Dean's Corner e-Newsletter

Texas College of Osteopathic Medicine

April 1, 2005

The Osteopathic Collaborative Clinical Trials Initiatives Conference VI (OCCTIC) is a joint initiative by the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine to both showcase and encourage scientific research within the Osteopathic Profession. Last year, we invited the profession to hold this conference on our campus in conjunction with our successful Research Appreciation Day (RAD). The profession agreed to hold OCCTIC this year on April 7th and 8th on the HSC campus. RAD will take place on April 8th. Shan S. Wong, Ph.D., will be this year's keynote speaker, he is a Program Officer of the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH). He oversees a research portfolio in cardiovascular, lung, and blood diseases, asthma, allergy, immunology, and small business innovation research (SBIR/STTR) programs. His expertise is in the area of clinical chemistry, biochemistry, and biophysics. Prior to joining NCCAM, he served as a Scientific Review Administrator at the National Institute of Diabetes and Digestive and Kidney Diseases. Before joining NIH, he was Chief of Assay Laboratory at Loma Linda University in California, Director of Clinical Chemistry Laboratory at Herman Hospital in Houston, Texas, Associate Professor of Laboratory Medicine at the University of Texas Health Sciences Center at Houston, and Professor of Biochemistry at the University of Massachusetts at Lowell.

This will give TCOM and the UNTHSC the opportunity to demonstrate the successes we have had on our campus, in regards to research. I would like to encourage all faculty, students, and staff to participate with the events related to both RAD (http://www.hsc.unt.edu/rad/) and OCCTIC (http://aacom.org/events/occtic/index.asp), and to help us host the profession and the scientific community during their visit to our campus!

Congratulations to our faculty members who were named Top Docs 2005 in this month's Fort Worth Magazine. They include: Barbara Atkinson, D.O., Sam Buchanan, D.O., Michael Clearfield, D.O., Arnold Fikkert, D.O., Paul Garcia, D.O., Jill Gramer, D.O., Janice Knebl, D.O., MBA, William McIntosh, D.O., David Orr, D.O., Alan Podawiltz, D.O., Philip Saperstein, D.O., Craig Spellman, D.O. Ph.D., Scott Stoll, D.O., Ph.D., Monte Troutman, D.O., Stephen Weis, D.O., Martin Weiss, D.O. and Albert O-Yurvati, D.O. Thank you for your commitment to quality healthcare!

Please supply any pertinent information to my office (deantcom@hsc.unt.edu) by the third Thursday of the month, for inclusion in this Newsletter.

TABLE OF CONTENTS

Student Affairs:

Thomas Moorman, Ed.D.
Associate Vice President for Student Affairs

The Division of Student Affairs, in collaboration with the School of Public Health recently launched a series of three workshops: Preparing a CV and Résumé; Writing a Cover Letter and Personal Statement; and, Interviewing Skills. Bobbie Ann Adair, Jenny Cureton and Eryn Loney lead the series. The workshops were attended by a number of students from each of the four academic programs that make up the Health Science Center. Students who wish to have their résumés, CV's, cover letters or personal statements reviewed should contact Bobbie Ann Adair at: badair@hsc.unt.edu, Jenny Cureton at: jcureton@hsc.unt.edu or Eryn Loney at eloney@hsc.unt.edu for an individual appointment.

The Financial Aid Office would like to welcome Jason Young to our staff. Jason is our newest counselor and will be replacing Rachel King, who departed in January. He comes to us with over five years of financial aid experience at the University of Texas in Arlington and received a Bachelor's of Science degree at the University of Houston in Victoria. While at UTA, Jason counseled and packaged student aid, did aid presentations at area high schools and helped manage the university's work study program. Here at the health science center, Mr. Young will be working with the D.O. class of 2007 and the incoming D.O. class of 2009. In addition, he will be coordinating our work study program.

Clinical Affairs / Faculty Practice:

Robert Adams, D.O.
Senior Associate Dean for Clinical Affairs/Chief Medical Officer

Update on the merger with NTAMG - A leadership group of approximately 15 people has been meeting weekly to discuss issues that arise and keep the merger on track. Some of the early transition teams have been assigned and will begin meeting soon. Working through the legal

requirements to incorporate the new group and developing bylaws that will define the governance and operations of the group are the primary focus at the current time. We have encouraged department chairs to explore opportunities to become better acquainted with our new colleagues and we hope this is also ongoing.

Update on the contract for clinical services at JPS - UNTHSC is responsible for negotiating the clinical services contract with JPS that will start on October 1, 2005. These discussions are ongoing and information will be shared when possible under the terms of the negotiations. Currently, there are no specifics to discuss other than to say that the discussions are proceeding as planned and going well. In addition to contract talks, we are continuing to look for opportunities to support JPS in its strategic vision. The hospital is going through a number of changes and we are working hard to be good partners. The opportunities to expand educational activities at JPS is important to our academic future. We believe the relationship being developed will be good for the direction of JPS and the missions of UNTHSC.

