

MINUTES
Council for Allied Health in North Carolina
Office of the President
January 7, 2004

Thomas Bacon, Chair, welcomed persons attending the Council meeting. He gave a special welcome to Van (Brock) Murray, who attended for the first time and represented the NC Department of Public Instruction, and to Judy Mann, representing the N.C. Community College System. Following an opportunity for Council members, panel participants, and guests to introduce themselves, the Council approved the November 5 minutes.

Presentation on the Health Care Works! Coalition

Maggie McGlynn, of McGlynn Associates, provided an overview of the Health Care Works! Coalition and their projects. The coalition includes educators, employers, workforce development agencies, community groups, and associations, McGlynn explained. The coalition's major goal is to have health care become the industry of choice, McGlynn said. With that in mind, focus is being placed on system change and asking people to "think big" and leverage resources.

She said one project recently received partial support from Duke Endowment, which identified Wake and Johnston counties for funding. The goal of that project is to "design and implement strategies to meet the growing demand for qualified and trained health care workers, with special attention to radiography and nursing (and) to engage in a regional forum to discuss current and emerging workforce and employer needs of the healthcare sector, and act as a team of industry leaders that can grow in its enthusiasm and capacity to work collaboratively on behalf of the whole." (Handout: *Overview of Health Care Works! Support from Duke Endowment*)

McGlynn said retention of students in health care programs is sometimes problematic and that the coalition is placing attention on retention strategies that work. Pooling resources can lead to a better job of getting to the end product, she said. The coalition's strategy is "to be sure the big picture stays on the table" and that people leverage their resources, she explained.

McGlynn said hospitals put in about a 2/3 match for the coalition. Bacon asked why Vance County was not included in the funding and McGlynn answered that apparently some hospitals within the Vance-Granville area are for-profit, which are not typically chosen for funding. When Bacon noted that the area also includes state hospitals, McGlynn said hospitals were invited, but there was insufficient time to develop necessary relationships, adding that this may be addressed later.

Bill Croft asked whether there is sufficient faculty for the community college programs, noting that maintaining a sufficient number of preceptors tends to be problematic. McGlynn agreed the issue is important. She said it is necessary to have a commitment on which people can follow through and that this is what people from the hospitals are agreeing to do.

Jeanene Martin said the new chair of the hospital association will champion the issue and that it will be important to find ways to provide clinical rotations. Wake Med is taking aggressive steps toward this now, she said.

Additional discussion focused on the issues of recruiting and retaining faculty for health care programs and clinicals. Such questions need to be addressed, McGlynn said. She added that the coalition will provide a group that can be expanded, have a more regional approach which will benefit communities, and provide a leadership team to serve as a forum for such issues.

Responding to a concern expressed by David Wysocki about meeting the increased community needs that will result from recent mental health reform, McGlynn said the coalition has not yet addressed that issue.

McGlynn also reviewed a project with the Capital Area Workforce Development Board. She said efforts are underway to encourage the Workforce Development Boards to actively support the health care industry and to look at ways to create a level of influence that can be sustained over time.

Announcements

Gary Bowers, Executive Director of the WNC Health Network, will make a presentation at the March 3 Council meeting.

The Association Presidents' meeting will be May 5 at the Friday Center. Bacon said presidents will be invited to report on the status of their associations and on critical issues facing those associations. Also, elections will be held for filling vacancies and completed terms. The completed two-year terms are: Group 2, Wysocki; Group 4, Croft and Group 6, Marge Ottofy.

Libby Haile said the Council will have a booth at the Carolina Clinical Connection, held in Wilmington, March 3-5.

Discussion and action

Bacon gave an update on efforts to obtain future funding for the Council. Current Duke Endowment funding will end in May 2005. Bacon said he has worked with the advisory

board, chaired by Bill Pully, to look at potential funding opportunities. Also, he and Yoder met with Dr. Gretchen Bataille, Sr. Vice President for Academic Affairs, UNC General Administration, and Dr. Allen Mabe, Vice President for Academic Planning, UNC General Administration, regarding the possibility of including a request for funding, potentially linked to AHEC, in the university's 2005 budget. Although a number of issues would have to be addressed, they are supportive of the idea and are willing to consider it, Bacon said.

