

DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

June 14, 2006

This is always a time of mixed feelings here on the Health Science Center campus. For this is a time when we celebrate graduation of our seniors, however it is also a time of sadness as we bid them farewell. On May 20th we graduated 114 physicians with the DO degree, and 28 Physician Assistants with a Masters of Science degree. In addition, some of our graduates completed dual degrees (i.e., MS, MPH, or PhD). Our graduates from the medical school will be attending internships and residencies all across the country; from JPS, and Plaza Medical Center here in town, to Baylor College of Medicine, UT-Southwestern, the Pennsylvania State University, Cleveland Clinic Foundation, Brooke Army Medical Center and other fine institutions in Texas and around the nation. The graduation ceremony took place at the Tarrant County Convention Center at 2:00 pm on Saturday, May 20, 2006. Our graduation speaker was former U. S. Coast Guard Surgeon General Joyce M. Johnson, DO, MA.

Also of note, for the fifth year in a row, the Texas College of Osteopathic Medicine has been named one of the top medical schools in the nation for primary care by *US News and World Report* magazine. This reflects the fine caliber of our students, alumni, and faculty!

We also have another reason for mixed feelings this spring, for after 6 years of service to UNTHSC we also bid farewell to our President, Dr. Ronald R. Blanck. Dr. Blanck came to the HSC following more than 30 years of service in the US Army. Dr. Blanck served as Commanding General of the Walter Reed Army Medical Center, the Army Surgeon General, among various duties throughout his illustrative career. Dr. Blanck has been at the helm of the University of North Texas Health Science Center during a period of dramatic progress. Thanks in large measure to his vision and energy, we are well-positioned to rise to new levels of educational, research and healthcare leadership. We are no longer Fort Worth's best-kept secret.

Among our team's accomplishments during Dr. Blanck's tenure have been:

The doubling of our campus with the purchase of the OMCT property.

The doubling of our total enrollment and the tripling of our research funding.

Establishment of Fort Worth's first Federally Qualified Health Center.

The expansion of our clinical operations and the doubling of our clinical faculty through an enhanced partnership with John Peter Smith Health Network.

The creation of a premier multidisciplinary diabetes research center, with funding from the CDC.

Renewed funding of the national Osteopathic Research Center, located on our campus.

Recognition of Texas College of Osteopathic Medicine as a top-ranked medical school by U.S. News & World Report and Hispanic Business magazine.

I will miss him, for he has been a mentor, a colleague and a friend; and I am sure you will all join me as we bid Dr. Blanck adieu.

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

TABLE OF CONTENTS

Student Affairs:.....	2
Clinical Affairs / Faculty Practice:	4
Educational Programs:	5
Academic Affairs:.....	5
Clinical Research:	5
Admissions:.....	6
PA Studies:.....	7
Science and Health News:	8
Health Policy News:	12
Research and Funding Opportunities:.....	14
Quotes:	19

Student Affairs:

Thomas Moorman, Ed.D.

Associate Vice President for Student Affairs

Preview Weekend and Spring Fling 2006

The Office of Student Development, in conjunction with TCOM 2009, PA 2008, the Graduate School of Biomedical Sciences, and the School of Public Health, welcomed over 200 of next year's incoming students and family as we hosted an informative and fun weekend in their honor.

Preview weekend kicked off Friday night with dinner from Mercado Juarez, and a welcome from Dr. Hahn, Dr. Vishwanatha, and Elizabeth Childers. A student panel discussion followed which addressed topics such as how to balance a personal life with school, managing family while in

school, how to prepare during the summer, and housing options. After the panel discussion, the incoming students were led on tours of campus by student volunteers.

Saturday began with a coffee break provided by the Graduate School Association and the Student Advocacy Association. The students then participated in a basketball tournament and a Housing Fair. The Housing Fair featured over 20 apartment complexes and realtors. A bounce house was provided for the children and lunch was provided by Colter's Barbeque. The afternoon session provided the medical students (DO and PA) the opportunity to hear what life would be like in medical school from Dr. Bruce Dubin and they received some tips for medical school from Dr. Steve Buchanan. Finally, the students ended their weekend with fun and bowling at Main Event Entertainment.

Scholarship Donors Recognized in Style

The annual scholarship luncheon sponsored by the office of Institutional Advancement took place on May 5th at the Petroleum Club to recognize those donors who supported the UNTHSC Foundation by donating funds to various scholarships. The UNTHSC received over \$180,000 worth of scholarship funds for the 2005-2006 school year. Leslie Houston, MSIV addressed the donors with an inspiring personal perspective of being a scholarship recipient and the difference it made to her academic career.

