

**The Council for Allied Health in NC
Office of the President, UNC Chapel Hill
Wednesday, September 3, 2003 – 9:30AM-12:30PM**

Attendees:

Judi Ashbaugh (for Tom Tucker) – NC Office of Research, Demonstrations & Rural Health
Tom Bacon – *Chair* – NC AHEC
Allison Bordeaux – *NC AHEC Allied Health Rep*, Wake AHEC
Alan Brown – *Data Committee Chair*, NC AHEC
Gwen Brown (for Vickie Whitaker) – NC Dept. of Health & Human Services, Division of Public Health
Rebecca Bullock – *Allied Health Professional Rep, Group 3*
Andrea Catenaro – *Assistant*
Bill Croft – *Allied Health Professional Rep, Group 4*, NC Society for Respiratory Care
Carolyn Cusic – NC Association for Home Health
Sylvia Flack – *UNC Systems Allied Health Programs Rep* – Dean, School of Health Sciences, Winston-Salem State University
Ned Fowler – *Community College Allied Health Programs Rep*, Asheville-Buncombe Community College
Algie Gatewood – NC State Education Assistance Authority
Audrey Godwin – NC Health Information Management Association
Kathy Heilig – *Vice Chair* - NC Hospital Association
Elizabeth Isler – NC Community College System
Karen Luken – *Treasurer, Allied Health Professional Rep, Group 1*
Marge Ottogy – *Allied Health Professional Rep, Group 5*
Martha Taylor – *Allied Health Professional Rep, Group 6*
David Wysocki – *Allied Health Professional Rep, Group 2*
David Yoder – *Executive Director*

Professional Association Presidents:

Pat D'Aurizio – President, NC Association for Health Care Recruiters
Wayne Foster – President, NC Speech, Hearing Language Association
Carolyn Taylor – President, Blue Ridge CLMA

Guests:

Frances Apple – Radiologic Science Rep, Data Committee
Sue Beck – Dept. of Allied Health Sciences, UNC Chapel Hill
Tom Connelly – Cabarrus College of Health Sciences
Gregory Cooper – NC HCAP
Mary Custer – WakeMed
Debbie Durham – Forsyth Technical Community College
Natalie Edwards – Eastern AHEC
Marti Feathers-Magee – Forsyth Technical Community College
Mark Garber – Baptist Hospital
Katie Gaul – Sheps Center
Chastity Glover
Libby Haile – Greensboro AHEC
Linda Horton – NC Hospital Association
Rachel Kaplan – Sheps Center
Noelle Kehrberg – Dean, College of Applied Sciences, Western Carolina University
Lee McLean – Dean, Dept. of Allied Health Sciences, UNC Chapel Hill
Holly Medlin – CHART Project Coordinator
Page Michie – Carolinas Healthcare System
Brenda Mitchell – Dept. of Allied Health Sciences, UNC Chapel Hill
Debbie Ramey – Eastern AHEC
Steve Thomas – Dean, School of Allied Health Sciences, Eastern Carolina University
Robert Thorpe – Associate Professor, Dept. of Allied Health Sciences, UNC-CH
Robert Weaver – Mountain AHEC

I. Welcome and Introductions – Chair, Tom Bacon
Ned Fowler – From Asheville-Buncombe Technical Community College, replaces Max

Queen as Community College Allied Health Programs Representative.
Audrey Godwin – Replaces Cassina Hunt as NC Health Information Management Association representative.
Allison Bordeaux – From Wake AHEC, replaces Robert Weaver as NC AHEC Allied Health representative.

II. Approval of May 7, 2003 Council Minutes

Approved

III. Presentations

“Changing Health Career Access Through Rapid Transition (CHART)” – Holly Medlin & Sue Beck

This HRSA funded project provides access to rapid transition programs that lead to certification in clinical laboratory science, cytotechnology and radiologic technology for individuals with baccalaureate degrees in health related science with special emphasis on training and placement in rural and medically underserved areas.

Two goals of CHART are to:

Increase number of underrepresented minorities in CLS, cytotechnology & radiologic technology. The CLS workforce is 90% white.

Increase number of practitioners in medically underserved areas of NC.

Strategies include placing enrolled students in underserved areas.

The CLS certificate program allows baccalaureate degree holders to enter workforce in shorter amount of time = rapid transition.

CHART is working closely with AHEC (Area L, Mountain & Southern) to find new clinical rotation sites in smaller, rural areas.

