

Memorandum

4 June 2003

To: CDR Nancy Balash, TPAC Chair
CDR Bart Drinkard, TPAC Secretary
Members, TPAC

Thru: CAPT John Hurley, Strategic Growth Committee Chair

(s)
From: LCDR Eric Payne, Therapist Billet Exploration and Development (TBED)
Subcommittee Lead Officer

Subject: Summary of Findings from the Therapist Billet Exploration and Development Subcommittee of the Strategic Growth Committee

Subcommittee Members
LCDR Eric Payne
CDR Scott Gaustad
LCDR Mark Melanson
LCDR Sue Newman

Introduction

The Strategic Growth Committee (SGC), led by CAPT Hurley analyzed the possible expansion of therapists into new non-traditional billets. A non-traditional billet was defined as a position outside the normal clinical setting for that particular profession and or a clinical position with a unique patient population that would warrant additional training or experience.

The committee hypothesized that many officers who work in traditional billets would not have sufficient knowledge concerning these non-traditional billets. The SGC felt that if the category were to attempt to expand into these non-traditional billets, all therapists would require professional education concerning the job training requirements and duty responsibilities for the non-traditional billets. Additionally, several members of the SGC offered anecdotal evidence that in the past non-traditional billets may have had a negative impact on those officers' promotion potential. In order to better define the roles of those officers in non-traditional billets and to determine the impact on officers' career progression, CAPT John Hurley, SGC Chairperson, called for the development of a subcommittee.

This subcommittee, Therapist Billet Exploration and Development (TBED) Subcommittee, established the following goals in January 2003:

1. Contact therapists in non-traditional billets to obtain information regarding position duties and responsibilities as well as their opinion of the professional impact of taking a non-traditional position.
2. Identify educational credentials that therapists hold to make them marketable for non-traditional positions.
3. Identify additional non-traditional billets open to officers in the Therapist Category within the Department of Health and Human Services and other federal agencies that already utilize USPHS commissioned officers.
4. Explore traditional clinical billet development within the Department of Health and Human Services as well as the other federal agencies that already utilize USPHS commissioned officers.
5. Submit a written report of the subcommittee's findings to the TPAC such that the information can be easily posted on the Therapist web page as a career development tool readily available to all USPHS therapists.

Having established these goals, the subcommittee developed an interview tool (Attachment A) to collect information from officers serving in non-traditional billets. Beginning in mid January, the TBED began conducting interviews either telephonically or via email. This report consolidates the findings from interviews to provide the reader a general overview. Specific training and education requirements for individual billets will not be discussed in this report; however, the next phase of this project will consist of the development of a database which will include the position description and all required training and education for each billet. TBED will subsequently submit this database to TPAC for inclusion in the Therapy Category web site to allow all therapists access to this information.

Interview Findings by Agency

Centers for Disease Control and Prevention (CDC)

A. Overview

The CDC provides services in disease prevention, environmental health, injury prevention, health promotion, health education, and occupational safety.

Currently within the Therapist Category there are two commissioned officers and one civilian serving with the CDC. Position titles of the officers interviewed:

1. Research Audiologist (Mr. Mark Stephenson)
2. Research Audiologist (LCDR Cristina Themann)
3. Senior Program Consultant (CDR Susanne Pickering, OT)

B. Potential for New Billet

CDR Pickering mentioned that the CDC's National Center for Injury Prevention and Control may be the most appropriate area for therapy officers to serve. More information can be obtained from the web site at www.cdc.gov/ncipc/default.htm.

C. Specific Training and Education Requirements

For most research positions a PhD is required; however, LCDR Themann stated that her position required as a minimum a good functioning knowledge of the research process. Other positions such as the Senior Program Consultant required a public health degree. Also, all candidates are required to have good knowledge concerning health education and promotion, public health policy, and epidemiology. Experience working with state health departments and competence with various computer software packages is also helpful.

