



**The Council for Allied Health in North Carolina  
November 3, 2010, 9:30 AM – 12:30 PM  
UNC General Administration Building, Chapel Hill  
C.D. Spangler Jr., Building, Board Room**

## **Minutes**

### **I. Welcome, Introductions & Roll Call – Chair, Dr. Stephen Thomas**

#### Council members and guests

- UNC General Administration Site
  1. Stephen Thomas, ECU
  2. Toni Chatman, Wake AHEC
  3. Kathleen Ollendick, UNC-CH
  4. Lisa Johnston, UNC-CH
  5. Corrie Odom, Duke, DPT Division
  6. Alan Brown, AHEC
  7. Martha S. Taylor, NC Oral Health Section (NCDHA)
  8. Elizabeth Rogers, NC Independent Colleges and Universities
  9. Alisa Debnam, CAHNC
  10. Lee McLean, UNC-CH
  11. Tom Bacon, AHEC
  12. Elaine Roholik, Wake Med
  13. Karen Luken, NC Office on Disability and Health (NCODH)
- East Carolina University
  1. Dawn Grant
- Fayetteville Technical Community College
- Mountain AHEC
  1. Marge Ottofy, CMA
  2. Rosalyn Wasserman, PT, DPT – MAHEC
- North Carolina Community College Systems Office
  1. Renee Batts
  2. Kathy Heilig
- North Carolina Hospital Association
- UNC-Asheville
- UNC-Charlotte
- UNC-Greensboro
  1. Lisa MacDonald
  2. Kathy Williams
  3. Libby Haile
- Western Carolina University
  1. Marie Huff, Interim Dean
  2. Karen Lunnen, Dept. Head of Physical Therapy
  3. Linda Eargle, Clinical Coordinator, Adjunct Faculty
- Western Piedmont
  1. Dr. Linda Satay, WPCC
  2. Kim Priode, CCCTI

- 3. Barbara Harris, CCCTI
- Winston Salem State University
  - 1. Peggy Valentine
  - 2. Teresa Conner-Kerr
  - 3. Kineka Hull
  - 4. George Harwell

## **II. Approval of September 1, 2010 Minutes – Dr. Stephen Thomas**

- **Approved as amended** – Kathy Heilig added to the attendee list

## **III. Presentation: Panel Discussion – “Payment for Clinical Sites – How will it impact training programs”**

- Karen Luken – Panel Facilitator

**PLEASE NOTE: The Questions each panel member was asked to address are noted at the end of this document.**

### **1. Tom Bacon – Director of NC AHEC 9:50am**

General Assembly passed bill to increase funding

- Offices of Regional Primary Care
- 1993 – Pay for primary care rotations in outpatient clinics
- 1995 – Expanded to PA, Nurse Practitioner students and Midwifery program at ECU.
- Later – Pharm D
- Alan Brown oversees program
- Rural sites - \$375.00 per student per month
- Urban sites receive - \$450
- Other support
- Educational perks -> preceptors
- Clinical Training Capacity is one the greatest problem for schools.
- Money goes to agency – sometimes – individual – the agency decides
- Housing – AHEC provides limited housing

### **2. Corrie Odum Director of Clinical Education at Duke University - 9:58am**

- President Clinical Education Programs (NC/SC)
- Preserve the quality of learning experience
- 3yr graduate program w/6 semesters of didactic work/44 weeks of clinical setting. Increased enrollment to 62, fatigue of our clinical preceptors. Wanted to stay local and to improve the quality of our clinical care. Begin before Thanksgiving. Compensation: \$1000/week in teams of 4 to the agency total 17 teams = \$166,000. Hope to have ½ the clinical instructors’ productivity. Will be assessing satisfaction from learner and instructor. Modeled after the Mayo Clinic. Working with 7 clinical partners within driving distance of Duke.
- Having difficulty getting sites, increase enrollment



- provide Clinical Education in best possible way
- Rehab 1<sup>st</sup> time Clinical Exp: difficult areas to place
- Use of students for revenue generation. Need to be cautious
- Don't understand what the right way is

