NOTE: The next **Therapist Professional Advisory Committee Meeting** will be held in conjunction with the specialty luncheon, U.S. Public Health Service Professional Association 30th Annual Meeting, 11:30 - 1:00, **Tuesday, May 30th, 1995,** The Peabody Hotel, Orlando FL. All therapists are invited.

February, 1995, TPAC Minutes

Place: Conference Room 605
IHS - video conference
Parklawn Building, Rockville, MD
Date: Feb. 24, 1995
Time: 0900 - 1400

Present:
Rockville
CAPT Judith Bell (OT/Chair/HRSA)
CAPT Willis Trawick (PT/SAMSA)
CAPT William Fromherz (PT/DCP)
CDR? Elaine Corrigan (SP/SAMSA)
CDR Marie Schroeder (PT/FDA/COA)
CDR Dominic Arentino (OT/IHS)
LCDR Karen Siegel (PT/NIH)
LCDR Georgia Johnson (OT/SAMSA)
LT James Standish (PT/CG)

Albuquerque
CAPT Jim Jones (PT/IHS)
CAPT Charlotte Richards (OT/IHS)
LCDR Becky Sellers (PT/IHS)

Phoenix
CAPT Mike Huylebroeck (PT/IHS)
CDR David Nestor (PT/IHS)
Roger Nelson (PT,ret)

I. Meeting called to order at 0940 upon connection of video conference.

II. Not all members had received copies of the recent TPAC meeting minutes, so review of the minutes was deferred.

III. Review of issues raised at the 2/23/95 CPO/PAC Chair meeting attended by CAPT Bell.

A. Surgeon General

No new information was available on the status of the current surgeon general nomination.

Two bills are currently under review in congress that are taking opportunity of this interim period to propose elimination of the position of the Surgeon General. The bills are considered skeleton, special interest group initiated, and not likely to pass at the present time, but could conceivably be attached to other bills, so are of concern. The OSG is doing what it can to respond at this time.

All officers may find this a good time to contact their legislators and increase awareness of the USPHS Commissioned Corps (This must only be done in private capacity).

B. OASH directive to reinvent government

Government wide review is underway asking agencies:

What are you doing?
Is it essential?
Can it be done more cost-effectively by others?

It is no surprise the review also applies to PHS Commissioned Corps.

An external review of DCP functions is being conducted by a Study Team on Reengineering of the Division of Commissioned Personnel in order to determine which functions need to be centralized and which can be under agency control. The review includes a 2% representative sample of PHS Commissioned Officers. The Study Team is also soliciting comments from PAC Chairs, and CPO's, but want a representative sample of officers rather than a large response primarily from one area. The reviewing group plans a draft report, 4/14/95. Officers interested in being considered for the list providing input should contact Sue Dahlman in DCP.

The GAO is performing a review on the need for a PHS Commissioned Corps at the request of congressmen non-supportive of the Commissioned Corps. The Commissioned Officers

Association is concerned that this review asks appropriate questions. COA is preparing to ask Senator McCain (sic?) to initiate a second GAO review of the Corps that asks questions the COA believes are most appropriate.

A Commissioned Corps Visioning Committee is addressing the role of the Corps in meeting future challenges. They are considering 1) the draft PHS Strategic Plan (nearly final), 2) major challenges facing each Agency in the next decade, 3) specific roles best performed by the Commissioned Corps in meeting the challenges facing the PHS and Agencies/programs, and 4) the "value added" of being able to use commissioned personnel in Agencies and programs now and in the future.

C. PR issues

The office of the Surgeon General has a limited staff and identified need for staff person to specifically address public relations issues.

Action: If any officers knows of an individual with PR skills and a knowledge of the Commissioned Corps who might be interested in the position, they should forward the information to CAPT Bell.

COA is also aware of the public relations need and is working with the Washington Post to help develop a report about the Commissioned Corps.

A column appeared in the Local News section of The Tennessean, Feb. 14, 1995, Titled "Uniformly speaking it's rank", that was unflattering to the Corps and the uniform. An official response will be sent to the paper. It could help if individual PHS officers respond (in private capacity). Many read the article and forwarded it to the TPAC. A response should clarify why the PHS is a uniformed service and describe the function of the PHS on a national level.

D. Recruitment

Recruitment functions are returning to DCP and will be located in the Transactions and Applications Branch. During the interim, recruitment requests for information may be left on a answering machine at 301-443-4799. An 800 phone number will be established soon, and the new recruitment office will include a staff of 3.

E. Medical Readiness Task Force

When emergency assignment opportunities have arisen in the past, DCP has been unable to quickly identify officers qualified for the assignment and to obtain agency clearance in optimum time for their participation. DCP is developing a list of officers that have training and experience in medical readiness, are willing to serve short tours in that capacity, and have advanced approval from their agencies to participate. More information about this program will follow.