Educational Programs:

Don Peska, D.O.
Associate Dean for Educational Programs

The match is in for the class of 2006. While some of our data is still being tabulated and a few students remain in "scramble" mode we are able to report the outcome of this year's quest for graduate medical education. Forty-three of ninety-six students (48%) will be participating in AOA-accredited training programs next year. This is an increase from recent years and is likely attributable to the dual accreditation of several programs in the State of Texas. With regard to Texas, fifty-six students (58%) are, thus far, committed to training programs in the state. In keeping with our tradition of promoting primary care education, fifty-nine of our graduates (61%) will be entering residencies in this area with twenty-four (25%) in family practice, sixteen (17%) in pediatrics, 15 (16%) in internal medicine and four (4%) in obstetrics and gynecology. Other areas of interest included emergency medicine (six graduates, 6%) and psychiatry (five graduates, 5%). We understand that our OPTI partners have filled all of their available positions and we congratulate them on a successful season.

Academic Affairs:

Bruce Dubin, D.O., J.D.
Associate Dean for Academic Affairs
Medical Education

This week the National Board of Osteopathic Medical Examiners paid a visit to the TCOM campus and provided valuable insight and information into the national board process. The good news is that to date all TCOM students that have taken COMLEX II-PE through the end of December have had a 100% pass rate. This is compared to a national failure rate of around 3-4%. This speaks well to the hard work our students and faculty have put into meeting the

clinical medicine and OMM competencies of osteopathic medical practice. Congratulations to all.

The last "paper exam" for the national boards will be the COMLEX I examination administered this June. After that June testing date, all of the NBOME exams (excluding PE) will be computer based. This will mean increased images and the eventual addition of audio-visual formatted questions. Clearly, our increased use of pc based exams in years I and II have been a step in the right direction, and we will see increased use of this technology the next academic year.

Lastly, the match results for our fourth year students are in, and I must say that I am quite proud of the training programs our soon to be TCOM graduates have been matched to. Our students, once again, are going to some of the top programs in Texas and around the country. Lets all give these students who have worked so hard a rounding sound of applause and congratulations.

Clinical Research:

Michael Clearfield, D.O.
Associate Dean for Clinical Research

Research Appreciation Day is just around the corner with the abstract submission date of March 11. RAD is on April 8 and the keynote address this year is at noon on 4/8 is by Shan Wong, PhD from National Center for Complementary and Alternative Medicine (NCCAM). Dr. Wong's address will be "NIH/NCCAM five year strategic plan and its relevance to osteopathic medicine." Please try to attend as this address should be very important for our institution in the future.

I would also encourage one and all to submit an abstract for RAD. Also encourage students and residents to submit for the abstract competition.

The day before RAD, the HSC will sponsor OCCTIC which is the AOA's Annual Collaborative Clinical Trials Initiative Conference. I realize that for most of us two consecutive days is asking a lot but the OCCTIC conference is an excellent opportunity to get up to date information on the research being done in our profession. This is also the first time OCCTIC is being housed at a school and gives us the tremendous opportunity of having access to this wonderful conference without having to travel.

Other research news includes the submission of house bill 1029 which prohibits IRBs from allowing clinical trials unless the conductor of the trial agrees to register the trial on the NIH website and publish the results on the internet.

Congratulations go to three PA students who won all the awards at the AAPA competition for outstanding abstracts. This competition includes more than 133 PA programs from around the country and issues only three awards and our PA program won all three. Pretty impressive! Those students winning the awards are:

Holly Coker - Attitudes of Physician Assistants toward nutrition education and nutrition issues encountered in clinical practice.

Jeanine DeSocio - What factors influence Physician Assistants to practice in pediatric specialties?

Ryan Williams - Teen pregnancy: the PA's perception of their role in preventive counseling.

Again, way to go!

Lastly, the ORC has selected a former TCOM student Hollis King, DO as the Associate Executive Director for the ORC. Dr. King will start in the late spring and be an excellent addition to an already stellar ORC team. Remember RAD and be there.

PA Studies:

Hank Lemke, P.A.

AAPA Committee on Diversity Holds Meeting on UNTHSC Campus. On March 19th, the Health Science Center was honored to be the site of the meeting of the American Academy of Physician Assistants Committee on Diversity. Patti Pagels, MPAS, PA-C chairs the committee, which includes UNTHSC PA alumni and other PA members from Alaska, Washington, Connecticut, Massachusetts, and Oregon. Members discussed issues related to diversity of patients, how to best care for patients that are ethnically or culturally different than their provider and how to help PAs become more culturally competent. PA Students Scheduled to Present at RAD. Four of our Master of Physician Assistant Studies students are approved to present posters on this April 8th at the upcoming UNTHSC Research Appreciation Day, held on the campus. Faculty and fellow-students are encouraged to stop to examine their work and show them your support.