Yoder noted that this is not the appropriate time to begin lobbying efforts among legislators and asked that formal lobbying efforts be ceased. In a related matter, he said work is underway to complete a document containing brief descriptions of the professional associations represented on the Council. The document can then be presented to legislators at the appropriate time. Rebecca Bullock noted that legislators may also want to know how many people the associations represent. Yoder agreed, adding that such numbers can be difficult to obtain for unlicensed associations, but that he will attempt to secure such numbers.

In another matter, Bacon referred to discussion at the previous meeting regarding asking a task force to look into the matter of articulation of allied health programs in the community college system with those represented in the four-year UNC system. He said Elizabeth Isler and James Sadler had raised issues they wanted addressed before the task force begins its efforts. He said it is important to identify the critical professions where the issues are most prescient and to be sure the group can work without becoming "bogged down" on the matter. Bacon added that Sadler had reminded him the matter should go through the Transfer Advisory Committee of the UNC Board of Governors. Bacon said the matter will be examined regarding the best way to proceed and that this would be done in a conference call to be arranged before the next council meeting.

On another issue, Yoder opened discussion on the possibility of inviting additional allied health professions to participate on the Council. He provided a list of allied health professions in which people are trained and/or work in North Carolina, but which are not members of the Council. Noting that the Council is an inclusive group and that it would be strengthened through inviting representatives of all allied health professional who are educated and who work in the state, Yoder asked members whether such an invitation should be extended to the additional groups. The list of possible allied health professions discussed is attached.

Wysocki said that there is no state association for rehabilitation engineering. Yoder added that there is a Rehabilitation Engineer Society of North America, of which he is a member. He also noted that biomedical engineering training is offered at UNC-CH, Duke, and ECU, and that biomedical engineering faculty sometimes serve as faculty for Human Movement Science. Sadler said NC State and UNC started a joint biomedical engineering program. He noted that Human Movement Science frequently might involve the Department of

Physical Education, which leads to considering sports medicine. He added that home health aides is a profession with an expected high growth rate. The question, he said, is whether there is a national definition of allied health. (Because the issue of an allied health definition came up, it is added at the end of the minutes.) Sadler said the issue might be considered in terms of how to develop a cohesive presence and concept of allied health and strengthening its overall presence and contribution. Yoder noted that the IOM lists approximately 210 allied health professions.

Croft said the term “emergency medical technician” is a “catchall phrase and that the more appropriate term is emergency medical science with emphasis on paramedics. He said the paramedic program is now a two-year program. Croft said the Surgical Technologist program at Sandhills Community College had asked why they had not been invited to participate on the Council. He added that the school’s Nursing Department houses a program on massage therapy, a profession that is licensed and is gaining greater presence in North Carolina. Yoder noted that massage therapy will be included in AHEC’s new health careers manual.

Ned Fowler said he endorses inviting additional groups and asked whether consideration has been given to inviting the NC Office of Emergency Medical Services, which would encompass all the emergency medical professions.

Judith Mann asked whether “home health aides” referred to nursing assistants. Discussion followed regarding the levels of home health aides, nursing assistants, and mental health professionals in terms of training and certification for each and which groups are allied health professions.

Carolyn Mayo raised the issue of clusters on the Council. Yoder said some reconfiguration would be needed and that a subcommittee might be asked to work on the matter at the appropriate time.

Wysocki asked whether a representative for orthotists and prosthetists should be included. Yoder indicated that they should be. Responding to a question from Mayo, Yoder said biostaticians are included in the allied health school at ECU.

The Council does not have to form an ultimate definition of what constitutes allied health as requisite to being a member of the Council, Bacon said. “We are a council that is representative of a broad array of professions and groups and employers. And, it seems to me, the more people we have at the table, the better we are. We should think through it and do as clear a job as we can, but we don’t have to get crazy about it. This allied health and what degree do we want to require. There is no easy answer to any of that,” he said.