Study Hints for Board Review from OASIS:

1. Design a structured daily and weekly schedule (including weekends!) Schedule a minimum of eight hours per day of study time daily, not including breaks. Make sure it's in writing so that the end of each week you can assess whether or not you have achieved your goals. After you address how to avoid pitfalls you may have encountered that week, write out your next week's schedule and make a fresh start. Continue to do this until you establish your new study patterns and your new habits stick.
2. If you are a "night person" who studies most effectively at 2:00 or 3:00 a.m., drop that pattern now! Instead, adopt the same sleep & wake schedule that you will have the day of the boards.
3. From your first week of study, incorporate effective stress management techniques (running, yoga, meditation) and healthy eating habits into your schedule.
4. Focus! Schedule your life so that there are no distractions such as moving to a new apartment, conflicts with significant others, entertaining friends and relatives, etc. If you cannot focus in your current study spot, then find a better place to study that will work!
5. As your board prep days progress, stay in touch with what is happening to you as a learner and readjust. For example, if you tend to be overwhelmed by the volume of

material to be covered, reread #1 & #2 (above). Then, focus on chipping away at your smaller daily goals.

6. Assess your weak areas via course grades and practice exams. Be sure to cover every topic. Some high performing students will study their weakest areas first and last.
7. Practice the questions! Increase the amount of practice questions vs. content studying as the boards approach. The week before boards you should be working 100% of the time on practice questions in a timed test format.
8. Remember that you are accountable to yourself. Be responsible, stay on track and keep your end goal in mind at all times!

Clinical Affairs / Faculty Practice:

Robert Adams, D.O.

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

When people think of Texas, what is the first thought that pops into their head? Is it the Alamo, George Bush, hot summers, tornados, or friendly people? If you asked our patients what comes to mind when they think of our clinical practice, what would they say? Do you think you'd hear words like caring, efficient, available, and helpful, or would you be more apt to hear words like rude, late, parking, and indifferent? In our various roles within the clinical practice, we all have the responsibility to provide assistance to patients and their families dealing with their health needs. Needs that are among the most personal and precious we all possess. Their impression of how we fulfill our task is important to them and it's important to us. If we haven't met their expectations in taking care of their needs, then we haven't done our job. If we aren't successful in doing our job, then we won't be successful in satisfying our practice needs or achieving our goals. Take a few minutes and think about how we're perceived by those we serve. Each of us should try to identify the little things that we can do to make a difference in our patients' interactions with us. Make it important to greet people personally and cheerfully. Make the effort to start on time and honor the patients time as valuable. Make the effort to return calls as promptly as possible. Everyone can look at their own job responsibilities and make a list of where they can make an effort to positively impact the patient's experience. Make the effort. It will make our patients happier and our work more pleasant.

While individual efforts will make a difference and lead to improved personal and patient satisfaction, the reality is that our clinical practice is a team made up of smaller teams. Have you ever wondered why some teams are successful and others aren't? There are a few behaviors of successful teams we should remember. First, successful teams work together to accomplish their tasks. The more aligned that members of a team are in working together, the more likely that they'll achieve their goal. Second, for some reason, when faced with a problem or obstacle to achieving an outcome, it seems our first response is to think of all the reasons we can't overcome it. Although obstacles may be easier to identify, teams won't be successful focusing on why they can't succeed. Successful teams focus their efforts on identifying solutions to the problems they

face. Third, no individual's role on the team is more important than another. If one team member doesn't do their job, then the team will have greater difficulty accomplishing their goal. Fourth, successful teams recognize the importance of each member's contributions and respect their efforts. Rather than complain about a team member, make the effort to understand their role and identify how they can be more successful.

As individuals or teams, we're all part of the Health Science Center because of the skills we can contribute. Please take some time to reflect on your role and think of what you can do to improve our customers' experiences and how you can be a more effective member of your team. If you come up with some ideas that would benefit others, please share them with your team members or your supervisors. Last of all, when someone does something that makes a difference in a patient's experience, or assists you in doing your job, or makes your job more pleasant; let them know that you appreciate it.

Educational Programs:

Don Peska, D.O.

Associate Dean for Educational Programs

Graduation is just a few weeks away.