PA Program Admissions News. The PA Studies Admissions Committee met on Monday, March 21, 2005 for its third and final meeting to select and recommend applicants for entry into the Class of 2008 Master of PA Studies program, which matriculates this Fall. The committee finalized its selections for the "wait list" at this meeting as well. This cycle, more than 490 applications were received and more than 100 applicants were interviewed, making it a particularly busy year for the committee who were asked to evaluate so many well-qualified candidates. Special thanks and appreciation are offered to the members of the PA Studies Admissions Committee and the Office of Admissions for their work in compiling and processing the applications. A very special thanks also goes out to Ms. Pattie Maurice in the PA Studies Office, who helped to process all of the application reviews by PA faculty and coordinated over 150 interviewing appointments.

PA Program Continues Faculty Search. The PA program is actively recruiting physician assistants to work as faculty in the PA program. A master's degree and PA national certification

are required for faculty above instructor rank. Candidates must hold (or be eligible for) Texas PA licensure and 3-5 years of clinical experience is preferred.

Science and Health News:

Medical miscalculation creates doctor shortage. After a glut was predicted a decade ago, the number of physicians isn't keeping up with the demands of a wealthy, aging population.

USA Today
By DENNIS CAUCHON

TALLAHASSEE, Fla. - Retired fisherman Billy Bodiford was diagnosed with prostate cancer in October. The doctor who found the cancer is the only urologist available in Taylor County, Fla. (pop. 19,200) - and he visits just one day a month.

The doctor sent Bodiford from his hometown of Perry to Tallahassee 50 miles away for surgery. "You can't get the type of operation I needed in my town," says Bodiford, 68, who was hospitalized for six days in December and is feeling better.

Bodiford experienced what many Americans may soon face: a shortage of physicians that makes it hard to find convenient, quality health care. The shortage will worsen as 79 million baby boomers reach retirement age and demand more medical care unless the nation starts producing more doctors, according to several new studies.

The country needs to train 3,000 to 10,000 more physicians a year - up from the current 25,000 - to meet the growing medical needs of an aging, wealthy nation, the studies say. Because it takes 10 years to train a doctor, the nation will have a shortage of 85,000 to 200,000 doctors in 2020 unless action is taken soon.

The predictions of a doctor shortage represent an abrupt about-face for the medical profession. For the past quarter-century, the American Medical Association and other industry groups have predicted a glut of doctors and worked to limit the number of new physicians. In 1994, the Journal of the American Medical Association predicted a surplus of 165,000 doctors by 2000.

"It didn't happen," says Harvard University medical professor David Blumenthal, author of a New England Journal of Medicine article on the doctor supply. "Physicians aren't driving taxis. In fact, we're all gainfully employed, earning good incomes, and new physicians are getting two, three or four job offers."

The nation now has about 800,000 active physicians, up from 500,000 20 years ago. They've been kept busy by a growing population and new procedures ranging from heart stents to liposuction.

But unless more medical students begin training soon, the supply of physicians will begin to shrink in about 10 years when doctors from the baby boom generation retire in large numbers.

“Almost everyone agrees we need more physicians,” says Carl Getto, chairman of the Council on Graduate Medical Education, a panel Congress created to recommend how many doctors the nation needs. “The debate is over how many.”

Getto's advocacy of more doctors is remarkable because his advisory committee and its predecessor have been instrumental since the 1980s in efforts to restrict the supply of new physicians. In a new study sent to Congress, the council reverses that policy and recommends training 3,000 more doctors a year in U.S. medical schools.

Even the American Medical Association (AMA), the influential lobbying group for physicians, has abandoned its long-standing position that an “oversupply exists or is immediately expected.”

“The truth is, we don't know if there's a shortage of physicians,” says AMA President John Nelson, a Salt Lake City obstetrician. “It looks like there are enough physicians for the short term, but maybe we need more because of the aging population.”

The United States dramatically expanded the number of doctors being trained in the 1960s and 1970s, creating two new physicians for every one that retired, says Richard Cooper, director of the Health Policy Institute at the Medical College of Wisconsin.

But the production of new doctors has changed little since 1985. Today, new physicians roughly equal the number of doctors retiring. Within a decade, baby boom doctors licensed in the 1960s, 1970s and 1980s will retire in large numbers that will outstrip the 25,000 new doctors produced every year, Cooper says.