## **5. Steve Thomas - ECU (10:24)**

- Deans think 5 years ahead (*amended and corrected 3/2/2011*)
- AHEC funds ECU PA's program
- Lost some PA sites due to nonpayment so we are reaching out further for PA Clinical sites
- AHEC – 53,000 5 different hospitals
- 2010 - 40,000 (6 hospitals – \$1,000 rural to \$20,000 Pitt Co. Memorial)
- Based on utilization
- Impact on budget - significant – We are paying for overnight stays in rural areas projections \$14,000. Cost of staff time – Had to hire one FT person to handle Clinical Contracts, Background checks, Child predator checks. More sites are laying off staff and professionals. Tuition? – Supplemental tuition is allowed, however, Lab fees are no longer allowed to be charged. I have 800 students and it would be cost prohibitive without some sort of class fee supplement. Some kind of healthcare reform has to occur.
- \$5.00 night Universities pay for student housing
  - paid out of school budget
- Programming/Staff time
  - Lot of administrative mechanics
- Supplemental tuition
  - student pays
- Fee structure – has been eliminated
- Class/Lab Fee
- **Regulations CMS**
- Students are gratuitous employers
  - TB test, flu shots → cost
- Need to look at different models that Allied Health professionals can move into.
- Financial incentives (direct or indirect)
  - Education/Training institutions
- South Carolina Training Program PT
- Educational Supervision of students
  - Exam
  - Training Program

## **Q & A -(10:46)**

- Human Patient Simulation
- Free Clinic
- Commitment to a diverse program
- Diversity of providers/sites

## **Recommendations**

- Periodic update on various PT Programs & other Allied Health Programs
- Speakers innovative models.
  - Look & evaluate their merit
- Voice with legislators
- CMS
- National Healthcare Commission – get this message to them –Tom Ricketts
  - Deliver a consolidated message
- CLS is already encountering some of this
- Simulation
- Health Disparity/Diverse Work force/ Rural Community
- Priority issue
- What is our role?
- What is our message?
- Adjunct Faculty (staff of health agencies)
- Donation to Foundations > advancing continuing education
- WS State – incorporate simulation into Clinical Practice

## **IV. Business of the Council: Discussion and Action**

### **V. Executive Directors Report – Alisa Debnam**

- Happy Allied Health Week
- Job Vacancy Report
  - Receive 117 responses from 88 participants. Overall response 39%
  - Planning to analyze results to identify those professions for the data collections
    1. PT – 15
    2. HIMT
    3. OT Assistant
    4. PT Assistant
    5. OT – 5
    6. Speech Path
    7. EMS

8. Respiratory Therapist
9. Medical Assistant
10. Imaging

- ACTION: copy of update will be placed on the Council's web site
- Please email your attendee list to Alisa or Terita

## **VI. Round Robin**

- Winston-Salem State University
  - Virtual Hospital – spring opening
  - Allied Health & nursing
- Elon University – PA program approved
  - Advertising for a Director
- High Point University – Health Sciences Dept.
  - DPT program - Dr. Eric Hagas
  - PA – Advertising program Director

## **VII. Announcement**

- Next Council Meeting – January 12, 2011 – Health Information Management It's impact on Allied Health

Meeting adjourned at 11:25am

## **Panel Questions**

### **Dr. Tom Bacon – Director of NC AHEC**

1. We know that AHEC has a history of paying for student housing and providing grants to pay hospitals to place students; can you provide a summary of what AHEC has traditionally paid for students? WHAT DISCIPLINES? PROFESSIONS HAVE BEEN THE PRIMARY FOCUS
2. Has the state budget reductions impacted what you currently cover for students? HOW MIGHT FUTURE STATE BUDGETS IMPACT THIS MATTER?
3. If educational institutions are required to pay for clinical sites, will this further impact distribution of allied health professionals?

### **Corrie Odom – Assistant Professor, Director of Clinical Education, Department of Physical Therapy, Duke University**

1. Where do you currently have paid clinical arrangements and describe your current model (to include cost, number of students)?
2. Is Physical Therapy the only profession at Duke that is currently paying for clinical education sites?
3. Please tell us how this is impacting your budget? STUDENT OPTIONS
4. Are there plans to increase tuition to cover cost?

### **Elaine Rohlik, Executive Director, Wake Med Rehab**

1. Does your hospital currently charge educational institutions for clinical sites?
2. If yes, please describe the model? If no, do you have any plans to put this model in place?
3. Are you aware of other hospitals that are using this model? If so, please share.

### **UNC – Lisa Johnson, Assistant Professor, Assistant Director of Professional Education, Dept. of Physical Therapy, UNC**

1. Do you currently have paid clinical arrangements, if yes, please describe your current model (to include cost, number of students)? If no, please share with us what you know about this practice.
2. What professions are currently being impacted by this new practice?
3. How will this impact your existing budget?
4. Will you have to increase tuition to cover the cost?

**Deans Association – Steve Thomas, Dean, College of Allied Health Sciences, ECU**

1. Tell us what you know about this new practice, and what professions are being affected? STATE AND NATIONAL LEVEL
2. What impact will this have on your budget, and programming?
3. Do you see this potentially impacting the number of students you can admit and long term on workforce distribution?
4. Will you have to increase tuition to cover cost?