The Texas OPTI will be granting diplomas to sixty-five graduating interns, residents and fellows this year. This will be the largest class of osteopathic physicians completing postdoctoral training programs in the State of Texas in some time (perhaps ever). Most will be staying in Texas to enter clinical practice while others will be pursuing additional residency and fellowship training. In keeping with the vision of TCOM and its family of affiliates, the largest number of graduates will be entering primary care practices. As we look ahead to the incoming class of interns we are pleased to see continued growth in the number of programs and positions available in Texas to TCOM graduates and osteopathic graduates from around the country. In the next newsletter, we will provide an update on all the current programs in the Texas OPTI.

Academic Affairs:

Bruce Dubin, D.O., J.D.

Associate Dean for Academic Affairs

Medical Education

[No article this month.]

Clinical Research:

Michael Clearfield, D.O.

Associate Dean for Clinical Research

Research Appreciation Day (RAD) was very competitive this year with 29 abstracts submitted for the student/resident competition. First place went to Michael Nye for "Physical and psychological changes observed following the lap band surgical procedure". The second place recipient was Angela Brimhall for her poster titled "Meta-analysis of efficacy and safety of alefacept, efalizumab and etanercept for psoriasis. There were 6 others who received honorable mention: Sean Rosenbaum for-the utility of preoperative CT scan in patients with endometrial cancer; Laura Gonzalez for-weight loss and its correlation with perceived improvement in comorbidities, psychological well-being in lap band patients; Jonathon Matthews for-traditional and emerging risk factors in individuals with acute coronary syndrome; David Cummings for-discovery of a mutation of the D2 subtype of dopamine receptor that eliminates functional response to quinpirole; and Turner Slichio for-placebo potency in manipulative medicine research: a pilot study of patient attitudes towards the treatment of low back pain". I would also like to congratulate all those who submitted a poster for in my opinion they are all winners and deserve our hearty congratulations. I would also like to thank our four judges: Robert Capper, MD, Gregory Friess, DO, Jay Haynes, MD, and Alan Podawiltz, DO for their tremendous expertise and for taking time out of their busy schedules for this competition.

Admissions:

Russell Gamber, D.O.

Assistant Dean of Admissions and Outreach

Admissions Committee Expands from 24 to 32 Members

The Medical Student Admissions Committee will expand from its current 24 members to 32 members for the 2006-2007 application cycle. This expansion will include a number of our new faculty members from JPS Orthopedics, Obstetrics & Gynecology, and Psychiatry. As applications for admissions continue to rise, this committee is charged with the challenging task of selecting the best students for TCOM. The expansion will alleviate the current committee work load and allow for more timely review of applications.

Welcome to New Faculty Interviewers

TCOM Admissions and Outreach welcomes approximately 50 new faculty interviewers this season, mainly because of the recent addition of JPS departments. Faculty from two new HSC departments, Psychiatry and Orthopedics, as well as the significant growth in size of the existing department of Obstetrics and Gynecology, will allow us to interview the largest number of applicants in the history of the medical school this year. Dr. Russell Gamber, Assistant Dean for Admissions, and Joel Daboub, MBA, Director of TCOM Admissions and Outreach, have met with the faculty of Psychiatry, Orthopedics, and Obstetrics and Gynecology at JPS to educate them concerning their important role in selecting the incoming class of medical students.

Appointment of Departmental Interview Coordinators

Each year we ask all department chairmen to appoint a departmental interview coordinator who will work closely with Admissions staff to schedule medical student interviews with their departmental faculty members. The annual “kickoff luncheon” for interview coordinators was held on May 24 to inform the coordinators about changes in this year’s interviewing process and to introduce the new members of the group. Admissions staff extends its thanks to these individuals whose efforts are crucial throughout the interviewing season, which will start the last week in July and extend through mid-December.

Welcome to JAMP Students

On May 21, we welcomed 17 JAMP (Joint Admission Medical Program) to our campus. These premedical students, who have completed their sophomore year at colleges and universities across the state, will spend six weeks in classes, clinical preceptorships, and other enrichment activities while on our campus. Several of our faculty members are involved in facilitating a well-rounded program to the JAMP students. These include Patricia Gwartz, Ph.D. (JAMP Physiology course), Roy Martin, D.Min. (JAMP Ethics course), Lynn Scott (JAMP Medical Terminology), and several more clinical faculty serving as preceptors. For most JAMPers this will be their first exposure to osteopathic medicine.

PA Studies:

Hank Lemke, P.A.

