for churning greater.
- **Quality and efficiency improvement.** The candidates from both parties have proposed strategies to improve quality and efficiency in the health care system. There is broader agreement—at least on basic concepts—the candidates from both parties on improving quality and efficiency than on the issue of health insurance coverage. The candidates’ support for quality and efficiency improvement often amounts to a “laundry list” of features, compared with the candidates’ more structured proposals regarding the health insurance system. In addition, while

the candidates all discuss health care cost growth as a major problem, none has developed a comprehensive strategy for tackling it. If elected, it will be important for a candidate to incorporate these often disparate ideas—quality and efficiency improvement and cost control—into a broader vision of health system improvement.

- **Financing.** Achieving universal coverage or expanded health insurance coverage will require a significant financial investment by federal and state governments, employers, households, and other stakeholders. Such a shared responsibility among stakeholders should be fair, based on ability to pay. The Republican candidate has not identified a source of financing. The Democratic candidate would either roll back the tax cuts of the past few years or allow them to expire for households with incomes above \$200,000 and \$250,000 (Obama). They have also identified other more minor sources of financing, as well as savings achieved through improved efficiency. The lack of details in their proposals on many key features—the size of the premium subsidies for low- and moderate-income families, the employer contribution, the increase in Medicaid and SCHIP income eligibility standards—means it is unclear whether the amount of identified financing will be sufficient.

#### WHICH PROPOSALS HOLD THE GREATEST PROMISE?

To evaluate these new policies, The Commonwealth Fund Commission on a High Performance Health System identified several key principles to moving the health system toward high performance. They include:

- Provision of equitable and comprehensive insurance for all
- Provision of benefits that cover essential services with appropriate financial protection
- Premiums, deductibles, and out-of-pocket costs are affordable relative to family income
- Health risks should be broadly pooled
- The proposals should be simple to administer with coverage that is automatic and continuous
- Dislocation should be kept to a minimum—people could stay in the coverage they have if desired
- Financing would need to be adequate, fair, shared across stakeholders.

Measured against these principles, the mixed private-public group insurance with a shared responsibility for financing proposed by the leading Democratic candidate. However, from a pragmatic perspective, the mixed public-private approach, which allows the more than 160 million people who now have employer-based health coverage to retain it—and does not require them to enroll in a new program as in the public insurance models—would cause far less dislocation.

The Republican candidate proposal for reform that rely on tax incentives and voluntary purchase of coverage in an unregulated individual insurance market are, on their own, unlikely to achieve universal coverage. Buying coverage in the individual market will continue to be challenging if tax incentives are not coupled with an individual mandate,

Continued on Page 9



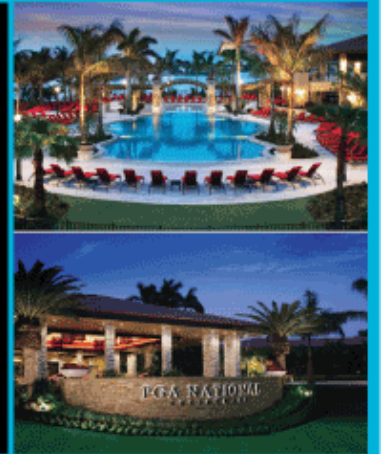
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NAATP ANNUAL  
ADDICTION TREATMENT  
LEADERSHIP  
CONFERENCE

PGA National Resort  
May 17 - 20, 2009



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#### WHEN

Sunday, May 17, 2009 9:00 AM -  
Wednesday, May 20, 2009 12:00 PM

#### WHERE

PGA National Resort & Spa  
400 Avenue of the Champions  
Palm Beach Gardens, FL 33418

**Register Online  
and Save \$25**

In about **230 days**, the 2009 edition of the National Association of Addiction Treatment Providers annual leadership conference will begin in Palm Beach Gardens, Florida. The PGA National Resort and Spa will be the host location for this eagerly anticipated event.

