

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

April 2003

President's Message	2
Spending Bills	3
Polysomnography	3
Bylaws Proposed	4
Annual Conference	4
Reinvestment Act	5
Benchmarks Task Force	5
IOM Report	6
Nurse Anesthesia Program	6
Available Resources	7
Members in the News	8
CAAHEP Award	8

IDENTIFYING ALLIED HEALTH TRENDS

Given all the changes occurring in the provision of health care services, a worthwhile venture would be to determine what trends are taking place in allied health education. The development of new technologies and increased utilization of existing technologies associated with changes in morbidity patterns may act as a stimulus for the creation of additional programs in academic institutions that currently do not have them. Conversely, these same factors may lead to a reduction in the number of academic programs in a given profession.

Programs also may be terminated as a result of declining enrollment. In those instances, there is no reduced amount of demand for that kind of health practitioner. Instead, budget deficits at the State level compel elected officials to scour the college and university landscape in search of activities that are expensive to operate and that are underutilized.

Anecdotally, the Association has learned that the following kinds of new programs are springing up in different parts of the United States: diagnostic cardiac sonography, molecular biotechnology in clinical laboratory sciences, radiation therapy, ophthalmic medical technology, therapeutic science, rehabilitation science, clinical research administration, end-of-life care, clinical leadership, allied health sciences, clinical dietetics, health care management, medical coding, audiology, vascular ultrasound, and health care ethics. Additionally, in areas such as occupational therapy and physical therapy, programs are being developed at higher degree levels.

A survey of all ASAHP member institutions would be a good way of cataloguing exactly what is transpiring. The information then could be used in a productive manner. One example would be to show that terminating programs in the face of increased demand for a particular health service or when there already is a workforce shortage could lead to a disaster.

Presently, the Association is working diligently to have an Allied Health Reinvestment Act passed by Congress. The bill provides several different kinds of mechanisms aimed at remedying the problems of declining student enrollments and current personnel shortages. Data that show shrinkage in the number of programs would strengthen the case for having the government intervene in the situation. Otherwise, a bad problem will become worse and patients will end up being the losers.

The ASAHP Board recently approved going ahead with such a survey. It will be directed at member institutions.



VANGUARD OF
ALLIED HEALTH EDUCATION

Trends is the official newsletter of the Association of Schools of Allied Health Professions (Suite 500, 1730 M St. NW, Washington, D.C., 20036, 202-293-4848) Trends is published monthly and available as a service to Association members. Annual subscriptions are available to nonmembers for \$55. For more information and/or subscriptions, contact the editor, Thomas W. Elwood, Dr.PH.



PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



Six months of negotiations were required, but the outcome was a final draft of a bill called the *Allied Health Reinvestment Act*. In the 30 years that I have belonged to this Association, I cannot recall a single instance when so many organizations have worked together cooperatively on a task that has the potential to benefit the allied health professions.

Although nursing has garnered the greatest amount of attention concerning workforce shortages, some allied health professions are facing situations much worse. Across the United States, inadequate staffing levels can be found among cytotechnologists, medical technologists, and radiologic technologists. Compounding the situation is the fact that there has been a serious downtrend in student applications and enrollments among these professions as well as among a great many others. A complicating factor is that faculty shortages exist among many disciplines.

The overall workforce problem is so multifaceted that only a remedy that is comprehensive in nature should be applied. The bill that ASAHP has developed in conjunction with several professional organizations meets the test of offering such an all-embracing approach.

While it may be comforting among the ranks of our members to believe that four-year colleges are capable of finding a solution to workforce shortages, the fact remains that a sizable number of allied health professionals are educated at other levels. Acknowledging that reality by inserting the appropriate legislative language in the bill is one reason why it took so long to reach an agreement by the various groups involved in the drafting stage.

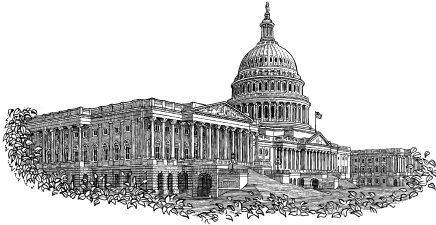
Another aspect worth noting is that the term allied health is employed for use in the title of the legislation. The reasoning behind that choice is two-fold. First, it's a matter of consistency. The legislation that initially was enacted bore the title "The Allied Health Professions Personnel Training Act of 1966." A direct descendant is the Section 755 Allied Health & Other Disciplines Program under Title VII of the Public Health Service Act. Thus, within the federal government, there is a statutory history to the use of the term.