The effective number of physicians will fall even more, Cooper says, because doctors work shorter hours today. “The public expects good, innovative health care, but we're not producing enough physicians to provide it,” Cooper says.

The marketplace doesn't determine how many doctors the nation has, as it does for engineers, pilots and other professions. The number of doctors is a political decision, heavily influenced by doctors themselves.

Congress controls the supply of physicians by how much federal funding it provides for medical residencies - the graduate training required of all doctors.

To become a physician, students spend four years in medical school. Graduates then spend three to seven years training as residents, usually treating patients under supervision at a hospital. Residents work long hours for $35,000 to $50,000 a year. Even doctors trained in other countries must serve medical residencies in the USA to practice here.

Medicare, which provides health care to the nation's seniors, also is the primary federal agency that controls the supply of doctors. It reimburses hospitals for the cost of training medical residents.

The government spends about $11 billion annually on 100,000 medical residents, or roughly $110,000 per resident. The number of residents has hovered at this level for the past decade, according to the Accreditation Council for Graduate Medical Education.

In 1997, to save money and prevent a doctor glut, Congress capped the number of residents that Medicare will pay for at about 80,000 a year. Another 20,000 residents are financed by Veterans Affairs and Medicaid, the state-federal health care program for the poor. Teaching hospitals pay for a small number of residents without government assistance.

Medicare, which faces enormous financial pressure in coming decades, already spends 3% of its budget training physicians and may not have the resources to spend more. Cooper says the nation needs 200,000 more physicians because aging and wealthy countries demand more health care. The portion of U.S. income spent on health care rose from 8.8% in 1980 to 15.4% in 2004 and will reach 18.7% in 2014, according to Medicare estimates. That means more doctors are needed, whether it's for hip replacements or prescribing new drugs.

Demographic changes in the medical profession also contribute to the need for more physicians. Nearly half of new physicians are women, and studies show they work an average of 25% fewer hours than male physicians, Cooper says. Physicians older than 55 work about 15% less than younger doctors. And medical residents have been limited to 80-hour weeks since 2003, ending decades of 100-plus-hour weeks.

Most worrisome, the retirement of baby boom physicians means the number of doctors will start falling just as the first baby boomer turns 70 in 2016, says Ed Salsberg, a workforce specialist at the Association of American Medical Colleges.

The United States stopped opening medical schools in the 1980s because of the predicted surplus of doctors. The Association of American Medical Colleges dropped this long-standing view in 2002 with the statement: “It now appears that those predictions may be in error.” Last month, it recommended increasing the number of U.S. medical students by 15%.

Florida State University's College of Medicine, the first new medical school since 1982, will graduate its first class this year. Arizona, Nevada, California and Florida are considering opening additional medical schools. Other states are considering expanding theirs. Florida State won approval from the state Legislature to become the nation's 126th medical school by emphasizing family practice and other specialties needed in rural areas and inner cities, where the doctor shortage is already acute. Florida State medical student Shannon Price, 34, plans to return to her hometown of Perry when she becomes an obstetrician in 2010. She knows firsthand how having too few doctors hurts Perry. The only person in her family to attend college, Price worked in a munitions factory after high school. Laid off, she went to junior college, then became a nurse.

“People go without health care in my hometown,” she says. “Women go five or six years without Pap smears. We'd deliver babies in the emergency room. My family didn't go to the doctor, other than occasional visits to the health department.” Doctors' Memorial Hospital in Perry is paying Price's medical school tuition to encourage her return. “She could go anywhere she wants in the country, yet she wants to come back here,” hospital administrator Rick Brown says. “We appreciate that.”

Because physicians are affluent and in short supply, they tend to locate where they want to live - not, as McDonald's or a Chinese restaurant might, where the most customers are. Jackson Hospital, a 120-bed hospital in Marianna, Fla., a town of 6,200 an hour west of here, needs a urologist, a radiologist, an ear, nose and throat specialist and a gynecologist. “It's supply and demand, and it's hard to get doctors here,” hospital administrator Charles Ellis says. Particularly scarce are old-fashioned specialists - general surgeons, radiologists, anesthesiologists - who have a wide range of duties. Jackson Hospital has one radiologist who does the work of two or three doctors. He works 15 to 18 hours a day.

New radiologists are not very interested in traditional radiology, Ellis says. They prefer cutting-edge radiology using catheters to treat cancer, blood clots and other problems, which is more lucrative and has predictable hours. “It's hard to find a radiologist and orthopedic surgeon who want to focus on broken bones, especially at 3 a.m.,” Ellis says. “But that's what we need.” Some medical policy specialists say the USA doesn't have too few doctors, just poor distribution of them. “We have more and more physicians taking care of fewer and fewer patients,” says Kevin Grumbach, chairman of family and community medicine at San Francisco General Hospital. He says doctors gravitate to high-paying practices - such as sports medicine and total body scans - that serve the wealthy and well-insured at the expense of Medicare patients and others.