CHART spoke to 50 students at 5 schools. One has entered the CLS certificate program since then.

There is a problem with regard to clinical site development. CHART wants its students to do core rotations in smaller hospitals, but there often isn't enough test or patient volume. One clinical site in Wilson has been established and an additional site at Rowan Regional Medical Center is in development. There is no room for CHART's rad sci students to do rotations, as there are already 17 programs in NC. Not many small hospitals do their own cytotechnology.

CHART will visit 12 schools this fall. They are working closely with the NC-HCAP grant. 19 students who are currently enrolled in the CLS, RS or Cytotech programs are interested in serving underserved areas. CHART is hoping to set up panels with practitioners from underserved areas.

Website: HYPERLINK "<http://www.alliedhealth.unc.edu/chart/>"

www.alliedhealth.unc.edu/chart/ - There are testimonials from recent grads, application materials online, financial aid info, and virtual tours.

Questions:

Bill Croft asked if certificate students took classes with BS students, and if there were two different tracks for the two different time frames.

A BS is required to take the certificate classes. They take the same classes as BS students. In the program, there are 2 different tracks for the 16 and 18-month programs.

Steve Thomas asked if CHART works with community colleges' MLT students.

Students are recruited to CLS program from community

colleges. Those with requirements for MLT often do not have the requirements for a BS degree. The UNC CLS program gives credit for some community college clinical courses to allow for time to take core requirements. It's a difficult transition.

Elizabeth Isler expressed concern over the difficult transition, and would like to work with CHART to make it easier. Sylvia Flack asked CHART to also work with Winston-Salem State's internet program. Dr. Bacon said all schools need to be included. He suggested an articulation group similar to the nursing programs.

Sue Beck said that if someone completed the common curriculum at a community college, they have fulfilled the general college requirements at UNC-CH. It's difficult to do core requirements and clinical courses. Faculty at community colleges and universities need to work on how to accomplish this in a reasonable amount of time.

Dr. Isler pointed out that 16 different programs have 16 different requirements.

Rebecca Bullock commended CHART on giving focus on laboratory knowledge to biology majors. She asked when students come to CHART with a biology degree, can they apply to any program? Often, people entering profession don't know which focus they want. How does this work in smaller facilities, which do little beyond basic routine tests?

CHART lays out all options for students to find one that fits them. Students may be sent to a larger hospital for a part of their rotation to see all components of testing. If anything is missing CHART finds it somewhere else. Ideally would like to have everything in one place.

“NC Access, Retention & Completion Initiative (NC-ARC) in Allied Health” –
Brenda Mitchell

Two years ago, Moses Goldman came to the Council with this proposal. The presentation outlines what has been done since then. There is one more year on this grant proposal. It is a comprehensive grant proposal developed to address health disparity issues.

Questions:

David Yoder said that since NC-HCAP & AHEC are state programs, it would be good to involve all allied health programs that want to participate in this. It's useful as the Council is involved in overall recruitment. Any idea if any students in the program applied to other programs?

NC-ARC wants to broaden and involve other programs.

Mr. Croft said that 50% minorities are in the respiratory care program in Hoke County. The Community College System has a large number of minority students that UNC could benefit from.

Dr. Thomas asked if there were any retention data.

There is no data yet. Several participants are freshmen, so we don't know if they will follow through and enroll. There is a need continuing funding to address those issues.

IV. Business of the Council
Announcements:

Next meeting: Wednesday, November 5, 2003. Office of the President, UNC Chapel Hill. 9:30AM-12:30PM.

Dr. Bacon announced that the Advisory Board met on September 2. A list of members was handed out. The Council worked hard over the last year to identify key senior

policymakers, lobbyists, and former legislators to assist us in identifying long-term funding, and to give advice so we can become a more significant player in terms of allied health policy in the state.

The Council asked for advice and assistance to sustain the advanced level of work we've done with the assistance of the Duke Endowment grant, like staffing and workforce studies. The Board is interested in working with the Council and legislature to secure funding.

The Advisory Board made these recommendations.

To generate additional legislative interest, the Council needs to create a process/structure that could be part of a bill where the legislature would appoint Council members. The Council would still maintain the critical mix of representatives from professionals, employers and educators. Public members may be added.

The Council should be formalized more, to make sure it is clearly identified. Legislative appointments are included in this. It would make the Council a self-sustaining group in which the legislature is involved.

