

To: David Canfield-Budde, Ph.D.
Academic Program Specialist, The Graduate School
Affiliate Assistant Professor, Germanics
University of Washington
G-1 Communications, Box 353770
Seattle, WA 98195

Re: Graduate School Five-Year Review
Doctor of Audiology (Au.D.) Program

Dear Dr. Canfield-Budde;

Members of the Audiology Faculty would like to express their gratitude to the review committee for their time and effort. To best address the committee's recommendations, we have organized our response into three topic areas: 1) Size of faculty, 2) Fee structure and student expenses, and 3) SPHSC clinic revenue and billing procedures:


1) Size of Professorial Faculty - The committee expressed great concern about the low number of Professorial Faculty and how the recent departure of Dr. Pamela Souza furthers the problem. It is the intention of the Dept. Chair to submit a search request, in Spring of 2010, for an Assistant Professor to fill the Souza position. The goal is to recruit a clinician scientist who can contribute to the clinical teaching mission of the SPHSC department in addition to training clinician scientists. It should be mentioned that a recent offer has been extended to Jessica Sullivan Ph.C.; however, this position was a targeted hire that is being funded solely by the department of SPHSC. It does not replace the Arts and Sciences funded line position that was previously filled by Dr. Souza.

2) Fee Structure and Student Expenses – To prevent further financial strain on students, it was recommended that the SPHSC maintain fee structures at current levels (or less). To determine if the current cost to students can be improved, in Autumn of 2010, Audiology faculty will be holding a retreat that includes clinical supervisors from community based clinics. One goal will be to explore ways to alleviate the financial stress to students by negotiating stipends/traineeships from the practice sites in a way that does not restrict access loans or scholarships. A second approach will be to explore possible changes in fee structure with the Professional & Continuing Education (PCE), in coordination with the graduate school. A third approach will be to request out-of-state tuition waivers for incoming first year students.

3) SPHSC Clinic Revenue and Billing Procedures - The review committee noted that the clinic has no mechanism for billing insurances, even though many of the procedures are billable. The clinic also does not appear to have a high profile in the community. For this reason the reviewing committee recommends that the Audiology Clinic investigate potential increased revenue through billing to insurance, perhaps in conjunction with other departments in the College of Arts and Sciences such as Psychology. Another mechanism to achieve this goal is to explore the possibility of incorporating the clinic and contracting with an outside agency to provide billing and data maintenance services; again, this could be combined with other A&S clinical fee-based programs such as those in Psychology.

While it is true that the U.W. Speech and Hearing Clinic is not highly recognizable outside the U.W. community, it is because it is a self sustained training clinic that is not intended to compete with the other existing Audiology clinics within or outside of the U.W. community. To increase the clinic's profile would involve dedicating money to marketing and public relations. Because the clinic is funded through the combination of release and recapture, revenue, and state budgets; using money for marketing purposes would take away from funds used for teaching, equipment, and salaries. This is not a choice we wish to make. With that said, the suggestion of looking to modified billing practices to increase revenue is a good one. The U.W. Speech and Hearing Clinic will continue to explore billing to 3rd party insurance companies for hearing services. The implications to the entire clinic including costs and benefits will be evaluated prior to next steps in this regard. For example, some insurance companies would require 100% supervision of students, which would significantly impact the structure of supervision and therefore clinical supervisor FTE in order to bill (i.e. Medicare). First steps will include contacting other clinical fee-based teaching clinics within the University of Washington, such as Psychology, as well as consulting with similarly structured audiology clinics outside the University of Washington for input regarding success and/or challenges to billing 3rd parties.

Regards,


Kelly Tremblay, Ph.D. CCC-A
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