“It's wrong to think that we can produce more physicians and have them trickle down to where they are needed,” says Grumbach, who favors a government-run, national health care system. “Investing billions of dollars to produce more doctors is a foolish way to spend money.”

Others worry that more physicians will drive up the cost of medical care, not make it cheaper and more accessible. Physicians will order more tests, more procedures and more drugs - without improving the nation's health, they say.

“Doctors create their own demand,” says physician Don Detmer, co-chairman of an Institute of Medicine committee that, in 1996, recommended cuts in funding for medical residents. “If we produce an abundance of doctors, there's little incentive for the system to become more efficient.” The Institute of Medicine is an independent group created by Congress for advice on medical issues.

But Cooper, a former medical school dean, says it's foolish to limit doctors as a way to control health care costs. “Doctors don't drive medical costs,” he says. “Sickness does.

“We face at least a decade of severe physician shortages because a bunch of people cooked numbers to support a position that was obviously wrong,” Cooper says. “This is a desperate situation. And we need to act now because it takes a long time to train a doctor.”

Some Scientists Say New Ethics Rules May Damage NIH

The Wall Street Journal
[March 3, 2005]
By BERNARD WYSOCKI, JR.

BETHESDA, Md. -- The taxpayer-funded National Institutes of Health long has been a magnet for some of the world's top scientists, drawn to its state-of-the-art laboratories, intellectual freedom, high-powered peers and good pay. Now the federal government wants to treat these government employees more like, well, government employees. That is causing an uproar at the NIH, with some senior scientists predicting long-term damage to the organization's recruiting and employee-retention goals. The griping stems from stringent new ethics rules announced last month by NIH Director Elias Zerhouni to combat complaints from Congress and watchdog groups that some NIH scientists had lucrative outside activities that might be conflicts of interest. The new rules ban all 18,000 NIH staffers from consulting for the drug industry and other biomedical-related organizations. Dr. Zerhouni also announced that about 6,000 NIH employees would be barred from holding stock in pharmaceutical or biotechnology companies and must sell their current holdings. The rules restrict holdings of drug or biotechnology stocks by other NIH employees and sharply curtail honoraria.

While the rules are tougher than those that govern many federal employees, they are much like those that apply to people holding other sensitive federal jobs, such as scientists at the Food and Drug Administration. Nevertheless, NIH scientists say they already are seeing the effect of the stricter rules. Elaine Jaffe, a section chief at the NIH's National Cancer Institute, says she is struggling to hire a post-doctoral cancer specialist for a two-year fellowship. The candidate has consulting arrangements with a private company, which he might have to sever to join the NIH. "He has multiple offers and needs an answer" as to whether the rules apply to him, says Dr. Jaffe, one of about 15 NIH scientists leading opposition to the new rules. She says she doesn't want to recruit him on false pretenses but also doesn't want to "sacrifice the quality" of new recruits. (NIH officials say they are "reviewing" whether the rules apply to post-doctoral fellows.)
The rules also have angered NIH lifers on a deeper level: Their pride is hurt. Internal NIH scientists -- who have included five Nobel laureates -- tend to want to be treated more like academic rock stars, not as functionaries in the bowels of the federal work force. To many of them, the rules reek of diminished status.

Even worse, the rules, which go further than previous restrictions imposed during the past few years, give many scientists the feeling they aren't trusted. One rule: a ceiling of $200 on honoraria. The implication "is that I can be bought for $200," says Edward Korn, chief of the laboratory of cell biology at the National Heart, Lung and Blood Institute and 50-year NIH veteran. "Many of us think it's a personal insult." Like many colleagues, Dr. Korn says he

believes in tough ethics rules but thinks the new ones "overreach." An NIH scientist who is a leader of the opposition to the new rules, Ezekiel Emanuel, says he was forced to sell stock valued at $140,000 last month, noting that he can't own, for example, General Electric Co. shares because it has a medical-imaging division. The tight rules apply "to my secretary, to the cleaning lady, to the electrician," Dr. Emanuel says. "Rather than prevent conflict of interest, the rules take a meat cleaver" to outside activities and stock ownership, he adds. (Dr. Emanuel is the brother of Rahm Emanuel, a Democratic congressman from Illinois and former Clinton White House official.)