Vice Chair for PA Studies

PA Students Recognized at Research Appreciation Day

Two PA students were recognized for their Poster presentations at Research Appreciation Day held last April. PA students Roxanne Kubenka and Michael Nye received 1st Place from TCOM for their poster “Physical and Physiological Changes Observed Following the Lap-Band Surgical Procedure” (Advisor - PA Laurie Hill). PA students Laura Gonzales and Suzanne Melville received Honorable Mention for their poster “The Degree of Success of Lap Band Recipients” (also advised by PA Hill). In all, seven PA students presented posters at Research Appreciation Day in 2006.

PA Patti Pagels Elected to AAPA Board of Directors

This month, assistant professor Patti Pagels, PA-C was elected to the Board of Directors of the American Academy of Physician Assistants (AAPA). Pagels is the first PA from UNTHSC to hold such an esteemed position. According to the AAPA website, the AAPA is “...the only national organization that represents physician assistants in all specialties and all employment settings. Its membership also includes physician assistant students and supporters of the profession.” For more information on the AAPA, go to <http://www.aapa.org/>

PA Students Receive PA Foundation and TCOM Scholarships

For the first time ever at UNTHSC since the PA program began here in 1997, two new PA students have been awarded scholarships from the PA Foundation and the TCOM Foundation. This Fall, two new entering PA students will receive \$1000 each through these two scholarships, respectively named the *Physician Assistant Scholarship* and the *TCOM Dean's Meritorious Achievement Scholarship*. Recipients are selected by the UNTHSC Scholarship Committee based on their academic achievement and financial need. For more information on how to donate to the PA Foundation's scholarship fund, please contact Hank Lemke, Director of PA Studies or the Development Office.

National PA Competencies

Four major national organizations representing PA education, PA program accreditation, PA individual certification and the PA professional body (PAEA, ARC-PA, NCCPA, & AAPA) have joined together to adopt a set of "PA Competencies" that are intended to address the public demand for higher quality and greater accountability in health care. According to the supporter, these PA competencies provide "...a critical starting point to identify opportunities for improvement in the development and assessment of those competencies." More information on these competencies and the nationwide initiative can be found at http://www.nccpa.net/PAC/Competencies_home.aspx. To assist individual PAs in evaluating how they measure up to these competencies, a self-evaluation tool has been provided at the website.

Science and Health News:

The Los Angeles Times

[June 4, 2006]

By LISA GIRION

Physician Shortage Looms, Risking a Crisis, as Demand for Care Explodes

An aging America needs more doctors, but supply isn't keeping up. Experts fear worsening quality and dangerously long waits for appointments.

A looming doctor shortage threatens to create a national healthcare crisis by further limiting access to physicians, jeopardizing quality and accelerating cost increases.

Twelve states — including California, Texas and Florida — report some physician shortages now or expect them within a few years. Across the country, patients are experiencing or soon will face shortages in at least a dozen physician specialties, including cardiology and radiology and several pediatric and surgical subspecialties.

The shortages are putting pressure on medical schools to boost enrollment, and on lawmakers to lift a cap on funding for physician training and to ease limits on immigration of foreign physicians, who already constitute 25% of the white-coated workforce.

But it may be too late to head off havoc for at least the next decade, experts say, given the long lead time to train surgeons and other specialists.

"People are waiting weeks for appointments; emergency departments have lines out the door," said Phil Miller, a spokesman for Merritt, Hawkins & Associates, a national physician search firm. "Doctors are working longer hours than they want. They are having a hard time taking vacations, a hard time getting their patients into specialists."

North Hollywood resident Anneliese Ohler, who had a cancerous lesion removed from her face several years ago, had to wait two months recently to see a dermatologist after her hairdresser — and then her primary doctor — told her they saw worrisome spots on the top of her head.

"I was lucky it was not cancer," said Ohler, 83. "But what if it had been?"

Experts say her wait was a symptom of a wider problem: Demand for doctors is accelerating more rapidly than supply.

The number of medical school graduates has remained virtually flat for a quarter century, because the schools limited enrollment out of concern that the nation was producing too many doctors. But demand has exploded, driven by population gains, a healthy economy and a technology-driven boom in physicians' repertoires, which now include such procedures as joint replacement and liposuction.

Over the next 15 years, aging baby boomers will push urologists, geriatricians and other physicians into overdrive. Their cloudy eyes alone, one study found, could boost the demand for cataract surgery by 47%.

Yet, much of the nation's physician workforce also is graying and headed for the door. A third of the nation's 750,000 active, post-residency physicians are older than 55 and likely to retire just as the boomer generation moves into its time of greatest medical need.

By 2020, physicians are expected to hang up their stethoscopes at a rate of 22,000 a year, up from 9,000 in 2000. That is only slightly less than the number of doctors who completed their training last year.