A second reason is that the label "allied health" provides a clear delineation between it and other professions such as medicine, dentistry, nursing, and pharmacy. Any other alternatives such as the terms "health professions" or "health sciences" fail to make this distinction. Just as allied health is a health profession or a health science, so is every other profession encompassed by such terminology.

Now that we have a bill that enjoys the support of many national organizations in education and health care, we are moving aggressively forward to find key sponsors and co-sponsors in both chambers. A supplementary activity will be the mounting of a combined public relations campaign that will be constructed through the many important partnerships that have been formed. Readers of this newsletter will be kept abreast of such developments as they occur.



ACTION ON SPENDING BILLS EXPECTED



sisting of 11 bills was enacted.

Unlike last year, this time around legislators were able to produce a budget resolution for fiscal year 2004, which begins on October 1, 2003. Now that the budget has been agreed upon, appropriators are expected to begin the ever-challenging task of developing 13 different spending bills. The goal is to avoid repeating what occurred last year when it took almost five months after fiscal year 2003 started before an omnibus spending bill con-

Once again, the Administration is stressing that legislators go easy on domestic spending, which accounts for approximately one-third of the overall federal budget. The first step in the process, known as the "302(b)" allocations, is for the appropriations committee in each chamber to distribute \$784.5 billion in total discretionary spending to the 13 subcommittees. Unlike mandatory spending for entitlement programs such as Medicare, legislators have the flexibility to decide how much will be spent on discretionary programs such as health professions education and the allied health grants program under Section 755 of the Public Health Service Act.

Of that amount, the assumption is that \$400.1 billion will be allocated to defense programs and \$384.4 billion to non-defense programs. The latter amount is \$5 billion less than the Congressional Budget Office (CBO) estimates is necessary to maintain current services. Once that task is completed, each subcommittee will begin to markup its bill. If all goes as intended, that work will be performed in May.

Then, the fun begins! As always, it can be expected that many sparks will fly regarding how much to spend on health and education. Oftentimes, major disagreements over how much should be allocated to the various programs in the appropriations bill for the Departments of Labor, Health and Human Services, Education and Other Agencies prove to be the principal reason why it is difficult to enact legislation by the start of a new fiscal year.

Such disputes are foreshadowed by debates that took place when the budget resolution was under development. Typically, one chamber favors amounts for health and education programs that are higher than what the other chamber would accept. The differences are submerged temporarily so that a compromise can be reached over the budget. As soon as it comes time to begin spending, however, advocates of higher spending return to the fray and exert all their influence on behalf of protecting favored programs.

POLYSOMNOGRAPHY WILL HAVE ITS OWN COA

At a meeting held earlier this month in St. Louis, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) recognized polysomnography as a separate health occupation, thereby paving the way to the formation of a Committee on Accreditation (COA) for free-standing polysomnography schools. (Note: Polysomnography is the technique or process of using a polygraph to make a continuous record during sleep of multiple physiological variables such as breathing, heart rate, and muscle activity). Earlier in the meeting, CAAHEP approved an effort initiated by the American Association for Respiratory Care (AARC) to add a CoARC standard allowing RT schools to add a polysomnography component if they so choose. CoARC is the respiratory care accrediting body for educational programs.

CHANGES IN BYLAWS PROPOSED

As the Association evolves, it occasionally becomes necessary to propose changes in the Bylaws. In the past, such amendments were voted upon during the Business Meeting at the Annual Conference. Beginning in 1996, that procedure was changed. Recognizing that not all dues paying members attend the conference and that not all persons who vote may have a complete understanding of the rationale for a Bylaws change, it was decided in that year to switch to a mailed ballot aimed at the entire membership. A written explanation is offered to justify the proposed alterations.

Ballots were mailed in mid-April. The following modifications are proposed:

- Dissolve the Membership Committee as a Standing Committee.
- Authorize the Board of Directors to appoint Task Forces as needed to carry out the business of the Association.
- Add a new article to the Bylaws to reflect the existence of Task Forces.
- Add a new article to the Bylaws to reflect the existence of ASAHP Fellows.
- Remove Article 2.7: "State Chapters" from the Bylaws.

ASAHP Fellows are chosen based on the service that they have provided to the Association over the years. As a group, they have been honored by having a special luncheon for them at the past two Annual Conferences. They also are becoming active as a group in seeking new members and in fund raising. Their work renders it unnecessary to have a Membership Committee.