It isn't the only gripe NIH scientists have these days. The NIH's annual budget has reached a plateau after a five-year period in which it doubled to $28 billion. Its scientists also complain of a steady increase in what they call petty rules and bureaucratic procedures. The tough ethics rules were designed to restore public trust in the NIH after months of revelations that some NIH scientists and officials enjoyed lucrative income from outside dealings with drug companies and others. In one case, a senior Alzheimer's researcher received more than $500,000 from Pfizer Inc., which markets a leading drug to treat the disease. The scientist never disclosed the payments; the information surfaced after congressional investigators received voluntary disclosure of these and other payments from drug companies. In another case, an NIH scientist was working with a biotechnology company in an official capacity but also quietly was moonlighting at a competitor to that company.

Last summer members of Congress grilled Dr. Zerhouni in public and pressured him to tighten NIH ethics guidelines. Pressure also came from the Department of Health and Human Services, of which NIH is a part, and the Office of Government Ethics, which oversees ethics within the executive branch. The tight guidelines mark a reversal of a mid-1990s strategy to loosen NIH ethics rules to put its researchers on a par with their peers at universities. That push was led by then-Director Harold Varmus, a Nobel laureate, who left in 1999 and now is president of Memorial Sloan-Kettering Cancer Center in New York. Under Dr. Varmus, the NIH boosted salaries by putting thousands of its scientists in a special, alternative pay category called Title 42 that allows top employees to earn as much as $200,000 a year, far above U.S. civil-service levels. Dr. Varmus also loosened restrictions on getting compensation from outside consulting activities, a perk routinely available to university scientists. The potential competition from academia hasn't faded. Dr. Zerhouni says he is alert to possible problems of recruiting and retaining talent and that is why the rules will be reviewed within a year and then possibly modified. He doubts the rules will produce wholesale exodus from the NIH but acknowledges the raw sentiments within the work force. "There is a sense of collective punishment" for the wrongdoing or dubious behavior of a few, Dr. Zerhouni says. "At a subliminal level, that makes them feel not only second class, but victimized and scapegoated." The feeling is understandable but as government employees, Dr. Zerhouni adds, NIH personnel have to be held to a higher ethical standard than counterparts elsewhere. It is uncertain whether the unhappy climate will lead to large-scale departures. NIH turnover rates have been falling since 2000 and for all their complaining, scientists may not be inclined to uproot their families and leave NIH's leafy campus and the cutting-edge research that occurs there.

That said, some scientists warn that universities can be aggressive in their recruiting. NIH researchers are big draws, whether for their ability to help universities extract grant money from

the NIH (about 80% of its budget flows to non-NIH scientists, mostly working at universities) or for the expertise they bring.

Albert Fornace, a star scientist at the NIH for 27 years, decamped last month to become a professor at Harvard School of Public Health, Boston. He says a number of factors prompted his departure, but the new ethics climate was an important consideration. "The ethics rules are irritating. I kind of feel you aren't been treated as an adult, or even trusted," Dr. Fornace says. "I think the NIH is a wonderful place to do research," he adds. "You can do high-risk research." He predicts, though, that recruiting and retention problems will mount. "I feel bad about NIH," he says.

Health Policy News:

Medicare Hospital Insurance Fund Solvent Until 2020

The Trustees of the Social Security and Medicare trust funds March 23 released their annual report on the current status and projected condition of the funds over the next 75 years. The Medicare Part A Trust Fund will be financially insolvent in 2020, one year later than projected last year. The report states that Medicare Parts B and D will be "adequately financed, since premium and general revenue income are reset each year to match expected costs." However, it warns that the government will have to "rapidly" increase the premiums and general revenue transfers from the U.S. Treasury that fund Parts B and D in order to "match expected expenditure growth under current law."

Human Cloning Ban Bills Introduced in Senate, House

Legislation was reintroduced March 17 in the Senate and House to prohibit human cloning. "The Human Cloning Prohibition Act of 2005," introduced as S. 658 by Senator Sam Brownback (R-Kan.) and as H.R. 1357 by Rep. Dave Weldon (R-Fla.), would prohibit any person or entity, public or private, from performing or attempting to perform human cloning; participating in an attempt to perform human cloning; or shipping or receiving for any purpose an embryo produced by human cloning or any product derived from such embryo.

National Academies Releases Report on Fostering Independence in New Researchers

The National Research Council of the National Academies March 18 released a report suggesting that the National Institutes of Health (NIH) promote independence among new biomedical researchers by improving their training and giving them more resources to pursue their own projects. The report, Bridges to Independence: Fostering the Independence of New Investigators in Biomedical Research, also addresses concerns about the increasing age at which new investigators establish independent research careers.

House, Senate Approve Budget Resolutions; Senate Strikes Medicaid Cuts, Adds NIH Funds

The House and Senate March 17 voted to approve differing versions of an FY 2006 budget resolution by votes of 218-214 and 51-49, respectively. Before final approval, the Senate adopted amendments striking proposed cuts to the Medicaid program and adding funds for the National Institutes of Health (NIH) and higher education. This sets up what is likely to be a contentious conference committee as legislators try to reconcile differences between the two plans.