The Council has been configured to represent educators, employers, and professional associations, Patricia Porter said. She suggested that perhaps that configuration could be

used for some sort of criteria for entry to the Council. Then, if an employer includes a group without an association, such as developmental technicians, the group still could fit into the Council. Otherwise, the question becomes how to give such professionals representation if they do not have an association. Bacon noted that an entity such as the State Office of EMS includes associations. Mann added that the same could be true for nursing assistants.

Responding to a question from Bullock, Bacon said pharmacists are not historically included as a part of allied health, but that pharmacy technicians might be included. Yoder added that traditionally social work is not considered to be part of allied health, yet the Council has a specialty group, NC Society of Social Work Leadership in Health Care.

Later in the meeting, Sadler asked whether gerontology should be considered. Yoder and Bacon said it should be considered.

Susan Dyson asked how an increased number of professions represented on the Council might impact the Council's resources. Yoder said it could mean conducting more workforce studies. Bacon said that because of electronic communication, he does not think the impact would be great.

Bacon voiced his perception that there was a great deal of interest among Council members in inviting additional allied health participants to the Council. He said Karen Luken was chair of an earlier committee that examined how to group professions on the Council and that he will ask her to reconvene that committee to look at how the Council addresses whom to invite and to recommend a process for extending an invitation to other groups.

Data Committee Report:

Alan Brown said efforts toward the State of Allied Health Report are underway. He noted that Kathy Heilig had distributed surveys to hospital human resource personnel to help determine which professions should be targeted for the report. But, he said, response has been poor. Dyson reported that while a firm decision on which professions should be targeted has not been made, three professions appear likely. They are clinical laboratory scientist, medical laboratory technician, and respiratory therapist. Dyson said she has begun to identify data sources for the report.

NC Legislative Activity Report:

Porter reported that the General Assembly is in the period of activity known as "the interim," the time between sessions. During this time, much work is done, including meetings of standing committees, she said. Issues under consideration include those related to Medicaid, malpractice, domestic abuse, and companion animals. Active standing

committees include Government Operations, the Legislative Committee on Mental Health, and Educational Oversight. Porter said some committees are required to make reports when the next legislative session begins. Also, she said, two special sessions have been held to discuss redistricting and business incentives within the state.

The next legislative session, which begins in May, likely will include some partisan issues since this is an election year, Porter said. She added that the governor recently allocated some special reserve dollars to provide additional pay to North Carolina's lowest-paid state employees.

On another topic, Frances Apple addressed the issue of radiologic science licensure, noting that it remains "on the front burner." Porter said some legislators had asked about the issue.

Porter also discussed the national initiative on therapy caps, which affects occupational therapists, physical therapists, and speech-language pathologists. She said the moratorium, which was signed Dec. 8 and lasts through Dec 31, 2005, is a significant and much-sought-after extension. She added that a PowerPoint presentation on the issue is available at HYPERLINK "<http://www.cms.hhs.gov/medlearn/therapy>" www.cms.hhs.gov/medlearn/therapy. Porter also encouraged council members and guests to visit the General Assembly website, HYPERLINK "<http://www.ncga.state.nc.us>" www.ncga.state.nc.us, for information on legislative activities. She noted that all committee meetings are open to the public. One may ask to automatically receive agendas and information or log onto sites of committees of interest. Also, an individual may present to a committee by contacting the committee's legislative assistant. The links will be put on the Council's web site.

Bill Croft added that he has found North Carolina Watch to be a helpful resource at a low cost.

Executive Director Report:

David Yoder reviewed efforts to collect survey data and to gather summary statements about represented associations. In another matter, he showed the Council a poster and brochure from the Health Professions Network and provided information about the organization. Yoder added the Council now is linked with the organization's site. Also, Yoder and Porter noted that Western Carolina Center has been renamed as the J. Iverson Riddle Development Center in honor of Iverson Riddle, the center's first and only director.

In other discussion:

Croft presented a position statement from the NC Respiratory Care Board and the NC Association of Respiratory Educators, which supports development of baccalaureate level education in respiratory care and encourages respiratory care practitioners to pursue advanced levels of education. Croft noted that many educators in the profession are nearing

retirement. He said approximately 40 schools in 20 states offer advanced degrees for respiratory therapists and that no baccalaureate or masters degree programs in respiratory care are offered in North Carolina.

