

The Council for Allied Health in North Carolina
UNC General Administration Board Room 1, Chapel Hill
May 7, 2003 – 9:30AM-12:30PM

Attendees:

Judi Ashbaugh (for Tom Tucker), NC Office of Research, Demonstrations & Rural Health Services
Alan Brown, *Data Committee* Chair, NC AHEC
Gwen Brown, for Vickie Whitaker
Rebecca Bullock, Allied Health Representative-Elect, Group 3
Andrea Catenaro, *Assistant*, Council for Allied Health in NC
Gregory Cooper, for Carolyn Mayo, NC HCAP
Carolyn Cusic, NC Association. for Home Care & Hospice
Susan Dyson, Sheps Center
Sylvia Flack, Winston-Salem State University
Algie Gatewood, NC Education Assistance Authority
Kathy Heilig, *Vice Chair*, NC Hospital Association
Pamela Horton, Allied Health Representative, Group 3
Cassina Hunt, NC Health Information Management Association
Elizabeth Isler, NC Community College System
Karen Luken, *Treasurer*, Allied Health Representative, Group 1
Pat Porter, *Government Liaison*, Council for Allied Health in NC
James Sadler, Office of the President, UNC Chapel Hill
Robert Weaver, *Allied Health Dir. Representative*, Mountain AHEC
Polly Welsh, NC Health Care Facilities Association
David Wysocki, Allied Health Representative, Group 2
David Yoder, *Executive Director*, Council for Allied Health in NC

Guests:

Frances Apple, Radiologic Science Representative, Data Committee
Allison Bordeaux, Wake AHEC
Katherine Coggins, Area L AHEC
Natalie Edwards, Eastern AHEC
Wayne Foster, President, NC Speech, Hearing & Language Association
Audrey Godwin, NC Health Information Association
Libby Haile, Greensboro AHEC
Linda Horton, NC Hospital Association
Janine Martin, WakeMed
Maggie McGlynn, McGlynn & Associates
Brenda Mitchell, UNC Chapel Hill
Tara Owens, Duke AHEC
Debbie Ramey, Eastern AHEC
Nancy Simpson, Northwest AHEC
Joann Spaleta, Charlotte AHEC
Carolyn Taylor, Clinical Laboratory Managers Association, Blue Ridge Chapter
Bob Thorpe, Associate Professor of Allied Health Sciences, UNC Chapel Hill

Welcome and Introductions – Vice Chair, Kathy Heilig
Guests

Approval of March 5, 2003 Council Minutes
Approved

III. Presentation:

Allied Health Issues & Concerns in the Community College System: Dr. Elizabeth Isler, Associate Vice President for Academic and Student Services, NC Community College System

700-800,000 students enrolled in community colleges per year.

There are 50 curriculum program areas.

Over the past 18 months, the Community College Board of Trustees approved 34 allied health programs, which have increased enrollment from 13,000 to 15,000.

Funding for a new program is received only after the program runs for one year. Over the next 12 months, expanding programs will be going to the board for approval.

Needs assessment for new or expanding programs includes 3 points: 1) enough students are interested, 2) there must be jobs for every student admitted, 3) a new program must not negatively impact an existing program.

Many new programs will be located in underserved parts of the state.

Students are getting good scholarships, but they are only for tuition, books & supplies. By the time a student has almost completed their degree, they might drop out because of non-academic issues, such as inability to pay bills.

If Community College budgets are cut as is projected, then enrollments will be capped in all programs (even general education) and faculty will be cut. If this happens, programs can't expand.

David Wysocki asked if there was an issue regarding workload to pay ratio?

Dr. Isler replied that Community College faculty members have an overload and are paid less than anyone else in state. Their salaries are third lowest in the United States, which makes it difficult to retain faculty.

Algie Gatewood asked what the average salaries for Masters and Bachelors faculty were.

Dr. Isler replied that those with a Masters in allied health received \$42-45,000, while those with a Bachelors degree received \$38-40,000. Some counties supplement salaries.

David Yoder asked what the number of part-time faculty members was.

Dr. Isler replied that there are a large number of part-time faculty members. This is not ideal because of continuity.

Susan Dyson asked about employer collaboration and financial input.

Dr. Isler replied that 90% of Community College programs wouldn't exist without industry financial support. They provide funds, scholarships, and clinical sites. Some places charge Community Colleges to use their clinical sites, but ones in NC don't.