At the same time, younger male physicians and women — who constitute half of all medical students — are less inclined to work the slavish hours that long typified the profession. As a result, the next generation of physicians is expected to be 10% less productive, Edward Salsberg, director of the Assn. of American Medical Colleges' Center for Workforce Studies, told a congressional committee in May.

Although some communities still enjoy a glut of physicians, shortages have arrived in many places. One in five U.S. residents lives in a rural or urban area that has so few physicians that the federal government considers it to be medically underserved.

The scarcity hit home for Dr. Robert Werra three years ago when he tried to find a family practitioner to fill his shoes before he retired from a medical group that he helped found in the Northern California city of Ukiah.

Despite nibbles from physicians in the Midwest, Werra couldn't persuade a single one to pay a visit. In the end, his patients were added to his colleagues' caseloads, extending wait times in a practice that is now closed to newcomers.

"We can't get any family doctors to come here," said Werra, 75.

Experts worry that Werra's experience is becoming more common, and not just in rural communities. The nation's physician workforce is approaching a tipping point, beyond which patients face dangerously long wait times and distances to see physicians. Or they get more care from nurses, physician assistants and other substitutes, whose ranks also are stretched thin. Or they go without.

Wait times for appointments are a sign of the emerging strain. The wait to see a dermatologist for a routine skin cancer examination in 15 big cities including Los Angeles averaged 24 days, according to a 2004 survey by Merritt Hawkins.

For a routine gynecological checkup, women faced an average wait of 23 days, the survey showed. To see a cardiologist for a heart checkup, the wait was 19 days. And to have an orthopedic surgeon check out a knee injury, the average wait was 17 days.

Hospitals, practices and academic medical centers in places such as Los Angeles not considered healthcare backwaters report more difficulty recruiting physicians — primary care doctors and specialists alike. Headhunters charging as much as \$30,000 per placement now count some of the nation's most prestigious medical centers as their clients.

It's even gotten more challenging for medical groups in resort communities from the Florida Keys to the Coachella Valley, places where it was once easier to recruit a doctor than it was to get a tee time.

"I can remember five, six years ago, I had general surgeons calling me, asking, 'Do I have a job?'" said Dr. Marc Hoffing, medical director of the Desert Medical Group in Palm Springs.

Pay offers have been rising steadily in places where practices and hospitals are competing most vigorously for available physicians.

With a greater premium on physicians, some experts fear an acceleration of a trend among some doctors to limit their practices to wealthy patients who can afford to pay cash. These so-called concierge practices further exacerbate the disparity in care between the rich and everyone else.

If nothing changes, experts say, the prognosis for the quality of healthcare is poor.

"People are going to really hurt," said Dr. Richard Cooper, a professor of medicine and economics at the University of Pennsylvania. "Right now we have well-trained nurse practitioners to pick up a lot of the work, but when even they are overwhelmed, the whole thing really falls apart. We're at the cusp, and it's a little worrisome."

How did so many smart people and groups—including the American Medical Assn.—predict a doctor glut not too long ago?

They say they bought into a notion that health maintenance organizations would ratchet down physician demand by promoting preventive care and reducing tests and procedures. Tightly managed care was expected to become so widespread and effective that it would put many physicians out of work.

"They said we'd all be driving taxicabs," recalled Dr. Neil Parker, an associate dean at UCLA's Geffen School of Medicine.

The HMO juggernaut didn't materialize. That's largely because of a backlash against precisely the type of gate-keeping that was supposed to reduce the use of physicians. Accusations that HMOs were denying care to boost their profits led to their decline.

Preferred provider organizations proliferated instead. They give patients more of a choice of physicians and make it easier to get care. And the demand for physician services has never been greater.

Another idea that didn't pan out was that technology would reduce the use of physicians. Minimally invasive surgical techniques and other advances, however, actually have expanded demand for physicians by making it possible to perform operations on patients who are older and sicker than those who got surgery in the past, said Dr. David Etzioni, a surgical resident who studied future surgeon needs for the UCLA Center for Surgical Outcomes and Quality.

What's more, older people generally are healthier today than in the past, Etzioni said. "Operating on a 70-year-old now is much different than 30 years ago. So surgeons are more aggressive about patients they would do procedures on."

The AMA changed its position on the physician workforce a year ago, acknowledging that a shortage was indeed emerging. The consensus has shifted so quickly that experts who view the physician workforce as adequate—though poorly distributed, inefficient or wasteful—now are seen as contrarians.

Momentum for change is building. This month, the executive council of the Assn. of American Medical Colleges will consider calling for a 30% boost in enrollment, double the increase it called for last year.

