

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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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.

TORONTO REMAINS CONFERENCE SITE

The Association's Board of Directors conducted a special conference call on June 16 to decide if the upcoming Annual Conference should be held in Toronto as originally planned when the site was selected two years ago. Any individual who pays even the slightest bit of attention to the news media realizes that a condition known as SARS (severe acute respiratory syndrome) has appeared in that city as well as throughout the Far East. Include Human Monkeypox, West Nile Fever, and Lyme Disease in the media mix and it is not too difficult to see why many individuals are on edge these days.

Not too surprisingly, other national organizations here in the United States have had similar discussions about the advisability of holding annual conferences in Toronto. During the week of June 16, leaders of the American Library Association carried out their intention of being in that city. Although there was some attrition in the form of cancellations, approximately 10,000 librarians from the United States, along with about 8,000 of their Canadian colleagues attended the meeting. A similar decision was made at the American Psychological Association. That group will be in Toronto in August.

The Centers for Disease Control and Prevention (CDC) has issued two types of notices to travelers: advisories and alerts. A travel advisory recommends that nonessential travel be deferred. A travel alert does not advise against travel, but informs travelers of a health concern and provides advice about specific precautions. As of this month, the CDC has used travel alerts regarding Toronto, recommending that U.S. travelers observe precautions to safeguard their health. Visitors were advised to avoid settings where SARS is most likely to be transmitted such as health-care facilities caring for SARS patients or reporting nosocomial transmissions of SARS.

Consistent with the ASAHP Strategic Plan, which emphasizes the importance of establishing collaborative ties, the site was selected as a means of strengthening relations with colleagues in Canada. For the past several years, Association Presidents have met in different cities in that country with members of the Canadian Association of Allied Health Programs (CAAHP). Those gatherings have highlighted the commonality of interests between the two nations on topics such as accreditation, declining enrollments, degree creep, shortages of clinical sites, workforce shortages, the difficulty in finding qualified faculty, and distance learning.

Participants at the Annual Conference from the United States and Canada will be able to exchange views on how best to deal with such matters. Providing that opportunity is what the Board had in mind when the decision initially was made to go to Toronto. Moreover, it is a beautiful city and has much to offer in the way of attractions to visitors, in addition to the exciting program being planned.

PRESIDENT'S MESSAGE

By David D. Gale, ASAHP President



Recently, the members of the Association's Executive Committee participated in a conference call with the Presidents of the College of Health Deans Group along with the Northeast, Midwest, Southern, and Western Deans Groups. The discussion centered around the following questions:

- Can ASAHP assist in any way to help the deans groups achieve their respective goals?
- Does the relationship between the deans groups and ASAHP need to be improved in any way, and if so, how?
- Do the deans groups want to establish any formal ties to ASAHP, and if so, in what way?

Thus far, the relationship between the Association and the different groups has been quite informal. Currently, our 10-member Board of Directors consists of individuals from four of the five deans groups. To some extent, this dual representation makes it possible for certain matters of concern to the deans to be brought to our attention. These groups also usually meet during our Annual Conference and Winter Meeting, which leads to additional opportunities to learn what one another is doing.

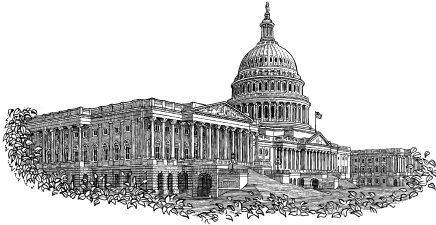
Nevertheless, we agreed that all would be better served by enhancing the amount of communication that occurs between us. One way of doing that will be for the presidents of the deans groups to meet with the Executive Committee during the Annual Conference each year as a means of exchanging views. Conducting additional conference calls during the year as circumstances arise suggests another useful possibility. By increasing the amount of cooperation around common issues such as seeking federal support for allied health, we would be strengthening our efforts for what we all hope to achieve.

The deans groups have the capability of serving as a valuable set of eyes and ears for the Association. Noteworthy events that they report can be transmitted to a larger audience through this newsletter and the biweekly ASAHP UPDATE. A good example would be when a new dean takes over the position at a member institution. Oftentimes, ASAHP does not learn of the change for a considerable period of time. During the interim, if that individual is from another profession such as pharmacy and knows little about allied health or this Association, there is a risk that membership will be discontinued. Our having advance knowledge of newcomers makes it easier for us to take steps to prevent that event from occurring.