The 2009 planning committee has begun to meet and plan for this event and is looking for other persons to join them on the committee ([see the announcement to join this committee in this issue of the newsletter](#)). This promises to be another spectacular event and you will not want to miss it!

In order to make the registration process as smooth as possible and to move NAATP toward being as green as possible, we have integrated the registration process, the signing up for exhibit space and the signing up for sponsorship into a single web based process. You can access this page via the NAATP web site ([www.naatp.org](http://www.naatp.org)) and then clicking on the 2009 Conference button on the home page, or you can go directly to the following address which will enable you to proceed with registration. <https://guest.cvent.com/EVENTS/Register/IdentityConfirmation.aspx?e=8ceb2866-3548-4cd5-857f-eb0929d95256>

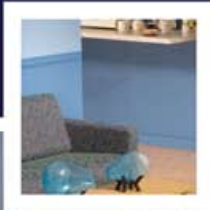
When you are on this page you will be able to see which exhibit space still remains as well as what sponsorship opportunities still remain. We believe that this will streamline the process for the NAATP office and make the process a one stop one for you.

While on this integrated site, you will also have the option of going directly to the resort site to make your hotel reservations. NAATP is using technology to the fullest extent! Be sure to visit this site early as a number of the sponsorship opportunities have already been taken. Do not delay and we will look forward to seeing you in 230 days.



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**ARIES**

**PHYSICIAN**

Serenity Lane – Eugene, Oregon

Serenity Lane is a private, not for profit treatment center based in beautiful Lane County, Oregon. At the center of Western Oregon, Lane County stretches from the coast to the Cascade Mountains and offers unlimited opportunities for the outdoor enthusiast. In addition, Eugene is home to the University of Oregon and offers art galleries, museums, and theaters for the performing arts. Eugene hosted the 2008 US Olympic Track & Field Trials and has a vibrant athletic culture.

Serenity Lane has been in existence since 1973 and is an abstinence based, 12-step oriented program that focuses on assisting the patient in understanding and integrating the First Step. We have nine outpatient clinics located throughout Oregon with a residential facility and specialty hospital in Eugene.

The successful candidate will become part of a highly functioning, professional team. The candidate will be a physician with either a current Oregon license or the ability to certify in Oregon, and will have experience in chemical dependency treatment. The Physician will provide direct medical care of all hospital patients and assess the appropriateness of treatment, level of care, and detoxification. Serenity Lane is accredited by both The Joint Commission and CARF, and the Physician must be knowledgeable of these standards. In addition, ASAM credentialing is preferred.

Serenity Lane offers a competitive salary with an excellent benefits package including medical, dental, life and long term disability.

We invite you to visit our website at [www.serenitylane.org](http://www.serenitylane.org) to learn more about Serenity Lane, our mission and values. For additional information on the Physician position, click on "Employment Opportunities" on our home page or call Peter J. Asmuth, CEO at 541/284-8612.

**ADMISSIONS COORDINATOR**  
CROSSROADS CENTRE, ANTIGUA

Crossroads Centre, Antigua is seeking a fulltime Admissions Coordinator. Crossroads Centre provides quality, affordable addiction treatment to an international client base. Crossroads is a private, non-profit, residential 12-step program, founded by Mr. Eric Clapton and located in Antigua, West Indies. We offer a unique holistic program that combines traditional and complementary therapies to provide a whole person approach to recovery.  
[www.crossroadsantigua.org](http://www.crossroadsantigua.org)

This position is stationed in Antigua, West Indies

The successful candidate will:

- Have at a minimum a Bachelor's degree in counseling or nursing
- Have an addiction counselor certification from a recognized certification board
- Have a minimum of 3 years of direct admissions, counseling or nursing experience in a drug and alcohol treatment environment
- Have experience assessing, screening, diagnosing and evaluating individuals for alcoholism and chemical dependency as well as co-occurring disorders
- If recovering must have at least 5 years of continuous recovery and sobriety
- Exemplify and maintain high professional standards, including but not limited to excellent confidentiality and ethical standards
- Have superb communication and listening skills
- Be proficient with keyboard skills and computer use: Word, Excel, Internet skills. Experience working with an electronic medical record system a definite asset
- Have a keen desire to offer superb customer service
- Experience working and/or living in diverse cultures a definite asset