The University of California built its last three medical schools — Davis, Irvine and San Diego — in the 1960s. Administrators are considering raising UC medical school enrollment by as much as 25% by expanding existing schools, building new ones or both. UC Riverside and UC Merced are eager to host new medical schools. A handful of states, including Florida and New Jersey, also are considering new schools.

Yet even if the schools quickly boosted enrollment by 30%, the ratio of physicians to patients would begin to decline by 2025, said Dr. Jordan Cohen, president of the Assn. of American Medical Colleges.

"The population is growing at a faster clip than any reasonable increase in the workforce could be accomplished," Cohen said. "That alerted us to the fact that we may need to be more aggressive in our recommendation."

AMA trustee Dr. Edward Langston has experienced the problem himself. His Lafayette, Ind., practice is getting a new family practitioner this month, but only after a difficult search that took three years.

"There is a shortage," said Langston, who, at 61, is thinking about retirement. "We need more physicians."

Health Policy News:

AAMC Opposes Student Loan Rescissions

AAMC President Jordan J. Cohen, M.D., in a May 24 letter urged the House and Senate Appropriations Committees not to approve any further rescissions to the Title VII health professions student loan programs. In each of the past two years, Congress has rescinded the "unobligated balance" from the Health Professions Student Loan, Primary Care Loan, Loans for Disadvantaged Students, and Nursing Student Loan programs. In addition, the Administration's FY 2007 budget proposes to recall the "Federal portion of all of the liquid assets of such fund," which it estimates to be over \$100 million.

House Passes FY 2007 VA Appropriations

The House May 19 passed the FY 2007 Military Quality of Life and Veterans Affairs appropriations bill (H.R. 5385). The bill includes \$412 million for the VA Medical and Prosthetic Research program, the same as in FY 2006. The VA minor construction budget for FY 2007 is increased by \$12 million to begin upgrading VA medical research facilities nationwide. The House bill also includes \$25.412 billion for VA Medical Services, a \$2.9 billion (12.7 percent) increase over FY 2006, but \$100 million below the President's request.

House Republican Letter Addresses Medicaid Documentation Requirements

Rep. Rick Renzi (R-Ariz.) is circulating a Medicaid sign-on letter among his House Republican colleagues. The letter to HHS Secretary Michael Leavitt expresses concern about the Medicaid documentation requirements established by Section 6036 of the Deficit Reduction Act. Section 6036, which is effective July 1, requires beneficiaries to provide specified "documentary evidence" of citizenship or nationality, such as a U.S. passport or Certificate of Naturalization. The letter advises that the policy "could create enrollment barriers for millions of low-income citizens who otherwise meet all Medicaid eligibility requirements." The AAMC May 12 sent a similar letter to Secretary Leavitt, co-signed by other hospital groups.

House Committee Approves Preparedness Changes

The House Energy and Commerce Committee May 24 approved legislation (H.R. 5438), which returns the National Disaster Medical System (NDMS) to the Department of Health and Human Services (HHS) from the Department of Homeland Security (DHS). The "Public Health and Medical Emergency Coordination Act of 2006," sponsored by Committee Chairman Joe Barton (R-Texas) and Ranking Member John Dingell (D-Mich.), also designates HHS as responsible for coordinating the federal government's response to medical emergencies, including bioterrorist attacks.

Senate Panel Approves Ryan White Reauthorization Bill

The Senate Health, Education, Labor and Pensions (HELP) Committee May 17 approved legislation (S. 2823) to reauthorize the Ryan White CARE Act (P.L. 101-381). Sponsored by HELP Committee Chairman Michael Enzi (R-Wyo.) and co-sponsored by Ranking Member Edward Kennedy (D-Mass.), the bill attempts to address changes in the AIDS epidemic since the act's last reauthorization in 2000.

CMS Updates PPAC on Pay-for-Performance

The Centers for Medicare and Medicaid Services (CMS) May 22 updated the Practicing Physicians Advisory Council (PPAC) on its pay-for-performance metrics. Specifically, the staff outlined the analytic work that CMS is conducting to measure efficiency and resource use. In addition, CMS provided an update on the physician voluntary reporting program (PVRP), which encourages physicians to report voluntarily on quality measures through administrative claims data.

HHS Seeks Information on Storage of Personal Information in Emergencies

The Department of Health and Human Services (HHS) May 23 published a request for information (RFI) about the availability or feasibility of private sector services that store

personal informal in the event of an emergency, such as Hurricane Katrina. HHS is seeking a synthesis of ideas and does not intend this request to be part of any procurement process. Respondents are asked to differentiate between already existing capabilities and those which are planned or desirable in the future. Responses must be submitted by July 24.

