K-12 Standards

Academic Standards Eased As a Fear of Failure Spreads

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By JACQUES STEINBERG

The tough academic standards that state policy makers and others have invoked over the last three years as they imposed high-stakes tests on students are beginning to yield uncomfortable results: too few of the students are making the new grades, many are at risk of dropping out or being held back, their parents are venting frustration and school systems are beginning to pull back.

The states are acknowledging that, often because of financial concerns, they have not put in place the training programs for teachers, the extra help for students and the other support necessary to meet suddenly accelerated standards. In some instances, they have also suggested that they may have expected too much, too soon.

The state that is believed to have retrenched the furthest is Wisconsin, which acceded to parent demands last summer that it withdraw a test that every student would have had to pass to graduate from high school. But at least a half dozen other states and large districts are also moving to soften the expectations for students that have been drafted, in every state except Iowa, in at least some form and in some grades.

After it was announced last week that only 1 out of 10 Arizona sophomores had passed a new state math test last spring, the Arizona Board of Education agreed to the loud demands of parents at a meeting in January that it reconsider the test.

In October, the Virginia Board of Education agreed in principle to revise a policy it had only recently adopted that obligated schools, as a condition of accreditation, to show that 70 percent of students were meeting state testing requirements by 2007. After only 7 percent of Virginia schools met that standard last spring, in the second year of the test, the board has proposed waiving some sanctions against those schools that have failed but are able to demonstrate progress.

Massachusetts, having established a sweeping new curriculum with rigorous new tests, set the passing grade low last month — in a range described as at the bottom of "needs improvement" and just above "failing" — when it calibrated an exam required for high school graduation.

New York, too, has set a low passing grade — 55 out of 100 — on its college-preparatory Regents English exam, now required of all high school graduates, and teachers here have objected that grading guidelines for the tests are overly generous.

And Los Angeles school administrators, who calculated that they would have had to hold back nearly 1 of every 2 students if they went through with a plan to end automatic promotions in all grades, said this week that they were now considering whether to erect such gates in just two grades.

"The standards movement has moved from the early stages to the stage where the consequences are on the verge, if you will, of being tested," said Jerome T. Murphy, dean of the Harvard Graduate School of Education. "People are backpedaling."

"I'm of the view," Mr. Murphy added, "that backpedaling is smart when you are heading over a cliff."

The idea of setting high standards, and writing tests to ensure that they are met, has been advanced by a broad chorus of policy makers and educators, including Mr. Murphy. The advocates believe such policies offer insurance that students in rich and poor schools alike will cover the same ground, as well as a tonic to a nation that has grown weary of its children's academic shortcomings.

But in moving rapidly to put such expectations on the books — of the 49 states that have standards, no two exactly the same, all but 14 wrote them in the last three years — the states have been criticized by teachers, parents and students for being slow to put in place, and pay for, the proper support structures to help them meet the high goals.

Many teachers report being unprepared, and at times confused, by what the states have written. They maintain that more money needs to be spent on professional development and smaller class sizes. Students complain that they are being tested on material to which they have not yet been exposed. And parents lament that their children are being penalized for the failings of adults.

"Teachers and principals simply do not know how to do what they are expected to do with the new standards," Richard F. Elmore, a professor at the Harvard School of Education, said this week in Washington, at a conference marking the 10th anniversary of the first national education summit meeting. "Until you can walk into the average classroom in the average school and find the content being taught in a way that would help the average student meet the standard, it is not fair to penalize the students."

That the politicians are tuning in, and responding, to such rumblings was obvious in October, when many of the 24 governors who gathered at an education summit meeting in Palisades, N.Y., conceded that they had been taken aback by the demoralizing effects of their new policies.

In urging them to stay the course, the organizer of the meeting, Louis V. Gerstner, chairman of the International Business Machines Corporation, asserted: "We understand the pain. And we're going to have to deal with it. But we're not going to deal with it by backing off."

At the end of the two-day gathering, the governors were among the signers of a mass pledge that, if carried out, would give students and teachers the very underpinning they have requested, including help for struggling students before they are held back or denied diplomas.

But the political ramifications of widespread student failures are already beginning to be felt, and many of the states, and school systems, are reassessing policies that have hinged on the belief that all students should be able to vault over high bars — and not merely clear minimum hurdles.

Indeed, some experts believe that the states have routinely confused minimal standards with lofty goals, and while preparing students for the former they are demanding that they meet the latter. Others maintain that it remains to be seen whether schools, working on their own, can succeed in lifting all students to meet rigorous academic standards, in light of outside factors like family and neighborhood.

The implementation of the new policies has led to some awkward, and confused, moments.

The five-member school board in San Diego, for example, voted unanimously in February 1998 to begin holding back third graders who could not read at grade level and eighth graders who had failed at least one course, beginning in June 1999.

But by June, the board had yet to agree on a way to measure grade level, so it let all the third graders pass. Of the 1,400 eighth graders who had failed at least one course, 700 were still deemed to be failing at the end of summer school, said John de Beck, a board member and former high school teacher.

And yet, in what Mr. de Beck labels an "educational disaster," half of those students were retained and half were passed on to ninth grade — with no ready explanation from administrators. Now the board is reexamining the entire policy, with some members hungry to repeal it.

In Massachusetts, Anna Ward, a parent of two daughters in the Cambridge public schools, said she had yet to distill the rationale of the state board of education in setting the passing grades on the new state tests, including the passing grade on the high school exit exam: 220, on a test with a minimum score of 200 and a maximum of 280.