NIH to Create Office of Portfolio Analysis and Strategic Initiatives

Stating the agency needs a new organization to "complement the existing process for determining scientific initiatives," NIH Director Elias Zerhouni, M.D., March 17 outlined for a congressional panel plans for an Office of Portfolio Analysis and Strategic Initiatives. He told the House Energy and Commerce Subcommittee on Health the office will be charged with evaluating the NIH research portfolio "to ensure that urgent public needs are addressed in a timely way and that a sound decision support system is established based on rigorous and uniform sources of evidence."

House Panel Addresses Performance-Based Payments for Physicians

The House Ways and Means Subcommittee on Health held a March 15 hearing to consider options for integrating quality and efficiency measures within Medicare's physician payment methodology. National Quality Forum (NQF) President Kenneth Kizer, M.D., M.P.H., urged the Subcommittee to make performance-based payments "a top national priority" and advised "Medicare should lead in this area." Herb Kuhn, director of the CMS Center for Medicare Management, concurred.

MedPAC, Hospital Leaders Recommend Extending Moratorium on Niche Hospitals, Closing of Stark Loophole

During March 8 Congressional hearings, representatives from the Medicare Payment Advisory Commission (MedPAC) and not-for-profit and for-profit community hospitals urged members of the Senate Finance Committee and House Ways and Means Health Subcommittee to extend the current moratorium on physician-owned specialty hospitals. In addition, community hospital leaders recommended that the current loophole known as the Stark "whole hospital" exception be closed to prevent physicians referring to entities in which they have ownership.

PPAC Addresses Medicare Contractor Reforms, Other Issues

The Practicing Physicians Advisory Council (PPAC) met March 7 to address a variety of Medicare activities underway by the Centers for Medicare and Medicaid Services (CMS), including contractor reform activities, the proposed rule for competitive bidding on drugs, preliminary information about the Calendar Year (CY) 2006 physician fee schedule rule, and pay-for-performance initiatives.

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of March 25, 2005
http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=03-25-05

Notices

Findings of Scientific Misconduct
(NOT-OD-05-040)
Department of Health and Human Services
http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-040.html

Notice of Availability of Administrative Supplements for Disseminating Evidence-Based Intervention Research Products
(NOT-CA-05-016)
National Cancer Institute
http://grants.nih.gov/grants/guide/notice-files/NOT-CA-05-016.html

Administrative Supplements to Support Studies on Drug-Resistant HIV in Methamphetamine Abusers
(NOT-DA-05-007)
National Institute on Drug Abuse
http://grants.nih.gov/grants/guide/notice-files/NOT-DA-05-007.html

Behavioral Therapies Development Program Addendum: Behavioral and Integrative Treatment of Methamphetamine Abuse and Dependence
(NOT-DA-05-008)
National Institute on Drug Abuse
http://grants.nih.gov/grants/guide/notice-files/NOT-DA-05-008.html

Notice of Limited Competition Request for Competing Applications: Strong Heart Study
(NOT-HL-05-112)
National Heart, Lung, and Blood Institute
http://grants.nih.gov/grants/guide/notice-files/NOT-HL-05-112.html

NIMH Withdraws from the Senior Scientist (K05) Career Program
(NOT-MH-05-005)

National Institute of Mental Health
http://grants.nih.gov/grants/guide/notice-files/NOT-MH-05-005.html

Notice of Change in Contact Information, Extension of Receipt Date and Submission Instructions for PAR-02-019 (NINR National Research Service Award Individual Predoctoral Fellowships)
(NOT-NR-05-001)
National Institute of Nursing Research
http://grants.nih.gov/grants/guide/notice-files/NOT-NR-05-001.html

RFP Availability Announcement: RFP NIH-NINDS-05-01 - Clinical Trials in Neurology
(NOT-NS-05-005)
National Institute of Neurological Disorders and Stroke
http://grants.nih.gov/grants/guide/notice-files/NOT-NS-05-005.html

RFP Availability Announcement: RFP NIH-NINDS-05-02 - Domain Specific Tasks of Executive Function in Neurological Disorders
(NOT-NS-05-006)
National Institute of Neurological Disorders and Stroke
http://grants.nih.gov/grants/guide/notice-files/NOT-NS-05-006.html

RFP Availability Announcement: RFP NIH-NINDS-05-03 - Restoration of Hand and Arm Function by Functional Neuromuscular Stimulation
(NOT-NS-05-007)
National Institute of Neurological Disorders and Stroke
http://grants.nih.gov/grants/guide/notice-files/NOT-NS-05-007.html