It is difficult to fund a separate entity. The Board is concerned about accountability. Council funding needs to flow through an existing entity. The Board suggested AHEC as the appropriate entity in that the AHEC's and the Council's missions are congruent.

The Board cautioned that finding permanent funding will not be an easy task. The first try may not be successful. The fact that the state budget may still be challenged in 2005 needs to be remembered.

Dr. Yoder and Dr. Bacon came away from the meeting encouraged by Board members support. The Advisory Board believes that the Council has a significant role to play, but can only do it if there is permanent funding.

Peyton Maynard will be working with Dr. Yoder to draft a bill, which then other Advisory Board members will edit.

The next meeting will be in February 2004. The Board wants to talk about strategies for lobbying.

Kathy Heilig made the point that whether or not the Council gets funding in 2005, it will continue its work. It has been voluntary for this long. We may need to think of other creative strategies. It is also important to get the Advisory Board to attend Council meetings so they can get a better idea of what we do.

Mr. Croft compared the Council to the Center for Nursing in terms of recruitment and retention issues. The Center for Nursing is powerful because they have legislative support. Creating jobs is a selling point because it solves issues of healthcare for minorities and rural areas. There are political advantages.

The Council is different from the Center for Nursing because it has a stronger balance. There is a collective strength at the table. The Center for Nursing has a limited focus, but there are some parallels.

The Center for Nursing has been in place since 1990. They are a nationally respected group. A suggestion was made to ask them for advice.

Lee McLean asked if there was a process in place for the Council or Advisory Board to approve these recommendations.

Dr. Bacon said that the Board's recommendations were not formal, but they should be formally considered at the next meeting in November. The Executive Committee will look at them and will come to the Council for endorsement of the Boards recommendations. There is time, as the 2004 session

will be used to educate the legislature on the Council and a bill will be submitted for the 2005 legislative session.

Discussion and Action:

Adopt new guidelines for election of officers (handout).

Dr. Yoder submitted a change in the Council guidelines that would indicate that officers of the Council would serve for 2-year terms. They would be nominated by Council members. Officers may be re-elected for a second 2-year term, but may not serve a third 2-year term.

Vote to accept changes. Accepted. (Revised Guidelines are posted on the Council's web page.

Election of Officers for Executive Committee:

Chair – Tom Bacon: approved.

Vice Chair – Kathy Heilig: approved.

Treasurer – Karen Luken: approved.

Recognition of Council Members who have left.

Max Queen, Cassina Hunt, Pam Horton, Robert Weaver

Recognition, with regrets, of Andrea Catenaro, Council Assistant who will be leaving her position as of 9/9/03.

V. Reports:

Data Committee Report: Alan Brown

Brief overview of Workforce Assessment Process.

Report on Radiologic Science Workforce Study: Frances Apple & Alan Brown

Copies of the Rad Science Workforce study are available by contacting Katie Gaul (HYPERLINK "mailto:k_gaul@unc.edu" k_gaul@unc.edu) at the Sheps Center.

There is an overall balance of Rad Techs, but a distribution problem. There is a shortage in specialists.

Debbie Durham said that Forsyth Technical Community College collaborated with four clinical sites, and it was a good experience. The CEO's of all 4 hospitals were in attendance.

The Rad Science workforce is not diverse.

Frances Apple's comments on follow-up:

Susan Dyson issued a press release to David Williamson at UNC News Services. Mr. Williamson contacted people at the Durham Herald-Sun and the News & Observer. It is important to have news coverage on the report ASAP.

The Rad Sci technical panel email went out today, and they are meeting on September 15 at the Sheps Center to discuss the recommendations in report. The recommendations should be looked at as a roadmap as to what to do. Committees need to be established. There is a possibility of needing funds in the future. The panel will report to the Council as things progress.

Ms. Apple thanked Sheps, AHEC and the Council for its support of the rad sci field.

Questions:

Mr. Fowler asked if there were incentives to attract faculty members to Community College programs. Any ideas on where to generate incentives so we can attract and keep the faculty?

Grants for distance education are in the works. The faculty needs to finish a Masters degree. Each Community College program director was contacted. Many are near retirement. Some faculty members have said they could make more money doing something else. Salaries have to come up to be on par

with other jobs.

Dr. Bacon added that it is a losing battle with clinical sites. Salary inequity will take a long time and a better economy to resolve. The Council could work on this.