During the conference call, we asked the presidents of the deans groups to promote the upcoming Annual Conference in Toronto. Having evaluated the evidence surrounding SARS in that city, the Board unanimously agreed recently to carry out our original plan to hold the meeting in that city, a decision that Boards of other major national organizations also made earlier this month. The conference is shaping up to be the best one we'll have had in many years and we want all our members to be there. Please join us then!



ACCELERATED PACE ON CAPITOL HILL



As June winds down, President Bush is applying pressure on Congress to pass a Medicare drug bill before legislators depart Capitol Hill during the week of the 4th of July. Typically, proposals to expand the Medicare benefit package have been the sole province of Democrats, but Republicans have worked diligently to make the issue their own. The difference is that the GOP wants to link such expansion to increased privatization of the program. Therein lies the heart of the dispute.

Republicans would love to go into next year's election with the ability to tout that they were instrumental in providing a drug benefit for the aged. Democrats would be equally happy to have no legislation whatsoever and use the omission as a club to beat over the heads of their opponents. After all, now that the Republicans have what they want, control over both ends of Pennsylvania Avenue, why weren't they able to use that power effectively to help the nation's seniors who must struggle financially to pay the costs of needed medications? Simply to enrich the Congressional broth, include the fact that the proposed legislation may end up causing some of the beneficiaries to be worse off than if there is no bill enacted and a time honored recipe for guaranteeing lively battles on Capitol Hill is produced.

Apart from Medicare, there always is the annual spectacle associated with appropriating funds to keep the government functioning. Every year tends to begin with an assurance from leaders of the party in control of each chamber that the process will be as smooth as it is timely. Unfortunately, just about every year, events unfold in the opposite direction. Rarely are all appropriations bills signed into law by the start of a new fiscal year on October 1. Partisan differences over how much to spend on domestic programs also ensures that much acrimony will be on display right up to the bitter end when some spending measures that are hundreds of pages in length will be agreed upon in the dead of night.

As of June 19, the House Appropriations Subcommittee for Labor, Health & Human Services, Education and Related Agencies, marked up its legislation, the so-called Labor-HHS bill. The Bush Administration is requesting only \$109,114,000 for the various health professions education programs (\$98,214,000 of the amount would be for nursing) in its FY 2004 budget. The current fiscal year funding level for all these programs is \$421,203,000. The House arrived at a figure of \$391,203,000. The Section 755 Allied Health & Other Disciplines Grant Program would remain at \$11,922,000 according to the House markup.



MEMBERS IN THE NEWS

J. Chris Bradberry (Pharm.D) has been named dean of the School of Pharmacy and Health Professions at Creighton University Medical Center, effective August 1. He replaces Sidney J. Stohs who is stepping down this July, after serving as dean for more than 10 years. Bradberry comes from the University of Tennessee Health Science Center in Memphis.

ASAHP RESPONDS TO CMS PROPOSED CHANGES FOR GME

The May 19 edition of the *Federal Register* contains a 270-page proposal to revise the Medicare hospital inpatient prospective payment systems, including payments to hospitals for the direct and indirect costs of graduate medical education. In a preamble of this proposed rule, officials at the Centers for Medicare & Medicaid Services (CMS) want to clarify further the distinction between continuing education, which is not eligible for pass-through payment, and approved educational programs, which are eligible for pass-through payment. An approved program that qualifies for pass-through payment is generally a program of long duration designed to develop trained practitioners in a nursing or allied health discipline.

CMS officials propose to clarify policy concerning not allowing pass-through payment for continuing education because it has come to their attention that certain programs, which in their view constitute continuing education such as pharmacy or clinical pastoral education, are inappropriately receiving pass-through payment. To the extent that Medicare would no longer pay for such programs, Medicare payments would be reduced.

ASAHP responded to the proposal by sending a letter on June 23 to Thomas Scully, CMS Administrator. Regarding clinical pastoral education, the letter states that the proposal does not take into account the views of nationally recognized professional organizations such as the Association for Clinical Pastoral Education, Inc. (ACPE, Inc.) and the Association of Professional Chaplains (APC). Similarly, it does not reflect communication with the Department of Education nor reference to Provider Reimbursement Review Board (PRRB) rulings currently in effect regarding ACPE, Inc.'s standing as a CMS approved allied health education program.