Task Forces have been appointed for several years, but they are not mentioned in the Bylaws. The proposed change will officially acknowledge their existence and purpose. Finally, ASAHP does not have chapters in the sense that other organizations have them. Although the original intent of the founders of ASAHP may have been for chapters to be created, instead, State associations developed that are separately incorporated. These entities do not need to be included in the Bylaws.

ANNUAL CONFERENCE NEWS

The ASAHP Board of Directors has approved having two special sessions presented at the Association's Annual Conference in Toronto, Canada. A pre-conference symposium entitled, "Effecting Structural Change to Enhance the Culture for Research and Extramural Funding" will be held on the morning of October 22.

The principal goal of this event is to blend the principles from published research regarding organizational change with the experiences of deans from member institutions that are at different stages of effecting such change. Members of the Research Committee are planning the symposium.

Members of the Assistant and Associate Deans' Group (AADG) will conduct a Leadership Development Workshop during the conference itself. More descriptive information will be provided as the planning moves forward. Both the AADG and the Research Committee intend to conduct similar activities at future annual conferences.

ALLIED HEALTH REINVESTMENT ACT

As noted in President David D. Gale's column on page two of this newsletter, it took six months for legislative staff to reach an agreement on the contents of a bill called the *Allied Health Reinvestment Act*. The next step is to have it introduced in both legislative chambers. Worth noting is the fact that Congress has had a lengthy preoccupation with several health matters that remain unresolved. Examples are:

- Medicare Drug Benefit
- Medicare Provider "Giveback"
- Patients' Bill of Rights
- Aid for State Medicaid Programs
- International HIV/AIDS
- Human Cloning
- Generic Drug Access
- Coverage for the Uninsured
- Mental Health Parity
- Human Research Protections

Other distractions also happen such as the war in Iraq and the reconstruction that must occur in the aftermath, along with periodic squabbles over the size of President Bush's proposed tax cut. Obviously, allied health workforce problems are not high on the list right now, but steps are being taken to make this legislation more visible on Capitol Hill. Several national organizations have signed on as supporters and the number that do so is expected to grow significantly. A press conference and other coordinated public relations events will contribute to raising the attention level of elected officials.

BENCHMARKS TASK FORCE COMPLETES REPORT

The ASAHP Board previously approved the formation of a Scholarship and Research Benchmarks Task Force and that group recently submitted its Final Report. Headed by **Kevin J. Lyons** (Thomas Jefferson University), the Task Force approached its assignment by carrying out the following activities:

- Reviewing the literature on faculty productivity in allied health.
- Conducting a series of focus groups with productive allied health researchers.
- Having discussions with other leaders in allied health research.
- Conducting a survey of faculty members to assess current research productivity and identify perceived barriers to doing research.

The Task Force made several recommendations. The Board will discuss the report and decide on next steps to take.

IOM Report On Overhauling Health Professions Education

Doctors, nurses, and other health professionals are not being prepared adequately to provide the highest quality and safest medical care possible, and there is insufficient assessment of their ongoing proficiency, according to a new report from the Institute of Medicine (IOM) of the National Academy of Sciences. The document is part of the IOM series on improving the quality and safety of health care, which includes a 1999 landmark study on reducing the high rate of medical errors.

All programs that educate and train health professionals should adopt five core competencies: the abilities to deliver patient-centered care, work as a member of an interdisciplinary team, engage in evidence-based practice, apply quality improvement approaches, and use information technology. The report calls on accreditation, licensing, and certification organizations to ensure that students and working professionals develop and maintain proficiency in these core areas.

These oversight groups should take the lead in improving health professionals' education because they can implement change at the national and state levels, the report notes. In particular, organizations that accredit health education programs should assess what students know and are able to do in a clinical setting -- not, for example, the number of semester hours they take of a particular subject. And all licensing boards should require doctors, nurses, and other health care workers to demonstrate their clinical skills and understanding of medical advances, rather than allow them simply to take a class and pay a fee to renew their licenses. In addition, all certifying organizations should use rigorous tests to evaluate the ongoing proficiency of health professionals instead of just requiring continuing medical education, which is not a reliable way to measure ongoing competency.

Report cards on the quality of health professions training programs should be issued to give policy-makers and educational leaders a way to assess and compare academic institutions. Also, leaders from different health disciplines should meet at biennial summits to promote reforms in health education and evaluate the progress of these reforms, said the committee that prepared the report, whose own work was informed by more than 150 leaders from medicine, nursing, pharmacy, and allied health who attended an IOM forum in June 2002. Their ideas for how to integrate the core competencies into health professions education are included in the report. The report may be accessed from the World Wide Web at <http://www.nap.edu/books/0309087236/html/>.