Dr. Isler said that Community College System President Lancaster has faculty salary as his top priority, but the dollars from the legislature are simply not there. NC is dead last in terms of surrounding states' salaries.

There are ideas about scholarships, using funds currently not in use by nurses.

Dr. Thomas said that credentialing faculty has been a problem, as programs require additional degrees.

Many-experienced faculty members who are teaching in a program that's advanced from Bachelor's to Master's are no longer qualified to teach.

Recommended Allied Health Study/Survey: Alan Brown

The Data and Executive Committees have studied the workforce reports that have been completed by Sheps Center. The in-depth studies are outstanding, but they do not address the overall picture of workforce supply and demand needs of the allied health professions that the education and employer constituents are looking for. The pros and cons of various models have been investigated and there was an interest in going back to the survey model to get a broader perspective. This does not appear to be the answer in today's employer arena. Sheps proposed several models to the Executive Committee in July and after a lot of thought and discussion have come to a consensus that:

The State of Allied Health Report (handout) is to be given serious consideration. The Executive Committee has approved proceeding with this model. Details are being hammered out with Sheps personnel.

Dr. Bacon added that this report will not focus as intensely on one profession but hopefully will provide a broader sweep of key allied health professions. The Council needs to do a good job in educating legislators; this might be helpful. Common themes among professions are diversity, faculty salaries, and recruitment, linking employers with educational institutions. Sheps is concerned that it is a resource-intensive undertaking, so we want to do it well.

Mr. Brown is recommending a change in the structure of the Data Committee to coincide with the change of the recommended workforce study.

Ms. Apple said that there is currently no adequate workforce database.

Mr. Croft asked who decided which profession to study. Dr. Bacon answered that the Council decides. Factors include pressing needs of various allied health professions and which data is or is not available at the time.

Marge Ottofy asked how much information there was on the impact of changing problems due to recommendations from previous workforce reports. Will it offer educators insight on what to do with their programs? Will it be more influential with the legislature because it's an overall picture?

Dr. Isler said that the Community College System has used data from these studies to determine whether or not more programs should be started. They will follow the rad sci report's advice to serve different areas, and will not start new programs where they may not be needed. The data is helpful.

Dr. Bacon added that the workforce reports give a lot of information about one profession, but do not necessarily answer employers' needs. Some demand information gives a better-rounded view to incorporate with the supply data. The intensity is lost, but a broader perspective is gained. The

Community Colleges and the Board of Governors will be able to see where the needs are. It is hoped that the proposed state of allied health in N.C. report will be influential with the legislature.

Dr. Yoder added that at yesterday's Advisory Board meeting, members asked how much money the Council needed to operate. A minimal figure was given, but the Council could do more studies with every additional \$100,000 appropriated.

Wayne Foster said that whether the Council does a broad or in-depth study, set questions are needed every time, so analyses are the same over time.

Ms. Bullock expressed concern over changing focus of the workforce studies to suit the legislature, even though there is no guarantee of legislative support.

Dr. Bacon said it is critical that we maintain the Council and its focus. We do not want to do whatever the legislature wants for money. At the same time, we recognize that what we've done for 12 years, until Duke Endowment Grant came through, was struggling with volunteers. The Council has done so much more with funding. Our goal is to find a way to sustain activities with staff. We need to find out how to make this happen without losing the fundamental nature of the Council.

Karen Luken pointed out that the workforce study issue was brought up long before Advisory Board idea was even considered. Now, they appear to be more linked than they actually are. The legislative body may be potential audience, but they did not influence changing models.

Ms. Heilig said that none of the 3 models investigated serve the needs of all users. Human Resources directors loved the broad format because it included more positions, salary information, and vacancy rates. It gave us no in-depth look at one profession, and was limited in applicability. When the Council changed format to in-depth studies, the HR directors called looking for the surveys. Other organizations have begun using the survey format because the Council doesn't do it anymore. The Executive Committee struggled in weighing the pros and cons of each model.

Bacon: sample survey model would be difficult to collect data from. Difficult to get employers to fill out surveys.

A suggestion was made to incorporate demand data into a survey by surveying the top 5 needs of facilities. It's a way to diversify the survey without going too in-depth. Many facilities have the top 5 biggest vacancies.