When students come in, do they enter under the same criteria from college to college?

Dr. Isler replied that Community Colleges are not uniform in admission criteria; each college sets their own. They are not governed by the Board of Trustees. According to a 1995 study, meeting admission criteria didn't measure success in all students.

Polly Welsh asked if students or programs were tracked.

Dr. Isler replied that the Community College System wants to do both. If a student is inappropriately placed, we don't want them to stay in that program.

Wayne Foster asked if Community Colleges were really "Community" Colleges, or if students shopped around for programs and relocated.

Dr. Isler replied that students typically do not relocate, and stay within driving distance. Currently, nursing students will shop around because many programs are full, but they normally stay within 50 miles of home and will transfer back to their home school as soon as they can. Cytotechnology has only one program at Central Piedmont so if a student wanted to enroll in that program, they'd have to move to Charlotte.

Bob Thorpe asked for more information on the Bachelors completion program.

Dr. Isler replied that James Sadler is in charge of those programs, and there are 16 such programs in nursing alone located on Community College campuses.

Sylvia Flack added that some faculty members from Winston-Salem State University teach Bachelors of nursing classes at Community Colleges. There are also distance learning courses.

Cassina Hunt asked if data was available on the success rates of distance learning. Has there been any discussion on how effective these programs have been?

Dr. Isler replied that the majority of students take distance courses on campus because they don't have computers, and therefore are successful.

Kathy Heilig asked, regarding the discrepancy in reading comprehension levels, is there feedback between the Department of Public Instruction and Community Colleges?

Dr. Isler replied that the problem is rooted in students who drop out of high school, then decide to go back and get their GED and attend Community College. Students who start Community College right out of high school tend to have a higher success rate. Currently there is no mechanism with public schools in place.

Business of the Council

Announcements

The next meeting of the Council will be held on Wednesday, September 3.

There will not be a July meeting of the Council.

The Executive Committee will meet on July 22 at the Friday Center.

Discussion and Action:

Revisiting a "best fit" for professional association group structure. Task Force led by Karen Luken and included Bill Croft, Pam Horton, Marge Ottofy, and David Wysocki . Ms. Luken listed specific task force recommendations and issues for future consideration

The Council needs to conduct an annual review of the professional associations group structure to look at group composition, names of groups, and participation of group members. Written procedures should be developed for this annual review.

The annual review should occur at the March Presidents' Meeting when most members are in attendance and a full vote can be held. Orientations for group representatives are needed. This responsibility should be shared between the Executive Director and a "senior" professional association group representative. This orientation is critical, as the roles of representatives have changed in the last few years as the Council has evolved. The Council Guidelines should specify that a Professional Association Representative will be a member of the Executive Committee. It is recommended that the Council consider moving towards a different structure with regards to professional association membership. More balance is needed; some groups have 3 members, while others have 10. The task force recommended a minimum of 4 members per group and a maximum of 8 groups.

The task force considered adopting AHEC's careers format, which utilizes therapy, clinical lab science, and radiology. However several associations would be placed in a "miscellaneous" group which is problematic.

Several group names do not accurately reflect their member associations. Having "sciences" in all group names may not be appropriate.

A written copy of the recommendations will be sent to Ms. Catenaro, and formal recommendations will be presented at January 2004's meeting, with a full vote in March 2004.

Dr. Foster asked what the purpose was of having groups if it wasn't to discuss issues and share information. If the larger group will do this, what are the goals of the smaller groups? Ms. Luken replied that not all professional associations can attend meetings, so in order to have adequate representation, the professional association representative commits to attend and take issues and concerns back to the absent groups. Many presidents cannot attend meetings because they are far away, or their employer doesn't allow them work release time. Email has made communication easier.

Dr. Thorpe added that the Council was primarily composed of employer groups, practitioners and

educators. The idea was to have a workable Council. There are so many distinct professions that if the Council included a representative from each one, membership would exceed 200. Information would not be communicated effectively with hundreds in attendance, so the Council limited the number to 17. To get representation, categories were grouped.

Carolyn Taylor found information from the first Presidents' meeting in July 1990, and gave it to Ms. Luken and Dr. Yoder.

Reports:

Data Committee Report – Alan Brown

The radiologic science workforce study is finishing up, and the committee is preparing to start the survey.