Job responsibilities include:

- Conducts client pre-admission screenings, evaluations and intake procedures
- Responds to all telephone and email enquiries
- Responsible for facilitating the entire admission process – assessment, financial, reimbursement, professional consultations
- Prepares statistical and narrative reports as required
- Participates in community outreach
- Maintains relationships with professional referents

We offer a competitive salary commensurate with experience and education/credentials. Comprehensive benefits package and relocation fees included.

Applications can be sent in confidence to:

Crossroads Centre Antigua  
Human Resources Department  
P.O. Box 3592  
St. John's  
Antigua, West Indies  
Attn: L. Noverly Edwards-Victor

Or e-mailed to: [hrdept@crossroadsantigua.org](mailto:hrdept@crossroadsantigua.org)

No phone calls please. We thank you in advance for your interest: only those selected for interview will be contacted.

# THE APPLICATION FOR THE JAMES W. WEST, M.D. QUALITY IMPROVEMENT AWARD IS READY FOR COMPLETION



The NAATP annual leadership conference will again be the site where we announce the recipients of the 2009 James W. West, M.D. Quality Improvement Award. This award was established in 2000 and has been used to recognize the work done by NAATP member organizations in the area of quality improvement. The award is supported by NAATP, the Vendome Group, LLC and the Betty Ford Center. Recipients of the 2009 award will be invited to present a workshop presentation on their initiatives as part of the 2009 conference in West Palm Garden, Florida.

The deadline for receiving applications at the NAATP office is January 1, 2009. In order to receive your application contact Sherry Anderson at [sanderson@naatp.org](mailto:sanderson@naatp.org) or on the NAATP website at <http://www.naatp.org/pdf/conferences/09qualityimprovement.pdf> Recipients of the award will also be featured in the April edition of the 2009 issue of Behavioral Healthcare. Be sure to request your application and submit your initiative in the area of Quality Improvement.

## Continued from Page 5

minimum benefit standards, regulations against risk selection, and premium and out-of-pocket spending limits as a share of income. Providing incentives for coverage in the individual market without an individual mandate or regulations against risk selection would not pool risks. Insurers would still write individual policies rather than policies for a broad group of people. Moreover, because of the substantially higher administrative costs in the individual market, covering more people this way will only increase U.S. annual spending on insurance administration.

### CITATION

S. R. COLLINS AND J. L. KRISS, ENVISIONING THE FUTURE: THE 2008 PRESIDENTIAL CANDIDATES' HEALTH REFORM PROPOSALS, THE COMMONWEALTH FUND, JANUARY 2008

## SECAD CONFERENCE BIGGER AND BETTER IN 2009 NEW TRACKS, PARTNERS AIM FOR AN UNFORGETTABLE EXPERIENCE

On February 9-11, 2009, after more than 35 years, SECAD will reinvent itself, and in doing so will change the way the addiction profession educates, instructs and informs those in our industry preventing, intervening and treating addictive disorders. SECAD will continue its commitment to being a premier conference addressing the many issues related to identification, intervention, treatment and monitoring of the disease of addictive disease disorder.

For the first time SECAD will turn, not to one, but to the two most highly regarded addiction associations in the world, NAATP (The National Association of Addiction Treatment Providers) and NAADAC, the Association of Addiction Professionals., to develop a conference agenda that will work to educate and inspire counselors, trainers, medical professionals and managers. Together, these two associations will use their vast experience, knowledge and industry connections to develop sessions and workshops that will educate and inspire. Keynote presentations and panel discussions will highlight and debate key treatment strategies and the impact of new laws that will impact patient rights, insurance and continuation of treatment.