CAPT Willis Trawick reported that non-PHS Agencies have agreed to let their officers participate. This includes the EPA, BOP, HCFA, NOAA, St. Elizabeth's Campus. 3 therapist have been identified for this list thus far. A group is working with CAPT Trawick to identify officers with special skills of benefit in medial readiness. The group includes Becky Parks, Mark Melanson, Georgia Johnson, and Linda Simpson.

Action: Any other officers interested in participating should notify the SG's office, in writing, to the attention of CAPT Steve Moore. Officers should include their name, phone number, and address in the correspondence. They will receive a questionnaire asking about their medical readiness training and experience which will be entered into a database.

Officers with disaster and human relief experience should note these skills on their annual apples survey in addition to completing the medical readiness task force questionnaire.

F. PHS Bicentennial

Plans are beginning now for the bicentennial celebration in 1996. A special meeting will be held at the COA meeting during the last week of May. All officers attending the COA meeting are encouraged to attend the bicentennial meeting.

G. COA Meeting

The 1995 COA meeting will be held 5/28-31/95 in Orlando, FL. DCP will again be sponsoring career counseling sessions with officers on 5/29-31. Any officer interested in scheduling a career counseling appointment should contact Steve Hand at 301-594-3351. Career counseling is especially important in light of

the limited number of promotions to higher ranks that have been available in recent promotion cycles. Some MAC flights may be arranged for transportation to the COA meeting. Contact CAPT Bell for additional information.

H. Mentoring program/task force

A need has been identified to develop guidelines to train younger officers for senior positions. LT CDR Gary Goldberg has been given responsibility for developing a mentoring program. Additional information will be forth coming.

I. National Public Health Week

National Public Health Week is April 3-9, 1995. Officers are being encouraged to participate in any way possible. Packets of information about the USPHS are being distributed. Contact the office of the surgeon general.

IV. DCP Report

A. DCP review

Purpose of DCP review is to identify critical functions that need to remain centralized and identify what other functions can be eliminated to delegated to the Agencies. PHS differs from other military services because all money and FTE are under Agency control.

B. Apples survey

The Apples survey is mailed out by the officer development branch during the month that corresponds to the last digit of the officer's social security number. However, the January survey (officers SSN ending in 1) was mailed out just recently and the February survey (officers' SSN ending in 2) will be mailed out in late Feb. or early March. If you do not receive your survey, contact DCP.

DCP is soliciting feedback about the Apples in preparation for a 1995 revision. In particular they would like information on its ease of use, understandability, and whether it collects important information. DCP has contacted the medical readiness task force

and the surgeon's general office, and plan to also contact each category for input.

When officers complete their 1995 Apples they may also make comments directly on the form. They should also pay specific attention to the specialty codes to ensure they accurately represent the category. The Apples is the only opportunity for officers to report the breadth of their training and experience beyond their qualifying degree.

Once the completed Apples is received in DCP, the information is entered into a database. In the past, when a vacancy announcement was received and posted to the VATS, a search of the Apples was conducted for candidates with the specified skills. However, staff is not available to do this type of searching routinely. Now, Apples data base searches are only conducted at the request of an agency or other special need.

C. Promotions

Promotion rates for the upcoming promotion cycle are not known. They will be limited and it is possible that no O-6 promotions will be released. The retirement process has been expedited to try to make as many slots available as possible. It is expected that by September of this year, the reduction goals mandated for the higher ranks will be met.

D. Buyouts

Approximately 16-19% of civilian DCP employees accepted buyouts this past year, and some of these individuals performed essential functions such as COERS and retirement. Individuals assuming these duties may be less experienced than their predecessors and response time may be delayed in certain areas. If responses are not timely, a tactful follow-up call is recommended.

V. Nomination requests

A recent request was made to CPO/PAC chairs for nominations for the Industrial College of the Armed Forces. The response time was four days from the date of the memo received by the TPAC Chair, and the memo was not received on the date noted. As a result, no therapist nominations were made. Therapists who are interested

should make their interest known, keep the short announcement time in mind for next year, and request early information about the program.

ACTION: The TPAC will try to develop a calendar of yearly events in order to anticipate routine nominations/events. When available this will be included in the minutes.

VI. CPO request

ASG Joe Davis, MD, MPH, is chair of the Commissioned Corps Visioning Committee, requested that all CPOs respond to the following request:

list the essential activities of the CPO
list the essential activities of the category
respond to four questions

1) What are the future challenges facing the PHS?
2) What are the future challenges facing your agency or program?
3) What functions can the commissioned corps meet that others cant?
4) What is the principle advantage of commissioned personnel in your agency or program?