Notice of Change in Final Receipt Date for PAR-03-118
(NOT-TW-05-002)
John E. Fogarty International Center
http://grants.nih.gov/grants/guide/notice-files/NOT-TW-05-002.html

Notice of Special Interest Regarding Obesity-Related Research for Specified Fogarty International Center Programs
(NOT-TW-05-003)
John E. Fogarty International Center
http://grants.nih.gov/grants/guide/notice-files/NOT-TW-05-003.html

Notice of Change in Fogarty International Research Collaboration Award (FIRCA) Receipt Date
(NOT-TW-05-004)
John E. Fogarty International Center
http://grants.nih.gov/grants/guide/notice-files/NOT-TW-05-004.html

Requests for Applications

Genomic, Proteomic, and Metabolomic Fingerprints as Alcohol Biomarkers
(SBIR/STTR)
(RFA-AA-06-001)
National Institute on Alcohol Abuse and Alcoholism
Application Receipt Date(s): July 15, 2005
http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-06-001.html

Identification of Alcohol Biomarker Signatures
(RFA-AA-06-002)
National Institute on Alcohol Abuse and Alcoholism
Application Receipt Date(s): June 15, 2005
http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-06-002.html

Developmental Research on Elder Mistreatment
(RFA-AG-05-009)
National Institute on Aging
Office of Behavioral and Social Science Research
Application Receipt Date(s): June 23, 2005
http://grants.nih.gov/grants/guide/rfa-files/RFA-AG-05-009.html

Course Development in the Neurobiology of Disease
(RFA-MH-05-011)
NIH Blueprint for Neuroscience Research
National Center for Complementary and Alternative Medicine
National Center for Research Resources
National Eye Institute
National Institute on Aging
National Institute on Alcohol Abuse and Alcoholism
National Institute of Biomedical Imaging and Engineering
National Institute of Child Health and Human Development
National Institute on Drug Abuse
National Institute on Deafness and Other Communication Disorders
National Institute of Dental and Craniofacial Research
National Institute of Environmental Health Sciences
National Institute of General Medical Sciences
National Institute of Mental Health
National Institute of Neurological Disorders and Stroke
National Institute of Nursing Research
Application Receipt Date(s): May 25, 2005
http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-05-011.html

Program Announcements

Mechanisms of Alcohol-Induced Tissue Injury
(PA-05-074)

National Institute on Alcohol Abuse and Alcoholism
Application Receipt Date(s): Multiple receipt dates, see announcement.
http://grants.nih.gov/grants/guide/pa-files/PA-05-074.html

Neurologic Motor Speech Disorders and Speech Motor Control
(PA-05-075)
National Institute on Deafness and Other Communication Disorders
National Institute on Aging Application
Receipt Date(s): Multiple receipt dates, see announcement.
http://grants.nih.gov/grants/guide/pa-files/PA-05-075.html

International Research Collaboration - Behavioral, Social Sciences
(FIRCA-BSS)
(PAR-05-073)
John E. Fogarty International Center
National Center for Complementary and Alternative Medicine
National Eye Institute
National Institute on Aging
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute on Deafness and Other Communication Disorders
National Institute of Environmental Health Sciences
National Institute of Neurological Disorders and Stroke
Office of Behavioral and Social Science Research
Application Receipt Date(s): September 21 each year beginning with the September 21, 2005 receipt date.
http://grants.nih.gov/grants/guide/pa-files/PAR-05-073.html

Operations Grant for Integrated Advanced Information Management Systems
(IAIMS)
(PAR-05-076)
National Library of Medicine
Application Receipt Date(s): Multiple receipt dates, see announcement.
http://grants.nih.gov/grants/guide/pa-files/PAR-05-076.html

Test & Evaluation Grant for Integrated Advanced Information Management Systems (IAIMS)
(PAR-05-077)
National Library of Medicine
Application Receipt Date(s): Multiple receipt dates, see announcement.
http://grants.nih.gov/grants/guide/pa-files/PAR-05-077.html

Non-Human Lentiviral Models of the Neurological Complications of AIDS
(PAS-05-078)
National Institute of Neurological Disorders and Stroke
National Institute on Drug Abuse
National Institute of Mental Health

Application Receipt Date(s): Multiple receipt dates, see announcement.
http://grants.nih.gov/grants/guide/pa-files/PAS-05-078.html

Quotes:

Get mad, then get over it.
Colin Powell

When angry, count to four; when very angry, swear.
Mark Twain

Holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; you are the one who gets burned.
Buddha

Marc

Marc B. Hahn, DO
Dean
Texas College of Osteopathic Medicine
University of North Texas-Health Science Center
3500 Camp Bowie Boulevard
Fort Worth, Texas 76107-2699
817-735-2416 or 2244
facsimile 817-735-2486