### SECAD 2009 will include a full range of educational opportunities including:

- General session keynote presentation from industry experts
- Panel discussions with recognized industry leaders from treatment, insurance, and government
- Pre-conference workshops to provide small setting, highly interactive learning
- Pre-conference ethics lectures for counselors and clinicians needing as many as six continuing education credits
- Knowledge Track Session - allowing you to pick from three topic areas each educational hour

This conference is being developed to maximize education time while still providing networking and exhibitor time. By combining all of the educational opportunities attendees can receive credit for up to 20 CEU hours as well as an additional six ethics continuing education credit hours.

SECAD will be held from February 9-11 at the Sheraton Atlanta Hotel, in Atlanta, GA. For more information on the conference, please visit: [www.SECAD09.com](http://www.SECAD09.com)



**The Established National Conference  
for Addiction Treatment Professionals  
is Now Stronger than Ever!**

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**Register before  
November 19th  
and Save!**

**A comprehensive program developed  
by the most respected associations in  
the profession includes:**

- A pre-conference ethics workshop offering as many as 6 CEUs
- Five General Session and over 20 Educational Sessions led by experts in addiction research, treatment, and administration
- Numerous opportunities to meet and network with your colleagues, including counselors, trainers, medical professionals, and managers



In the August issue of VISIONS Ed Diehl identified several “most urgent and important” issues facing our field. I found the article compelling. Ed has a knack for cutting to the chase and courageously taking on topics and challenges. I agreed with the urgent and important priorities in Ed’s article, however, being a bit of a ruminator I could not stop myself from adding to the list. My list is now long and burdensome and I blame Ed.

Rather than share my entire list with you please indulge me and allow me to talk about an item or two that have captured my attention this summer. The first is the state of the regulatory/oversight system for chemical dependency services. I am not about to argue that regulation and oversight is unnecessary or unimportant. All one needs to do is briefly reflect on the condition of our national banking system to appreciate the disastrous consequences that accrue to failed regulatory systems. Now, I may be in the minority of people willing to add our regulatory environment to Ed’s list. And, the fact that our organization has had eight Joint Commission surveys, twelve state agency surveys and five managed care site reviews in just a few months may be related to my concern about the regulation/oversight faced by our field. However, based on this flurry of activity I have a number of observations. The regulation that we face is trending towards more prescriptive standards; there is less cooperation and more competition between regulatory groups; chemical dependency services are increasingly being surveyed under standards typically applied to broader mental health settings; surveyor/reviewer bias is more prevalent; the cost of compliance with standards is escalating; the focus on “best practices” and “evidence based treatment” is often short sighted and not actually based on solid data. I have to add an aside here. In theory, the use of “best practices” sounds great. In practice, “best practices” often means common practices, expedient practices or practices aimed at managing risk rather than improving treatment outcomes. In theory, the use of “evidence based treatment” sounds great. In practice, adopting “evidence based treatment” often means implementing methods that have worked for another group at another place and time with a different mix of patients and under conditions that can’t be replicated in the practical world. In short, we are frequently asked to make changes that aren’t data driven at all but rather are driven by political, economic, religious or other sociological agendas. Without good data it is difficult to counter those with agendas that are different from an agenda strictly based on concern for the alcoholic and addict.