HIM Report Update – David Yoder, Ms. Dyson, and Ms. Hunt presented to the American Academy of Professional Coders (AAPC). Ms. Hunt explained that HIM professionals are credentialed through 2 different associations, the AAPC and the American Health Information Management Association (AHIMA). This setup differs from most professions. It is challenging to take two competing groups and ask them to collaborate and address common issues. The AAPC was receptive to working on issues. At the NCHIMA meeting, the group was very receptive to being actively involved in action planning and was open to discussions with the AAPC. AHIMA and AAPC are currently having dialogue. The next step is to finalize an action plan within 2 weeks. Mr. Brown said that keeping up the momentum once the report is out will be challenging.

Audrey Godwin, Ms. Hunt's replacement as HIM representative, will update the Council as things progress. Ms. Dyson added that the HIM report was featured in the AMA Health Professions Newsletter, the NC Health Information and Communications Alliance's E-Letter, and the "For the Record" professional magazine.

Report on Radiologic Technology Workforce Study – Susan Dyson

Ms. Dyson reported that the panel met twice. Findings included faculty shortages and the aging out of the workforce. By 2009, all program directors must have a Masters degree. If this rule were instituted now, 56% of program directors would not meet the criteria. The panel wants to lessen the intensity of peaks and valleys in the workforce. Within the last three years, two new programs

have opened, and two more will open in 2003. There is a possibility of oversupply in certain areas and modalities. Sheps wanted numbers of radiology equipment in the state, and this turned out to be trickier than anticipated. Three different sources were tapped. There are two counties in NC that do not have x-ray equipment, but mobile services are available. The panel will have a week to respond to the draft, then the report will head to the printer in June. The report will be available online before it is printed. There is talk of creating a midlevel practitioner position in radiology, and this position would have more decision-making ability and input in patient care. UNC Chapel Hill received a development grant from the American Society of Radiologic Technologists (ASRT) to do a feasibility study. Joy Renner, head of the radiologic sciences program at UNC Chapel Hill, is hoping to institute this as a post-baccalaureate level program. There is a shortage in the radiologist ranks.

Survey – Alan Brown

Mr. Brown reported that initial planning has begun. Right now, the data committee is trying to finalize the specifics (professions included, questions, employers to be surveyed). Challenge is determining what is most important. Questions and format will be developed over the summer, it will be piloted after that, and it will be sent out in the fall.

Report on NC Legislative activity affecting Allied Health Professions – Patricia Porter

Dr. Porter reported that the equal split (Republicans and Democrats) had resulted in an unusual session. First there are two speakers, one representing each of the parties. The leadership developed and presented a budget very quickly. Most amendments to this budget were either voted down or not heard at all. The House budget was sent to the Senate and they revised it in order to come up with their own. The Senate budget represents more money; they added back many of the items cut by the House. In content (non-budget) legislation, there can be changes in regulations, licensure and practices. The budget is expected to be finished by July 1.

Out of all bills being considered right now, none were specifically related to Allied Health. There are many bills having to do with regulation, and rule and rate changes in long term care facilities. Several bills have to do with adult care homes, including adjusting rates upward and regulating guidelines for discharge. Focus was given to making rate changes applicable to real payment of direct

care workers. Revisions of continuing care operations towards per provider instead of per facility are in process. There is a money bill before the General Assembly to support the rehabilitation counseling program at UNC Chapel Hill. No new students were accepted this year due to budget cuts. Mental health and developmental disability advocates were upset and approached the General Assembly for funding.

Members of the General Assembly were asked to appoint a Legislative Research Committee to study the nursing shortage.

The Office of State Personnel was ordered to do a state employee pay equity study. A bill was introduced which would exempt “complimentary” medicine from medical practice. Herbal and massage therapies are examples of these “complimentary” treatments. Keep an eye on House Bill 923. It may have implications for everyone.

There were cuts in the House’s budget which affected mental retardation center outreach programs, but these have been restored in the Senate budget.

Ms. Heilig explained the Nurse Scholars Education Bill. It sets up \$20,000 stipends for nurses who want to go back and get their Masters degree to get highly educated nurses in the workforce. Dr. Porter said that this bill is included in both House and Senate packages, but could be cut due to the budget deficit.

Mr. Wysocki asked how this would tie in with revenue increase ventures. Dr. Porter replied that Gov. Easley is delaying the end of the sales tax. Many revenue options have been placed on the table. Sin taxes are most likely to move forward. Public school funding will likely not be cut. Medicaid might be cut.