Sadler said efforts toward establishing a baccalaureate program generally would start at a university campus level. He offered to assist Croft in making the appropriate contacts for working toward establishing a baccalaureate program.

Mann noted that looking at the possibility of distance education is important. She added that while community colleges do not have bachelors degree programs on campus, they may allow others to come on campus to provide such programs.

Bacon voiced on behalf of the Council a positive attitude toward working with Croft on the issue of establishing a baccalaureate program in Respiratory Therapy.

On another topic, Wysocki said the Common Practice Terminology (CPT) code of Medicare for assistive technology is official and falls under assistive technology assessment. He added that it has a high relative value unit (RVU). Additional information is available at HYPERLINK "http://www.cms.hhs.gov" www.cms.hhs.gov. Also, Wysocki expressed concern about prior authorization for Medicaid reimbursement, noting that the workload of dealing with reimbursement issues falls on the practitioner, reducing time for patient care.

In other matters,

Yoder distributed a packet of information on the NC Nurse Scholars program on behalf of Algie Gatewood, who was unable to attend the meeting.

Bacon reported that the North Carolina Health Careers book is being updated for next summer. He said the upcoming print run will be larger than those of the past so they can be more available to counselors at community colleges. The publication will include a section that addresses the Latino health workforce.

Tara Owens announced that Duke AHEC has copies of Polyglot, a Multimedia Medical Spanish Translation on CD-ROM. While not designed as a substitute for an interpreter, the program may help a practitioner learn basic greetings and some essential phrases, she said. Bacon announced that the Greensboro AHEC Spring CE catalog is available.

Wayne Foster said the North Carolina Speech, Hearing and Language Association will celebrate its 50th anniversary in Asheville at the end of March.

Yoder made a correction to the agenda, reminding the Council that the meeting with Association Presidents will be May 5.

In Attendance

Members, Staff and Consultants:

Thomas Bacon, Chair; Director, NC Area Health Education
Alan Brown, Data Committee Chair; NC AHEC Program
Rebecca Bullock, Allied Health Professional Rep. Group 3; NC Association of Blood Bankers
Bill Croft – Allied Health Professional Rep, Group 4, NC Society for Respiratory Care
Carolyn Cusic, Association for Home & Hospice Care of North Carolina
Susan Dyson, Cecil G. Sheps Center for Health
Ned Fowler, Community College Allied Health Programs Rep., Asheville-Buncombe
Technical
Community College
Judith Mann, NC Community College System
Carolyn Mayo, NC Health Careers Access Program
Van B. Murray, NC Department of Public Instruction
Patricia Porter, Government Liaison
James Sadler, UNC Systems Representative; UNC General Administration
David Wysocki, Allied Health Professional Rep, Group 2
David Yoder, Executive Director

Professional Association Presidents:

Joshua Smith, NC Academy of Physician Assistants
Carolyn P. Taylor, President, Blue Ridge CLMA
Delorise Williams

Guests:

Frances Apple, NC Society of Radiologic Technologists
Judy Ashbaugh, NC Office of Rural Health
Mary Custer, Wake Med
Natalie Edwards, Eastern AHEC
Wayne Foster, NC Speech, Hearing, Language Association
Libby Haile, Greensboro AHEC
Jeanene Martin, Wake Med
Page Michie, Carolinas Healthcare System
Brenda Mitchell, Allied Health Sciences, UNC-CH
Tara Owens, Duke AHEC
Debbie Ramey, Easter AHEC

Addendum

What is Allied Health?

The term "allied health" is used to identify a cluster of health professions, encompassing as many as 100 occupational titles. Approximately two million allied health professionals are employed in the United States. Allied health professionals are involved with the delivery of health care or related services pertaining to: the identification, evaluation, and prevention of diseases and disorders; dietary and nutritional services; and rehabilitation and health systems management. Allied health professionals include but are not limited to: audiologists, art therapists, dental hygienists, diagnostic medical sonographers, dietitians,

cytotechnologists, medical technologists, occupational therapists, music therapists, physical therapists, radiographers, respiratory therapists, rehabilitation counselors, and speech-language pathologists.