Research and Funding Opportunities:

Notices

Request for Information (RFI): Tools and Resources for Research in Neurodevelopment
(Neuroscience Blueprint)
(NOT-MH-06-114)

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
Office of Behavioral and Social Science Research

<http://grants.nih.gov/grants/guide/notice-files/NOT-MH-06-114.html>

Addendum to PAR-05-144: Addition of AIDS-Related Receipt Dates
(NOT-MH-06-115)

National Institute of Mental Health
<http://grants.nih.gov/grants/guide/notice-files/NOT-MH-06-115.html>

Notice of Change in Point of Contact Information for National Institute on Drug Abuse for RFA-TW-06-006, International Tobacco and Health Research and Capacity Building Program (R01)
(NOT-TW-06-006)

John E. Fogarty International Center
<http://grants.nih.gov/grants/guide/notice-files/NOT-TW-06-006.html> Requests for Applications

Developmental/Exploratory Alcohol Research Centers (P20)
(RFA-AA-07-001)

National Institute on Alcohol Abuse and Alcoholism
Application Receipt Date(s): December 20, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-07-001.html>

Specialized Alcohol Research Centers (P50)

(RFA-AA-07-002)

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Date(s): December 20, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-07-002.html>

Comprehensive Alcohol Research Centers (P60)

(RFA-AA-07-003)

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Date(s): December 20, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-07-003.html>

RFA-Announcement of a Limited Competition for the Continuation of the Folic Acid for Vascular Outcome Reduction in Transplantation (FAVORIT) Trial (U01)

(RFA-DK-06-502)

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date(s): July 25, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-06-502.html>

Centers of Biomedical Research Excellence (COBRE) [P20]

(RFA-RR-06-002)

National Center for Research Resources

Application Receipt Date(s): October 23, 2006 and February 26, 2007

<http://grants.nih.gov/grants/guide/rfa-files/RFA-RR-06-002.html> Program Announcements

Research On The Reduction And Prevention Of Suicidality (R01)

(PA-06-438)

National Institute of Mental Health

National Institute on Alcohol Abuse and Alcoholism

National Institute on Drug Abuse

Application Receipt/Submission Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-06-438.html>

Risk Factors For Psychopathology Using Existing Data Sets (R01)

(PA-06-439)

National Institute of Mental Health

National Institute on Alcohol Abuse and Alcoholism

National Institute on Drug Abuse

Application Receipt/Submission Date(s): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-06-439.html>

Human Biospecimen Resources for Aging Research (R03)

(PA-06-443)

National Institute on Aging

Application Receipt/Submission Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-06-443.html>

International Research Collaboration - Basic Biomedical (FIRCA-BB) [R03]

(PAR-06-436)

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 of Biomedical Imaging and Engineering
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 Neurological Disorders and Stroke
Application Receipt/Submission Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PAR-06-436.html>
International Research Collaboration - Behavioral, Social Sciences (FIRCA-BSS) [R03]
(PAR-06-437)
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 Dental and Craniofacial Research
National Institute of Environmental Health Sciences
National Institute of Neurological Disorders and Stroke
Office of Behavioral and Social Science Research
Application Receipt/Submission Date(s): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PAR-06-437.html>
Drug Abuse Dissertation Research: Epidemiology, Prevention, Treatment, Services, and Women
and Sex/Gender Differences (R36)
(PAR-06-446)
National Institute on Drug Abuse
Application Receipt/Submission Date(s): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PAR-06-446.html> NIH Funding Opportunities now
available in RSS (Really Simple News Syndication) format - see
http://grants.nih.gov/grants/guide/rss_info.htm for details. To UnSubscribe to the NIH Guide
Weekly TOC LISTSERV, follow the instructions at
<http://grants.nih.gov/grants/guide/listserv.htm>. This weekly list can be found at:
<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=06-02-2006>

Notices

Eighth Annual NIH SBIR/STTR Conference, July 13, 2006
(NOT-OD-06-072)
National Institutes of Health
<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-06-072.html>

Amendment to PA-06-418: Exploratory/Developmental Bioengineering Research Grants (EBRG) [R21]

(NOT-HL-06-127)

National Heart, Lung, and Blood Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-06-127.html>

Addendum to PAR-06-389, Basic and Translational Research Opportunities in the Social Neuroscience of Mental Health (R01)

(NOT-MH-06-113)