D. Impact on Professional Development and Promotion Potential

All the interviewees acknowledged that their billet had impaired their promotional potential due to limited research billets, civilian supervisors not knowledgeable of PHS CO issues, or the agency's lack of appreciation for the skills and attributes of the therapists.

E. Impact on Ability to Return to a Clinically Related Billet

The two research audiologists felt that it would be difficult to return directly to a purely clinical setting. For the officers involved in the Commission Corps Readiness Force (CCRF), the requirement to complete 120 clinical hours annually helped them to maintain basic clinical competency. In the past, LCDR Themann completed a 60 day clinical detail with the IHS and highly recommended this for other therapists in non-traditional billets.

Centers for Medicare and Medicaid Services (CMS)

A. Overview

CMS runs the Medicare program, Medicaid program, and State Children's Health Insurance Program (SCHIP) - three national health care programs that benefit over 80 million Americans. The officers working within this organization have the ability to represent therapists concerning national health issues and medical care coverage. As LCDR Benitez-McCrary states, "I am able through the creation of national regulations to positively alter the lives of patients and clinical providers." Position titles of the officers interviewed:

1. Health Programming Evaluation Officer (CAPT Georgia Johnson, OT)
2. Health Programming Evaluation Officer (CAPT Kevin Young, PT)
3. Public Health Analyst (LCDR Mercedes Benitez-McCrary, SLP)
4. Health Evaluation Officer (LCDR Cindy Melanson, OT)

B. Potential for New Billets

While there are few billets available to therapists, CAPT Johnson and CAPT Young are constantly looking for opportunities for the category. LCDR Melanson suggested officers interested in serving in CMS look into the positions of Health Insurance Specialist or Health Evaluation Officer. More information can be found at www.cms.hhs.gov/.

C. Specific Training and Education Requirements

Because officers will be impacting national healthcare regulations, potential CMS therapists should have a very deep clinical knowledge base as well as strong administrative skills. CAPT Johnson suggested that experience with home health agencies is an important attribute. Computer competence is a must with extensive knowledge of MS Word, MS Excel, MS PowerPoint, and MS Access required.

D. Impact on Professional Development and Promotion Potential

All but one officer noted a positive impact on their promotion potential. The officers mentioned how their positions have been outstanding for professional development by vastly increasing their knowledge of national health issues. Transferring to CMS had hurt one officer's promotion potential as the promotion board seemed to be unaware of the role and job responsibilities associated with the current billet.

E. Impact on Ability to Return to a Clinically Related Billet

Most therapists are working in clinical positions outside of their normal work. Senior officers did not feel that their current positions would hamper them from returning to a clinical billet due to their many years of previous experience. For junior officers, there was a feeling of losing clinical skills by not using them on a daily basis.

Federal Bureau of Prisons (BOP)

A. Overview

With the BOP opening several new prisons of varying security levels every year, there is a continual need for individuals who can step in and work in a health care administrator role. The BOP's attitude towards utilizing PHS officers continues to improve as the agency relies heavily on the PHS to fill therapy, dental, social work, and pharmacy positions. Position title of the officer interviewed:

1. Health Services Administrator (HSA) Trainee (LT Steve Spaulding, OT)

B. Potential for New Billets

The HSA Trainee program is fairly new within the BOP and officers are encouraged to contact LT Spaulding at 623.465.9757 extension 161 for more details. CDR Coppola, PHS Liaison to the BOP, suggested that therapists may be interested in filling positions such as health services administrator, infection control manager, and quality improvement manager. For more information,

officers can review the BOP web site at www.bop.gov or contact CDR Coppola at 202.353.4110.

C. Specific Training and Education Requirements

The HSA Trainee position requires a health science degree and involves a two year on the job training program after which the officer will transfer to serve as an HSA in another BOP institution.

D. Impact on Professional Development and Promotion Potential:

LT Spaulding noted that this was an increase in his billet and will prepare him to better serve as a rehabilitation clinic manager in the future.

E. Impact on Ability to Return to a Clinically Related Billet:

Unknown at this time.