Report on NC Legislative Activity affecting Allied Health Professions: David Yoder for Pat Porter

If you'd like to follow through with any of these issues, email Pat at [HYPERLINK "mailto:pporter@med.unc.edu"](mailto:pporter@med.unc.edu) pporter@med.unc.edu.

David Wysocki said that the Medicare cap is a big issue with Occupational Therapy, Physical Therapy, and Speech-Language Pathology. The cap went into effect on September 1. Not enough Medicare recipients have been informed. The government agreed to inform 90% of recipients by September 1, but suits pending claim that less have been informed.

Efforts are being made to attach a moratorium to the prescription drug bill for January.

Ms. Heilig said that in the rehabilitation field, there is a new 75% reimbursement law. With the "local medical review policy process", medical directors have the option to put their own rule above that. This is an IRF National Model, and NC will be one of those states.

This will be devastating to rehab facilities. The NCHA has been putting together a workgroup with rehab professionals to influence the way policy will read. It's predicted that this policy will shift the delivery of rehab services back to acute care.

Reimbursement services will shape the way care is delivered.

There is a review policy in the respiratory care field. Implementation of the policy has been halted while it is being reviewed. The NCHA will be alerted when the final model will be released. Email Kathy at [HYPERLINK "mailto:kheilig@ncha.org"](mailto:kheilig@ncha.org) kheilig@ncha.org for more information.

Mr. Croft said that the power of numbers, speech, emails, and phone calls cannot be understated. Those in charge need to be contacted. The respiratory care bill was amended and passed.

Activities of the Executive Director: David Yoder

Andrea Catenaro is leaving her position as Assistant to the Council on September 9.

Report on website statistics.

Revised brochures available.

Collected data in allied health students in 4-year colleges and community colleges. There are 7,396 allied health students in community colleges. 3,629 allied health students are in the UNC system. A 20% increase is estimated for this year. No data on private schools were collected.

Report to Executive Committee on achievements of Council in the last year (handout).

This year's focus will be on marketing reports and the Council to the legislature; they need to know the Council's influence in state. The Council will work closely with the Advisory Board regarding funding issues.

VI. Round Robin

Mr. Wysocki: A Medicare cap listserv is available through CMS. For more information, contact David at [HYPERLINK "mailto:DavidWOT@aol.com"](mailto:DavidWOT@aol.com) DavidWOT@aol.com.

Salary surveys for OT, PT and SLP were done. This information may be helpful to the Council. OT's survey is the most recent, showing a significant increase in salaries since 1999. There was an average \$9,000 increase. These surveys pull a lot of information together to show geographical, gender, and practice areas. It is not a scientific sampling. They do show that SNF are lowest in practice areas. PT's survey was done in 2002.

There was no increase from 1999 to 2002. Professionals with BS degrees are paid higher than those with Masters degrees. Very few held Doctorates. One reason for this could be that BS degree-holders are more flexible. There is more pay in contract agencies. 18% of BS-holders were in a higher bracket, compared to 10% MS-holders. In SLP, 2001 showed a decrease in salaries.

Ms. Luken handed out brochures for the Assistive Technology Expo. The Expo places an emphasis on health promotion across the life span. There's a strong focus on individuals with disabilities, families, and practitioners to learn about technology.

Thursday is vendor day. It's intended to draw public school educators, allied health professionals, and community colleges. Several registrations have been set-aside for those who can't afford to go, so contact Karen ([HYPERLINK "mailto:kluken@email.unc.edu"](mailto:kluken@email.unc.edu) kluken@email.unc.edu) if you'd like to attend.

Linda Horton announced that the NCHA workforce web page would be completed shortly. Check out [HYPERLINK "http://www.ncha.org"](http://www.ncha.org) www.ncha.org on Monday.

Dr. Bacon announced that the AHEC Health Careers Manual will be produced again in 2004. AHEC will pull together an advisory committee with representatives from community colleges, universities, and professionals to get input on improvements, and making the manual more useful. AHEC is asking for ideas on expanded distribution. The last printing had 45,000 copies and ran out. We want to make sure enough are printed so those who need them can have them. The manuals are placed in all middle/high schools, universities and community colleges. There is also a web-based version. The goal is to have the manual finished by next summer, and ready to be distributed before the Fall

2004 semester beings.

Elizabeth Isler is retiring, and today is her last official Council meeting. She shall return to November's meeting so she may be formally thanked.

Adjourned at 12:30PM.