"My initial reaction was that they're just playing around with these numbers and they're not addressing the educational problems," said Ms. Ward, an administrative assistant in the mathematics department at the Massachusetts Institute of Technology. "It feels arbitrary to me. I don't think that this test is going to indicate whether my child has what it takes to be a graduate of high school."

While Massachusetts was seen by some as easing the burden on students it had once threatened to punish, Todd Bankofier, a member of the Arizona Board of Education, said he was undaunted by the results of his state's new math test, which 89 percent of all sophomores failed.

"When we fired this missile, we knew we had to guide it," Mr. Bankofier said of the new testing program. "It's going to take some left turns and some right turns, but it would be wrong to turn it completely back."

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Medical Insurers Revise Cost-Control Efforts

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By MILT FREUDENHEIM

Some of the nation's biggest insurance companies say they are changing their tactics as they face a surging backlash against managed care.

Hoping to blunt the attack in Congress and the states, which has upset investors and depressed stocks of managed care companies, some insurers have eliminated or cut back on unpopular rules. They no longer require prior approvals for diagnostic tests or admission to a hospital, or referrals by a gatekeeper doctor for consultations with specialists.

Employers and economists worry that relaxing these mainstays of cost restraint may unleash a new round of inflation; cost increases are already climbing into double-digits.

But the insurance companies still have powerful cost-control weapons, both old and new, including some that are resented by doctors, hospitals and patients. Among the most important is more pressure than ever on hospitals to send patients home as soon as possible. Insurers like Humana and Kaiser Permanente are paying doctors to take over patients' cases in hospitals with an eye toward speeding up care and blocking unnecessary tests. Empire Blue Cross and many other companies are also monitoring patients with serious illnesses more closely to avert the need for hospitalization or emergency room care.

The insurers are also trying to persuade doctors to practice the way the most effective doctors do. Companies like Aetna U.S. Healthcare and UnitedHealthcare provide computerized records that show doctors how they compare with peers around the country on everything from timely cancer screenings to flu shots.

Insurers like Aetna and Empire are also prodding doctors by sending them lists of patients due for a reminder that it is time for a test.

The insurers have not forgotten, of course, how to negotiate lower fees for doctors and hospitals, argue over and delay payments, or refuse to pay for certain treatments. And they continue to shift more costs to patients. For instance, most health plans have sharply raised the patient's share of drug costs to as much as 30 percent or 40 percent for some expensive drugs, from as little as no charge at all or $5 to $15 per prescription.

The companies have not jettisoned all their "mechanisms" for pressuring doctors and hospitals, said Woody Grossman, a health care expert in Dallas with the PricewaterhouseCoopers consulting firm. For example, he said, they may make public doctors' and medical groups' track records.

But insurers are emphasizing most that they are softening or eliminating several unpopular practices ushered in by managed care. The UnitedHealthcare Corporation, the second-largest health insurance company after Aetna Inc., announced last month that it was virtually ending the prior reviews of medical decisions, which physicians denounced as second-guessing. United said it had been approving 99 percent of the decisions anyway.

Health insurers around the country rushed out "me, too" statements. Most companies said they were already offering employers a choice of less restrictive plans while retaining the restrictions in other plans.

United said it was retraining 1,200 nurses who used to hold sway over approvals for most requests by physicians. To save on hospital costs and improve care, the nurses will track seriously ill patients, pressing hospitals to treat and discharge them promptly, and arranging follow-up care at home.

Many of the 49 state and regional Blue Cross and Blue Shield plans are making other changes that are intended to appeal to customers. "We will have all new products next year," said Bob Greczyn, president of Blue Cross and Blue Shield of North Carolina, the state's largest health insurance company.

To reduce the expense and annoyance of cumbersome paperwork, it is consolidating and shortening forms. One new program offers Blue Cross members 25 percent discounts on services like personal trainers, massage therapists and acupuncturists, with no insurance paperwork at all.

The North Carolina plan, like a number of big insurance companies, will routinely steer members with serious or chronic diseases into programs that remind them to take their medicines, eat and exercise appropriately and have checkups, again in an effort to keep them out of emergency rooms.

A number of big national managed care companies, including United, Aetna and Humana Inc., and Blue Cross plans in New York and California, are using advanced electronic software to track doctors and patients, based on information from claims for reimbursement.

Aetna and United, for example, give doctors periodic reports comparing them with similar doctors in their region. A United report in October on members treated by the Eagle Physicians group in Greensboro, N.C., showed 87 percent received a recommended blood pressure drug after congestive heart failure, up from 76 percent in January. That compared with 70 percent, on average, for similar primary care patients in North Carolina.

"It's a step in the right direction," said Dr. Jim Osborne, an internist who is treasurer of the Eagle group, which includes 50 doctors. Eagle posted the United results on its Internet site.

> The financial war goes on, even as unpopular tactics are being altered.

At Aetna, Richard Huber, the chief executive, said quarterly reports would be sent next year to 44,000 primary care groups, describing in detail how they compare with peers in dealing with heart, asthma and diabetes problems.

For heart patients, Aetna reports on 21 items like flu and pneumonia vaccinations, taking drugs that reduce cholesterol and blood pressure levels, visits to doctors and emergency rooms and feedback on whether patients were satisfied with the care.

"Giving physicians data showing the best practices is clearly superior to giving them a couple of extra dollars" in bonus money if they meet certain standards, said Dr. Dennis Tafflin, a family physician in Doylestown, Pa., whose four-doctor group has 3,300 Aetna patients.

For pressing problems like asthma, when an Aetna member buys an oral steroid, indicating a flareup, a

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