Please don’t read my rant as a criticism of any particular organization or agency. Our organization has been accredited by the Joint Commission for over thirty years. Our relationship over that time has been remarkably collegial and we have received value for our investment. We have also been greatly assisted by agencies in seven states as we have designed and implemented new programming aimed at increasing access and availability of treatment for the chemically dependent. A majority of our patients are also able to use their insurance to assist with their treatment costs. We are able to partner with the companies managing this care in a surprisingly non-adversarial manner. Having said these things, I do, however, want the regulatory process to become less costly, less prescriptive, more universal, more clearly applicable to the disease we treat and more focused on actual results that matter. In order to make this more likely there are steps that we as providers can take. The most important may well be to improve our ability to demonstrate through data that our treatment is safe and that it works for patients. Yes, this is my push for us as a field to come together to agree on what we are treating and how to measure our results. The best way to advocate for our treatment methods and to avoid having others prescribe how we are to operate is to be able to counter such efforts with data. Fortunately, NAATP has established a platform for our field to further our ability to demonstrate that our treatments are effective by clearly focusing us on the disease of chemical dependency and on recovery as our treatment goal. Many of us are improving our treatments by adding programming that clearly reflects the chronic nature of this disease we treat. Many of us are, at the same time, building better systems for obtaining actual patient outcome data. In my ideal world those with oversight responsibility will focus more on our results then on how we got there.

So.....there are two of the items that I added to Ed’s list: 1) my concern about the changing regulatory and oversight system for chemical dependency treatment and 2) my advocacy for increased accountability for patient outcomes in our field. I’m really looking forward to the day when a surveyor or reviewer walks into our organization and starts by saying “OK, show me your results!” Of course, I’d really like to be able to show them data and say “OK, here they are. Now beat that!”

Ken Gregoire, President/CEO  
Valley Hope Association  
NAATP Board Member

## Upcoming Events

**House Foundation's 12th Annual Fall Golf Classic** will be held on Sept. 26, 2008 at the Seaview Resort and Spa in Galloway Township. The Golf Classic benefits our "Patient Care Fund". For more information please contact Maureen Kibelstis, Public Relations Coordinator, at 856-455-7575 ext. 1151 or mkibelstis@seabrookhouse.org; website address is [www.seabrookgolfclassic.org](http://www.seabrookgolfclassic.org).

**Haymarket Center** will present the **2008 Autumn Workshop Series** starting on **September 6, 2008, thru October 25, 2008** (selected Saturdays) at Haymarket Center's new training center, 22 North Sangamon St., Chicago, Illinois. Topics include: Vicarious Trauma And Self Care For The Professional; Beats, Booze, Butts, Blunts & Bullets—Dropping Bombs In Our Neighborhoods; Fetal Alcohol Spectrum Disorder (FASD); Helping Addicts Recover: The Spiritual Perspective; and Illinois' Comprehensive Prison Re-Entry. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at [www.hcenter.org](http://www.hcenter.org). Pre-registration is required.

**The Ben Franklin Institute** will hold the following Summits for Clinical Excellence: **Oct. 23-26, 2008** in TEMPE, AZ and also the 2nd Annual National Eating Disorder Conference **June 5-8, 2008** in LAS VEGAS, NV. For more info visit [www.bmisummit.com](http://www.bmisummit.com)

**Seabrook House** will hold its 6th "Couples in Recovery" on **November 1**. If you would like more information on Edward A Luker, M.A. or the "Couples in Recovery" Workshop please contact Maureen Kibelstis, Public Relations Coordinator for Seabrook House at 856-455-7575 ext. 1151 or mkibelstis@seabrookhouse.org.

# VISIONS

**The Association for Medical Education and Research in Substance Abuse (AMERSA)** will hold its 32nd National Conference on **November 6-8 in Washington, D.C.** For more information, visit [www.amersa.org/conf.asp](http://www.amersa.org/conf.asp)

**The International Council on Alcohol and Addictions (ICAA)** will hold its 51st International Conference on Dependencies, "Empowerment for Practitioners," in Limassol, Cyprus on **November 2-7**. Visit [www.icaa.ch](http://www.icaa.ch) for more information.

**The Harm Reduction Coalition** will sponsor the 7th National Harm Reduction Conference, "Towards a National Policy," on **November 13-16** in Miami, FL. For more information, visit [www.harmreduction.org](http://www.harmreduction.org)

**The National Association of Addiction Treatment Providers (NAATP)** will hold its **2009 Annual Addiction Treatment Leadership Conference on May 17 - 20, 2009 in West Palm Garden, FL.**

## NAATP VISIONS

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