Food and Drug Administration (FDA)

A. Overview

The FDA serves as the principle consumer protection agency dealing with such issues as milk and food sanitation, drug safety, and medical device safety. While the FDA does not typically employ great numbers of officers from the Therapist Category, opportunities could potentially exist in the Center for Devices and Radiologic Health under the FDA. More information is available at www.fda.gov/cdrh/index.html. Position title of the officer interviewed:

1. Director Regulatory Review Officer (CAPT Marie Schroeder, PT)

B. Potential for New Billets

No potential billets were identified.

C. Specific Training and Education Requirements

All specific training/education concerning the Food and Drug laws and regulations are provided by the FDA.

D. Impact on Professional Development and Promotion Potential

CAPT Schroeder noted that her experience with the FDA has been positive for her professional development.

E. Impact on Ability to Return to a Clinically Related Billet

CAPT Schroeder stated that she continues to take "hands on" continuing education courses, but due to time constraints has not been able to be involved in a regular clinical practice.

Health Resources Services Administration (HRSA)

A. Overview

The Health Resources and Services Administration's mission is to improve and expand access to quality health care. The goal of HRSA is to move toward 100 percent access to health care and 0 percent health disparities for all Americans. HRSA is made up of four bureaus and 12 offices. Typically, most therapists work within either the HIV/AIDS Bureau (HAB) or in the National Hansen's Disease Program (NHDP) under the Bureau of Primary Health Care. We chose to include the NHDP as a non-traditional billet due to the unique patient population and increased training required to work in this arena. Position titles of the officers interviewed:

1. Senior Program Management Officer Consultant
(CAPT Ivana Williams, PT)
2. Chief Physical Therapist Consultant (CDR Lou Iannuzzi, PT)
3. Deputy Chief Hand and Occupational Therapy Department
(LCDR John Figarola, OT)
4. Chief of Physical Therapy (LCDR Denise Brasseaux, PT)
5. Public Health Analyst (LCDR Michelle Jordon, OT)
6. Senior Program Management Officer (LCDR Grant Mead, OT)

B. Potential for New Billets

While no specific new billets were identified, LCDR Mead suggested that officers who are interested in a HRSA position search for open GS positions. Depending on the lead supervisor of the program, conversion to a PHS billet may be possible. More information is available on the internet at www.hrsa.gov.

C. Specific Training and Education Requirements

Higher level administrative billets within HRSA typically require graduate degrees in public administration, public health or health care administration as well as extensive experience with the conduction of literature reviews and research. Experience in giving professional presentations and writing policies and decision papers is also instrumental.

For the positions within the NHDP, experience with the treatment of diabetic patients is very helpful as are advanced skills such as certification in hand therapy, prosthetics, and/or wound care. These positions also require frequent public speaking and the giving of professional presentations.

D. Impact on Professional Development and Promotion Potential

For officers in the administrative billets, the position has had a tremendous impact on their professional development. LCDR Jordan states that she has been exposed to different levels of health care and has learned greatly from this.

CAPT Williams has been able to demonstrate that therapists can perform successfully in these unique positions and that therapists should be utilized similarly throughout the PHS.

Working within the NHDP seems to provide great flexibility as well as opportunities to participate in research and professional presentations. The mission is international in scope and the clinical practice is very unique. The organization supports training opportunities for the staff and because of the funding levels, therapists may have more professional opportunities within the NHDP than in other agencies. However, CDR Ianuzzi did feel that at times he was isolated and “out of the loop” due to being the sole NHDP therapist slot in New York.

E. Impact on Ability to Return to a Clinically Related Billet

The officers in the NHDP are either in strictly clinical billets or dual research/clinical or administrative/clinical billets and thus maintain their clinical competency as part of their daily work. For officers in purely administrative billets, HRSA supports the maintenance of clinical competency. With permission of the agency, LCDR Mead performs clinical duties at Walter Reed Army Medical Center weekly. The other officers maintain their professional license and fulfill continuing education requirements but feel that additional refresher courses would be required to return to a purely clinical billet.

