

IPE SUSTAINABILITY

For the past five decades, Interprofessional Practice and Education (IPE) has been affected negatively by grant-funded projects that are not sustained past the end date. As a result, it can be challenging to build a vibrant IPE program. One problem is that planning for sustainability should accompany program implementation, but in reality it often is addressed after an interprofessional program or initiative is underway or nearing the end of the grant period.

A recording of a webinar that addresses this situation recently became available. Called *Avoiding One and Done: A Practical Model for Sustaining IPE Programs*, it was developed through a partnership between the National Center for Interprofessional Practice and Education and Arizona State University's Gerontological & Interprofessional Initiatives, School of Social Work. The recording can be obtained at

<https://nexusipe.org/informing/resource-center/national-center-webinar-avoiding-one-and-done-practical-model-sustaining>.

WEBINAR INVITATION

The American Interprofessional Health Collaborative (AIHC) webinar committee has issued an "open call for Webinar Presenters" for spring 2018. An opportunity is available to present to a national audience. Submissions will be accepted until **February 28, 2018**. Abstract and presenter information can be submitted at

https://umn.qualtrics.com/SE/?SID=SV_bj6rh6htfs9JD7&Q_JFE=0.

CALL FOR ABSTRACTS

The National Center for Interprofessional Practice and Education is calling for abstracts for peer-reviewed workshops, posters, and Nexus Fair Resource Exchanges. The deadline for submissions is **March 6, 2018**. Complete details on submission format, timing, and criteria, along with a direct link to the online submission form are at

<https://summit.nexusipe.org/sessions/call-for-abstracts>.

IPE COLLABORATIVE

ASAHP is a member of the Interprofessional Education Collaborative (IPEC) Council, a group of 20 organizations representing health professions. Each member has two participants at meetings and the Association is represented by **President Susan Hanrahan** (Arkansas State University) and IPE Chairperson **Anthony Breitbart** (Saint Louis University).

The Council's 2018 Winter Meeting was held on January 24th in Washington DC to discuss the topic of "Planning for IPEC's Future" with a focus on (1) member updates on innovative practices and (2) strategic planning. Featured innovations included: virtual interactive activities to build skills for interprofessional practice; integrative "hotspotting" initiatives that address high-need patients through collaboration; comprehensive multi-center simulation activities; consortia designed to bring together regional partners in industry and academia; and use of a common electronic medical record to enhance interprofessional collaboration across organizations.

Updates were provided regarding existing IPEC programming: (1) Interprofessional Deans Leadership Program (IDL), (2) Webinar Series, (3) U.S. Public Health Service IPE Award, and (4) Research Project Proposals. Member organization representatives also discussed electronic portals featuring resources and "tool-kits" designed to support interprofessional initiatives.

ASAHP's membership on the IPEC Council provides an excellent opportunity to have a voice with peer organizations in conversations intended to improve academic programs and health care systems with the ultimate goal of enhancing the "Triple Aim" of improving access, managing cost, and providing the highest quality of care designed ultimately to optimize health outcomes for all individuals.

ASAHP members are encouraged to stay abreast of IPEC developments at the following site:
<https://www.ipecollaborative.org/>.

2018 ASAHP ELECTION

An election will be held for the following positions in 2018:

- (1) Treasurer (two-year term)
- (2) Board of Directors (three-year term)
- (2) Nominations & Elections Committee (two-year term)

The candidate form is due no later than April 2, 2018.

It can be obtained at

<https://asahp.squarespace.com/elections/>.

The election survey link will be sent to member Deans and Directors on July 16, 2018, and will remain open through August 16, 2018.

PCORI OPPORTUNITIES

This item serves as a reminder that the Patient-Centered Outcomes Research Institute (PCORI) is in the process of accepting applications and nominations for new members for the following panels: Healthcare Delivery and Disparities Research, Patient Engagement, Clinical Trials, and Rare Disease. For anyone who is interested in serving, or would like to nominate someone else to do so, applications and nominations are being accepted until **March 30, 2018**. Details on what each panel is seeking in its members can be found at: https://www.pcori.org/engagement/engage-us/pcoris-advisory-panels/advisory-panel-openings#RequirementsExpectations?utm_source=January+2018+Newsletter&utm_campaign=January+2018+Newsletter&utm_medium=email.

DISTANCE EDUCATION ENROLLMENTS

Distance education enrollments increased for the fourteenth straight year, growing faster than they have for the past several years. From 2002 to 2012, both distance and overall enrollments grew annually, but since 2012 distance growth has continued its steady increase in an environment that saw overall enrollments decline for four straight years while the largest for-profit distance education institutions continue to face serious issues and lose their enrollments.

The number of distance education students grew by 5.6% from Fall 2015 to Fall 2016 to reach 6,359,121 who are taking at least one distance course, representing 31.6% of all students. More information can be obtained at

<http://onlinelearningsurvey.com/reports/gradeincrease.pdf>.

FEDERAL BUDGET

On February 9, the Senate passed the latest continuing resolution (CR) -- Bipartisan Budget Act of 2018 -- by a vote of 71-28. The House of Representatives promptly followed by signifying its approval on a vote of 240-186. That same day, **President Donald Trump** signed it into law.

This legislation extends government funding at current levels through March 23 of this year. The current plan is to use the interim period to negotiate a complete omnibus spending bill to fund the government through September 30, which is the remainder of fiscal year 2018. Significantly, the Bipartisan Budget Act of 2018 raises the budgetary spending caps on defense and domestic spending first imposed in 2011, which will increase federal spending by almost \$300 billion. The budget agreement also suspends the debt ceiling for a year (until March 1, 2019). Some items in the budget agreement are as follows:

- \$7.8 billion is provided to fund Community Health Centers (CHC) fully for two years.
- The six-year funding extension for the Children's Health Insurance Program (CHIP) that Congress passed last month is extended to a full decade of funding for the program.
- Scheduled reductions to Medicaid Disproportionate Share Hospital (DSH) payments will be delayed for two years.
- Medicare therapy caps are permanently repealed.
- The Independent Payment Advisory Board (IPAB) that was created in the Affordable Care Act in 2010 is repealed.
- Budget caps allowing for additional funds for certain health priorities to be executed as a part of omnibus appropriations for FY 2018 and subsequent appropriations in FY 2019 are increased, including a total of \$6 billion (\$3 billion for each of the fiscal years 2018 and 2019) to combat the substance abuse epidemic.
- Budget authority of \$2 billion is given to increase support for the National Institutes of Health (NIH) and additional scientific research for fiscal years 2018 and 2019.