The TPAC as a group drafted a response at the February meeting (follows). While the response date was too short to send the questions to field representatives for action, it is envisioned that when possible questions of this type needing officer input will be distributed and returned through field representatives. Officers are encouraged to review the document and add input by sending comment to CAPT Bell. The result of the collective TPAC input is an effective internal document for the therapist category to maintain and update.

ESSENTIAL ACTIVITIES OF THE THERAPIST CATEGORY

1. Provides direct patient care, counseling, screening, evaluation, diagnosis and treatment recommendations to Agencies and populations they serve.

2. Provides evaluation and treatment therapy services to remote and underserved areas.

3. Provides therapy services in varied and mobile assignments.

4. Provides diversified and specialty clinical education and training, preparing for unusual, emergency, and cross-assignments.

5. Provides consultant services to other programs, clinics, and schools, allowing networking not possible in locally based systems.

6. Offers educational opportunities to a variety of health care programs and workers regarding therapy, physical impairment, ergonomics, physical capacity, work hardening, etc.

7. Provides input into guidelines for managed patient care regarding how long a patient needs to be under treatment, to what extent problems impair function, and when patients can return to work, etc.

8. Provides input, designs, collect and cluster measurements for outcome studies to review the quality and efficacy of treatment, makes recommendations for standard national monitors.

9. Provides input and development protocols for prevention programs in maternal and child health, developmental disabilities, geriatrics, and diseases like diabetes and arthritis, etc.

10. Maintains nationally based career and active reserve officer components in order to be flexible in filling a variety of needs and assignments.

11. Maintains a back-up of inactive reserve officers capable and willing to assume short-term limited assignments.

What are major challenges facing the future of public health in the U.S. over the next decade?

1. Diseases and health concerns of the nation identified as public health problems, AIDS, aging, diabetes, and others.

2. Maintaining a response arm for the government in health care on a national level.

3. Insuring the quality of life and maximum benefit of health care in an environment of HMO limited visits, changes in insurance, and focus on minimal care. Assuring that minimal and limited treatment today does not equate to greater disability and more health care dollars later, and/or reduced quality of life.

4. Uncertainties of how health care will be provided and structured.

5. Affordability and accessibility of health care.

6. Prevention programs directed toward prevention of disability/ impairment rather than late response treatment at a time problems are more complicated and less likely to improve.

What are the major challenges facing your agency or program over the next decade?

1. Uncertainty regarding programs and health care delivery.

2. Moral of officers during cut-backs and limited promotions, maintaining life-long commitments and career dedication, rather than short-term interest, assignment of officers to remote or unpopular areas.

3. Reorganization and streamlining programs with reduced staff.

4. Difficulty in recruiting new therapist officers and outlining a future in the PHS, Agency, or program, and offering stability, perspective and balance.

5. Maintaining quality of care, continuity of care and standards of practice with proposed decentralization.

6. Loss of ability to have access to career devoted individuals looking at wider scope of health care issues, able to develop in areas of need, and not fixed on local focus.

7. Loss of ability to have wide application draw across Nation.

What specific roles are best performed by the Commissioned Corps in meeting the challenges facing the PHS and your Agency or program?

1. The Corps has an existing outstanding cadre of offices whose skills, and depth and breath of experience cannot be matched. It already has an in-place system of superior officers that has worked in recruitment standards, maintaining standards, and improved standards for therapists in and outside the Corps. (See Personnel files of officers and schools/programs started by therapists).

2. The Corps has flexibility and adaptability in assignment with highly trained and cross-trained officers.

3. The Corps is vested in the man, not the billet. Highly trained and selected individuals develop billets in areas of need as well as fill them, setting models for others.

4. The Corps offers added expertise in a blend of basic and clinical research. Therapy research positions are available where in addition to treatment, the knowledge base of treatment and assessment is expanded, and new devices are invented that can transfer into private community to improve quality of treatment and treatment protocols.

5. The Corps is governed by strict standards of ethics and practice regarding use of information gained on employment, types of outside activities, and relationships which may bias decisions or give impression of conflict of interest.

6. The Corps officers are highly respected as a group and considered to be impartial. They are trusted. This places therapists in a position to independently review new devices, and provide impartial input into new devices and developments in therapy and therapy programs.

7. The Corps has at heart the interest of the nation's health care and underserved populations. Many private companies are profit motivated, not ethics motivated, and Civil Service is often focused on local program.

8. The Corps is not profit motivated, and has officers who are career dedicated and do not just work 9-5, but are on call 24 hours. They are structured to have the commitment and follow through that is necessary to provide services at odd hours and in remote areas, where it is difficult to obtain and maintain long-term health providers. Contract care workers who come and go do not carry the long term responsibility and accountability for work they do.