Indian Health Service (IHS)

A. Overview

The IHS provides health services to approximately 1.4 million American Indians and Alaska natives. Within the IHS, there seems to be a good deal of diversity within the non-traditional billets. Position titles of the officer(s) interviewed:

1. Regional Area Rehabilitation Consultant (CAPT John Hurley, PT)
2. Fitness/Wellness Coordinator (CDR Jeff Fultz, PT)
3. Service Unit Director (CEO) (CDR Bernard Long, PT)
4. Outpatient Director (LCDR Gary Shelton, PT)

B. Potential for New Billets

CDR Fultz mentioned that the need for therapists to work in health promotion and wellness may be increasing. Hopefully, as the word spreads of the successes that therapists are making in this area, the IHS will recognize the important contributions that therapists can make to these programs.

C. Specific Training and Education Requirements

The administrative positions require a strong health administration background with a working knowledge of budgeting, tribal contracting law, and accreditation processes. The fitness/wellness coordinator requires a strong clinical background with an extensive experience with administration.

D. Impact on Professional Development and Promotion Potential

Some of the officers in administrative positions were hopeful that the promotion board would consider that these positions require higher levels of responsibility, but the officers were concerned about the potential negative impact that “being out of the clinic” could have.

E. Impact on Ability to Return to a Clinically Related Billet

All officers continue to maintain their clinical skills by either working in a rehab clinic or volunteering with sports related activities. As the Fitness/Wellness Coordinator, CDR Fultz feels that his work is so closely related to clinical work that he does not feel left out of the musculoskeletal medicine at all.

Office of the Secretary of Health and Human Services (OS)

A. Overview

The Department of Health and Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The department includes more than 300 programs covering a wide spectrum of activities.

As these billets within OS deal with issues which are national and international in scope and are highly visible and very political, officers should be very comfortable with their role as a commissioned officer and be ready to set good examples. Strong administrative skills, outstanding organization, and a broad clinical knowledge are paramount to successfully serving in the OS. Position titles of the officers interviewed:

1. Acting Executive Director on the President's Council on Physical Fitness and Sport (CDR Penny Royall, PT)
2. Family Planning Project Officer (LCDR Laura Grogan, OT)

B. Potential for New Billets

LCDR Grogan mentioned that she obtained her position by applying for a vacancy. She suggested that officers who are interested in working for the OS look into the Office of Minority Health as well as the Office of Populations for potential vacancies. Information is available at www.osophs.dhhs.gov/ophs/.

C. Specific Training and Education Requirements

CDR Royall stated that having strong management and administrative skills have aided her in this position. The various offices within OS look for a well rounded clinician with a diverse knowledge base.

D. Impact on Professional Development and Promotion Potential

With the high visibility of these positions and the wide scope of the job's responsibilities, there can be great potential for advanced professional development and a positive impact on one's promotion potential. However,

stepping into these very political positions when an officer is not accustomed to such could result in a negative experience.

E. Impact on Ability to Return to a Clinically Related Billet

Both officers acknowledged that the longer you are away from the clinic the more rusty your clinical skills become. The officers were determined to maintain their skills by seeking clinical work outside of their job setting. Depending on the office/department for which you work within the OS, officers may be given work time to maintain clinical competency.

U.S. Coast Guard (USCG)

A. Overview

The physical therapists who are assigned to the Coast Guard (USCG) are in clinical billets. However, we included these unique positions because the officers are absorbed into the USCG requiring them to know and follow USCG regulations and military courtesies while treating a unique patient population. Both officers felt privileged to serve with this organization. Position titles of the officers interviewed:

1. Chief, Physical Therapy (CDR James Standish, PT)
2. Chief, Physical Therapy (LCDR Richard Shumway, PT)

B. Potential for New Billets

CDR Standish stated that the USCG tends to contract their medical services such that growth for the USPHS Therapy Category is poor. Contracting HMO services is apparently on the horizon. LCDR Shumway recommended that officers look into the USCG Wellness Program and look for openings for Wellness/Health Promotion Manager positions which are GS-11 level slots.