National Institute of Mental Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-MH-06-113.html>

Notice Regarding FY 2007 Funding for PAR-04-106: NIOSH State-Based Occupational Safety and Health Surveillance

(NOT-OH-06-004)

National Institute for Occupational Safety and Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OH-06-004.html> Requests for Applications

(none) Program Announcements

School-based Interventions to Prevent Obesity (R01)

(PA-06-415)

National Institute of Child Health and Human Development

National Cancer Institute

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute of Nursing Research

Office of Behavioral and Social Science Research

Application Receipt/Submission Date(s): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-06-415.html>

School-based Interventions to Prevent Obesity (R03)

(PA-06-416)

National Institute of Child Health and Human Development

National Cancer Institute

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute of Nursing Research

Office of Behavioral and Social Science Research

Application Receipt/Submission Date(s): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-06-416.html>

School-Based Interventions to Prevent Obesity (R21)

(PA-06-417)

National Institute of Child Health and Human Development

National Cancer Institute

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute of Nursing Research

Office of Behavioral and Social Science Research

Application Receipt/Submission Date(s): Multiple Dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-06-417.html>

Shared Neurobiology of Fragile X Syndrome and Autism (R03)

(PA-06-429)

National Institute of Mental Health
Institute of Genetics
Institute of Neurosciences, Mental Health and Addiction
National Institute of Child Health and Human Development
National Institute of Neurological Disorders and Stroke
Application Receipt/Submission Date(s): Multiple Dates, See Announcement.
<http://grants.nih.gov/grants/guide/pa-files/PA-06-429.html>
Shared Neurobiology of Fragile X Syndrome and Autism (R21)
(PA-06-430)

National Institute of Mental Health
Institute of Genetics
Institute of Neurosciences, Mental Health and Addiction
National Institute of Child Health and Human Development
National Institute of Neurological Disorders and Stroke
Application Receipt/Submission Date(s): Multiple Dates, See Announcement.
<http://grants.nih.gov/grants/guide/pa-files/PA-06-430.html>
Research on Psychopathology In Intellectual Disabilities (Mental Retardation) [R01]
(PA-06-431)

National Institute of Mental Health
Application Receipt/Submission Date(s): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PA-06-431.html>
Therapeutics Development for HIV/AIDS-Associated Neuropsychological Disorders
(SBIR[R43/R44])
(PA-06-432)

National Institute of Mental Health
National Institute on Drug Abuse
Application Receipt/Submission Date(s): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PA-06-432.html>
Therapeutics Development for HIV/AIDS-Associated Neuropsychological Disorders
(STTR[R41/R42])
(PA-06-433)

National Institute of Mental Health
National Institute on Drug Abuse
Application Receipt/Submission Date(s): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PA-06-433.html>
Phased Innovation Research in Cancer Prognosis and Prediction (R21/R33)
(PA-06-434)

National Cancer Institute
Application Receipt/Submission Date(s): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PA-06-434.html>
Phase II Developmental Research in Cancer Prognosis and Prediction (R33)
(PA-06-435)

National Cancer Institute
Application Receipt/Submission Date(s): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PA-06-435.html>
Basic and Preclinical Research on Complementary and Alternative Medicine (CAM) [R01]

(PA-06-440)

National Center for Complementary and Alternative Medicine

National Cancer Institute

Office of Dietary Supplements

Application Receipt/Submission Date(s): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-06-440.html>

Early Identification and Treatment of Mental Disorders in Children and Adolescents (R01)

(PA-06-442)

National Institute of Mental Health

Application Receipt/Submission Date(s): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-06-442.html>

Interventions And Practice Research Infrastructure Program (IP-RISP) (R24)

(PAR-06-441)

National Institute of Mental Health

Application Receipt/Submission Date(s): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PAR-06-441.html> NIH Funding Opportunities now available in RSS (Really Simple News Syndication) format - see

http://grants.nih.gov/grants/guide/rss_info.htm for details. To UnSubscribe to the NIH Guide

Weekly TOC LISTSERV, follow the instructions at

<http://grants.nih.gov/grants/guide/listserv.htm>. This weekly list can be found at:

<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=05-26-2006>

Quotes:

Living in dreams of yesterday, we find ourselves still dreaming of impossible future conquests.

Charles Lindbergh

Who looks outside, dreams; who looks inside, awakes.

Carl G. Jung

The future belongs to those who believe in the beauty of their dreams.

Eleanor Roosevelt

Marc

Marc B. Hahn, DO

Vice President for Health Affairs and 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