9. The Corps has system mobility allowing officers to be sent to areas of greatest need, and for temporary transfers providing coverage in interim situations. Standard performance evaluations in a national system allows consistent job appraisals, and jobs to be matched with skills and interests.

10. The Corps has up -to-date billet description and guidelines suitable to its missions and the Nations needs in health care. **Civil Service guidelines have not been updated for therapists since the 1960's.** They are out-of-date, and no longer appropriate or reflective of positions and program contributions of modern therapists. They have no classification/recognition of Certified Occupational Assistants, and specialty developments in areas that have become highly sophisticated and have improved the quality of care delivery. The PHS diversified positions take full advantage of both specialty and generalized skills of therapists, using them to best advantage, and modeling positions that have often carried over into the private sector in therapy schools and clinics.

11. Therapists in the Commissioned Corps have a greater freedom to practice and develop skills than civil service who are often locked into specific guidelines, and private practice therapists in general., who are not a part of a national system. There are more opportunities for training and varied assignments which pays off in care and program delivery.

What is the "value added" of being able to use Commissioned personnel in your Agency or program now or in the future?

1. Mobile cadre of highly qualified therapists willing to serve in remote and underserved areas.

2. Development of cross-training and specialized skills to meet Agency needs.

3. Readiness to go where needed in emergency or disaster situation.

4. Ability to interface with other services in mobilizing efforts and meeting special program and emergency situations with personnel who are already trained.

5. Cost-effective maintenance of officer in remote areas as opposed to transportation of many patients to urban areas for treatment, or lack of access to care.

5. Presence in remote areas to represent the PHS and Nations interest in health care and disease prevention.

6. Time-efficient Corps members are on duty or on call 24 hours a day thereby eliminating the need for overtime, and improving availability in assignments needing flexible time, or after hours coverage.

7. "Critical inquiry" (research and review efforts) to improve and validate treatment intervention, program efficacy, and render improvement.

8. Focus on priorities in health care needs rather than solely economic forum.l Therapy research and treatment directed to meeting the Nation's needs in identified major fronts such as aids and diabetes.

9. "Cross assignments and knowledge base in various Agencies where expert consultants are available or accessible in same system in order to mobilize/coordinate efforts, and share knowledge. Centers of excellence for a particular aspect of health care in a Nationally based system can be drawn upon for other program needs.

10. Collective meetings as a united Corps for sharing knowledge, direction and problem solving. The esprit de Corps and shared

commitment provide access to officers with a variety of shared expertise and resources which would not otherwise be available at the same level.

11. Long term career commitment provides development of leadership and channeling of experience through long term initiatives such as sensibility testing of instruments and development of improved instruments with world wide impact, development of diabetes amputation prevention techniques, and development of electroneuromyographic testing.

VII. Multiservice Coordination

CAPT Ralph Touch is head of a task force reviewing PHS training in military protocol and physical fitness standards to improve parity with the other uniformed services. Currently military protocol training does exist for the flag ranks, but training is minimal for less senior officers.

The therapist category has previously identified a need for military protocol training for its officers due to increased interservice activities. The PHS Honor Guard is putting together material on customs and courtesies. LT Standish has been developing a reference manual on military protocol that will be circulated to all therapists when it is complete. He also is working on a video tape on military protocol for distribution to interested therapists with the assistance of other staff at Cape May. LT Standish has obtained copies of two references on military protocol. The Naval Officers Guide is used by the Office of the Surgeon General. Chapters 5 and 6 may be of benefit to PHS officers. The second reference reviews naval ceremonies from a historical perspective.

VIII.

TPAC has received a memo from CAPT Jim Jones urging TPAC to develop xa plan to recognize retired PHS therapists. TPAC agrees that this is a good idea and will develop a plan to do this.

The second issue in the memo urges that TPAC support an increase in the weighting of the mobility precept in the promotion process. TPAC felt they were unable to take up the issue at this time, but urges CAPT Jones to forward a copy of his memo to Sue

Dahlman in DCP.

IX. CPO Report

(Need update from Mike)

X. TPAC Chair Report

The second teleconference from the IHS Office for the February TPAC Meeting was a great success, and the TPAC is indebted to the IHS staff for their assistence. As would be expected, there were a few technical difficulties to be worked out, but these were far outweighed by the increased participation. The meeting could not have been more timely for addressing some of the changing directions of the CORPS and inpact on the therapist category. It is hoped other sites for videoconferencing can be identified, Please inform the TPAC Chair or CPO of any possibilities in your area.

ACTION: New members are needed for the TPAC. The appointment for three members of the present TPAC expire Aug. 31, 1995. Please submit nominations to the TPAC Chair. Self nominations are encouraged from both Commissioned Corps and Civil Service therapists.

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XI. meeting adjourned at 1345.