Ms. Hunt asked about malpractice. Dr. Porter replied that everyone thought that issue would move forward quickly, but it hasn’t. Legislators realized quickly that this is a more complex issue than they once thought. Some problems are related to the fact that we do not identify and respond to physicians who aren’t practicing well. Ms. Heilig added that the legislature is relatively young, and new members are still learning. Ms. Welsh pointed out that physicians who work in high-risk settings can’t afford to insure themselves. This continues to be a problem and will receive attention by the General Assembly, but the nature of that attention is unclear at this time.

New Association Reps elected to 2 year terms:

Group 3, Diagnostic Sciences – Rebecca Bullock

Group 5, Dental Sciences – Martha Taylor

Group 1, Counseling & Recreation Therapy – TBA

Cassina Hunt will be replaced by Audrey Godwin in July.

Ned Fowler will replace Max Queen as Community College Allied Health Program Representative.

Allison Bordeaux will replace Robert Weaver as AHEC Allied Health Representative in July.

Activities of the Executive Director – David Yoder

Dr. Yoder has been attending various meetings on the Council's behalf. He serves as an answer source for those who come to the Council website seeking information.

In March, Dr. Yoder and Dr. Flack presented at the state allied health workforce conference.

In April, Dr. Yoder, Mr. Brown and Ms. Dyson went to the East Carolina Workforce Conference. They sat at a roundtable, and were surprised that many people didn't know about the Council or the Sheps Center.

Dr. Yoder attended two meetings at the Western Carolina Developmental Center, a consortium for community outreach. Appalachian State University is in the process of establishing an allied health center, which will be composed of various programs within the university, which are related to allied health.

Ms. McGlynn spoke about the Health Sector Coalition, of which she is a facilitator. The Coalition was started with Department of Labor funds to look at the health sector. Employers in healthcare were not at the table, so McLynn was hired to support the coming together of employers in healthcare (hospitals), educators (AHEC's, Community Colleges), workforce developer (JobLink, Employment Security System), and other interested parties (NC Hospital Association, Center for Nursing, Council for Allied Health). The emphasis was on asking people to look at changes and influences that could have systemic changes.

The Coalition is used as a forum to exchange information and develop recruitment strategies. The group generated an implementation plan, but with the new administration and 9/11, money was never given. But it was realized that money didn't matter because all of these groups were at the same table, and they continue to work.

The Coalition recognized the need to be a more regionally focused group. WTVD has been approaching hospitals to do recruitment campaigns, and this has been successful in Pennsylvania.

The backlog in Community Colleges is due to retention. The conversation was expanded to look at how each person at the table could build capacity in Community Colleges to produce workers. There are high demands for radiation technicians, surgical technicians, nurses, respiratory therapists and lab

technicians.

Potential name: Health Care Works.

The Coalition is soliciting partners to make the approach to Duke Endowment. The Coalition is looking at stipends, supportive services of counselors, mentoring, skill building, time management, package of services for students, additional faculty members, and clinical and lab sites.

James Sadler added that there is 80% retention UNC-CH, and 50% at other institutions.

Dr. Yoder announced that a few people have committed to the Advisory Board. He took the recommendation from Craig Souza to have a small Board. Souza will also serve on the Board. Ms. Heilig asked Bill Pulley, President of NCHA, to serve as Chair. Mr. Woody, Chairman of the State Board of Community Colleges was also asked to serve. Dr. Yoder hopes to have the group finalized by September.

Round Robin

Mr. Wysocki said that at March's meeting, the list of concerns were prominent around reimbursement and regulation issues (Medicaid). The Council should work to identify where issues are and to change them. Occupational Therapy, Physical Therapy, and Speech-Language Pathology will meet with members of their boards. For Developmental Disabilities, Mental Health and Home Health, Medicaid is a primary payer. Cuts and administrative hassles have tremendous impact on consumers' access.

Brenda Mitchell announced that UNC's Department of Allied Health Sciences will have its annual clinical preceptor appreciation day at the Friday Center.

Ms. Hunt announced efforts by the NCHA and AHA to change legislature for disclosure tracking, and to keep track of mandated information.

Pamela Horton announced that HIPAA's impact on programs has been wider than expected. Dental assisting was affected because x-rays were taken offsite. Group 3's presidents will be getting together for a meeting. Our groups want to be proactive when it's our turn to be surveyed and studied. Our fall meeting is scheduled for early October. Another meeting is scheduled for March 2004 in Wilmington.

Adjourned at 12:30 PM