VCU HAS BEST NURSE ANESTHESIA PROGRAM

Not even the U.S. military can hold back Virginia Commonwealth University's graduate program in nurse anesthesia, which surpassed both the U.S. Army and Navy Nurse Corps graduate programs to be ranked the best in the nation by the U.S. News & World Report 2004 rankings of "America's Best Graduate Schools." The Nurse Anesthesia Department features the Center for Research in Human Simulation, an interactive laboratory featuring two state-of-the-art patient simulators and audiovisual equipment that enable instructors to create realistic and infinitely variable training scenarios, as well as the ability to record the training sessions for a detailed debriefing afterwards with participants.

Organized in 1969, Nurse Anesthesia at VCU was first in the nation to offer a master's degree in nurse anesthesia about 23 years ago. The department also participates in a unique distance learning doctoral program of study in health related sciences offered through the School of Allied Health Professions.

AVAILABLE RESOURCES

Faculty Shortages

A new publication from the Association of Academic Health Centers (AHC) is entitled, "Faculty Shortages Across the Health Professions: Implications for Teaching and Workforce." The material in the report is based on the Proceedings of the 9th Congress of Health Professions Educators, a meeting that the AHC conducted on June 3-4, 2002 in Washington, DC. Copies of the report may be obtained by contacting the AHC at Tel: 202-265-9600. The price is \$15 per copy plus \$5 shipping and handling.

Bioterrorism

A new report from the General Accounting Office, the Congressional investigative agency, on the inadequacy of the health workforce to respond to bioterrorism attacks can be found on the World Wide Web at <http://www.gao.gov/>. Once at the site, in succession click "GAO Reports," "Today's Reports," "April 8," and "Report No. 1."

AMA Directory

Information on 6,500 educational programs in 61 professions is available in the *Health Professions and Education Directory 2003-2004 31st Edition* from the AMA Press at the non-member price of \$65 per copy. For more details, call Tel: 800-621-8335.

From art therapist and audiologist to respiratory therapist and surgical technologist, learn about each profession's work environment, general occupational responsibilities, average salaries, and job outlook. The book features statistics and data trends in health professions education and program enrollments, graduates, and attrition by gender.

CDC Has New Website For Minority Health

The Centers for Disease Control and Prevention (CDC) Office of Minority Health (OMH) has developed a new website. The initiative is part of the agency's efforts to address racial and ethnic health disparities. Information is available in the form of population data and epidemiological data about various racial and ethnic

MEMBERS IN THE NEWS

John Snyder has accepted a position at The Ohio State University as dean of the regional campus at Lima. The appointment becomes effective on July 1 of this year. He currently serves as Dean of the School of Allied Health Professions at the Louisiana State University Medical Center.

The Chancellor has selected **James Cairo**, Head of the Department of Cardiopulmonary Sciences and Assistant Dean for Educational Technology in the School, to serve as Acting Dean effective July 1. A national search will be conducted to identify the next permanent dean of the School.

John Bonaguro will be the founding Dean of the College of Health and Human Services at Western Kentucky University in Bowling Green effective July 14, 2003. He currently serves as Associate Dean at Ithaca College.

ASAHP PAST-PRESIDENT JOHN TRUFANT RECEIVES CAAHEP AWARD

ASAHP Past President (1998-2000) John E. Trufant, Dean of the College of Health Sciences and Vice President of Academic Resources at Rush University of Rush-Presbyterian-St. Luke's Medical Center, was presented the *2003 Outstanding Service Award* of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) earlier this month in St. Louis. Larry Leverenz made the presentation.

In his remarks, Leverenz stated that Trufant had been involved with CAAHEP before there was a CAAHEP (a predecessor agency was the Committee on Allied Health Education Accreditation). "Through those sometimes difficult transition years, he was always a voice of reason and an advocate for keeping the focus on quality. He served on the CAAHEP Transition Steering Committee and was elected to the first CAAHEP Executive Board in 1994, serving as Treasurer. He also served as Vice President of the Executive Board."



Among his many contributions, he is credited with inspiring his colleagues to work toward a shared vision, i.e., that CAAHEP could, in fact, become a "world class accrediting agency." Through it all, he modeled the way, always adhering to the highest of ethical standards and never criticizing or belittling others.

John Trufant (center) is congratulated by ASAHP members David Gibson (UMDNJ) and Sandra Flemming (El Centro College)