C. Specific Training and Education Requirements

The USCG looks for a physical therapist with strong orthopedic skills and an advanced clinical masters degree.

D. Impact on Professional Development and Promotion Potential

For the most part, the officers felt that the positions within the USCG positively impacted their careers. LCDR Shumway commented that depending on your supervisor there can be an us (PHS) vs. them (USCG) attitude.

E. Impact on Ability to Return to a Clinically Related Billet

N/A -the USCG billets are clinical.

Summary

The TBED subcommittee interviewed 22 of the 27 officers in non-traditional billets. While we did not achieve 100% participation, several of the officers who did not participate in the interview were in similar billets as other officers who did participate such that we did obtain representation for these positions.

This interview process identified several new non-traditional billets available for therapists in the Bureau of Prisons serving as Health Service Administrators, Quality Improvement Managers, or Infection Control Managers. Officers working in the CDC, CMS, HRSA, IHS, and USCG also identified potential leads for new non-traditional billets for therapists. Many officers who are currently in these positions typically obtained their billet by identifying and applying for a civilian or PHS CO vacancy which interested them and for which they were qualified. As there is not a system in place to expressly hire therapists within most agencies which are not involved in clinical care, a therapist can obtain a new non-traditional billet as long as that officer has the training and experience required of that position. Conversely, the Therapist Category stands to lose non-administrative billets when an officer in one of these billets transfers, retires, or separates from the PHS. Should the TPAC wish to expand the number of officers serving on active duty, a system of tracking these non-traditional billets is required within the category to ensure proactive identification of potential successors and effective communication with agencies that employ therapists.

In regards to professional development and promotion potential, most officers were very positive concerning their overall growth while serving in these non-traditional billets. Some officers voiced concerns that their civilian or Coast Guard supervisors did not adequately understand the PHS CO system. A few officers noted that transfers to other agencies to serve in non-traditional billets prior to an upcoming promotion board resulted in poor outcomes. These feelings were based on obtaining lower agency quartile ratings as compared to their previous performance ratings from other agencies. Overall, these problems do not seem to be different from those officers in traditional therapy billets. One officer mentioned that the promotion board seemed to be unaware of the level of responsibility required by that officer's billet. There were no other reports that promotion boards slighted those officers in non-traditional billets in favor of officers in traditional billets; and on the contrary, most officers felt that taking a non-traditional billet actually helped them in getting promoted.

Junior officers who are interested in non-traditional billets should realize that clinical skills will be lost unless the officer takes an active role in maintaining them by volunteering or working clinically within another agency. Interested officers should be looking on the TPAC web site at www.cc.nih.gov/rm/pt/tpac.htm for additional information about non-traditional billets. This subcommittee's recommendation is to post the billet descriptions of all non-traditional therapy positions on the web site to allow officers to educate themselves as to the work that is being done by our colleagues outside of the clinics.

Any questions regarding this project can be directed to LCDR Eric Payne at 507.287.0674 extension 484 or via email at epayne@bop.gov.

**Attachment A: Therapist Billet Exploration and Development Subcommittee
Therapist Interview Form**

Date of Interview: _____

Therapist Name (include Rank if applicable): _____

Phone Number of Therapist: _____

Position Title: _____

Billet Level/GS level: _____

Agency: _____

If the therapist is in a traditional therapy role, does the therapist know of any non-traditional billets or possible new traditional billets available to therapists at his duty station (obtain POC and phone number):

If the therapist is in a non-traditional role, are there any specific training/education requirements for this billet above the therapist's qualifying degree?

Does the therapist feel this non-traditional billet has had an impact on their overall professional development and promotion potential?

What impact has taking a non-traditional billet had on the therapist ability to return to a traditional therapy role at another duty station?

(Request that a copy of the therapist duty description be emailed or faxed to you):