ACPE, Inc. is a Department of Education accredited, post-graduate, clinical education and training program designed and implemented to train qualified individuals to become certified healthcare Chaplains. Becoming a Board Certified Chaplain follows an educational/training process parallel to what is necessary for licensure and/or certification in other approved allied health specialties. Persons desiring to become certified healthcare Chaplains must earn an accredited 4-year University degree, a 3–5 year Masters of Divinity, and CPE intern and residency training, with the CPE training consisting of a minimum 1600 supervised clinical hours.

ACPE training is clearly specialized training and does not resemble “continuing education” as defined by the Proposed Rule. Such training is a prerequisite for professional certification, skill competency, and job placement. Programs of CPE have long been recognized for their “added value” to the provision of skilled patient care.

More recently, the role of qualified chaplains has a demonstrated impact on other federal priorities such as coordinated efforts with local organ procurement organizations toward increasing donation rates. Eliminating CPE pass-through would quickly reduce the number of training sites and drastically reduce the present shortage of ACPE Supervisors and Board Certified Chaplains.

Consequently, ASAHP urged the CMS to correct the erroneous opinion represented in the Proposed Rule regarding clinical pastoral education by eliminating the words “clinical pastoral education” from the Proposed Rule Change altogether. Any TRENDS reader who wishes to comment on the proposal is referred to the following on the Web: <http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-11966.pdf>. The deadline for doing so is 5:00 PM (EDST) on July 18, 2003.

NATIONAL SOCIETY OF GENETIC COUNSELORS JOINS ASAHP

The National Society of Genetic Counselors (NSGC) recently joined the Association of Schools of Allied Health Professions. NSGC represents the more than 2000 full, associate, and student members who are part of the one of the most exciting allied health care professions of the 21st century.

Genetic counselors are health professionals with specialized graduate training, including expertise in the areas of clinical genetics and counseling. They enter the field from a variety of disciplines, including biology, genetics, nursing, psychology, public health and social work.

Genetic counselors work as members of a health care team, providing information and support to families who have members with birth defects or genetic disorders and individuals who may be at risk for a variety of inherited conditions. They identify families at risk, provide information about specific conditions that are present in the extended family, analyze inheritance patterns and risks of recurrence, and review the available options.

Genetic counselors provide supportive counseling to families, serve as patient advocates, and refer individuals to community or state support services. They serve as educators and resource persons for other health care professionals and for the general public. Many genetic counselors are engaged in research related to the fields of medical genetics and genetic counseling.

Genetic counselors work in a variety of clinical settings, including prenatal, pediatrics, cancer, and adult medical clinics. Some genetic counseling visits require only one visit while others are more complex and require several visits over a period of time. Genetic counselors often work as part of an interdisciplinary health care team with a wide variety of allied health care providers.

A typical genetic counseling session begins with contracting (gaining a full understanding from the client and his/her family about their expectations of the genetic counseling appointment). Once this is established, a pedigree (detailed family history) is obtained. The pedigree assists the genetic counselor in assessing and providing risk information. Genetic counselors have the responsibility to explain complicated medical information about rare and sometimes complex conditions. They “translate” this information into lay language using words that are appropriate to the client’s education and experience so the client can make informed health care and reproductive decisions.

The Executive Director is **Bea Leopold** and the organization is based in Wallingford, PA. Additional information may be found on the Web at <http://www.nsgc.org>.

ASAHP WILL CONDUCT SURVEY OF PROGRAMS

The Association will conduct a survey to determine what new programs have been developed at member institutions as well as find out what kinds of offerings have been terminated. Both types of information should prove helpful in identifying emerging trends that may involve either the development of new technologies which result in the creation of new professions or low enrollments that cause programs to be eliminated.

NEWS FROM CAAHEP

By David Gibson and Lindsay Rettie

ASAHP holds five Commissioner seats on the Commission on Accreditation of Allied Health Programs (CAAHEP), which is the accrediting entity for 18 distinct allied health professions. Each spring, approximately 80 Commissioners attend an annual meeting which includes a business meeting and educational sessions. The theme of this year's conference, held in St. Louis on April 11-12, was "Celebrating Teamwork"

The Commissioners represent five categories of membership: 1) sponsoring organizations, i.e., professional associations, 2) committees on accreditation, e.g., Committee on Accreditation for Respiratory Care, 3) educational program sponsors, i.e., ASAHP, 4) representatives of the public, and 5) associate members. All five of ASAHP's Commissioners attended the St. Louis meeting. They are **David Gale, David Gibson, Marilyn Harrington, John Trufant, and Lindsay Rettie**. The CAAHEP Board of Directors meets before the Annual Meeting and grants accreditation based on the recommendations presented by the committees on accreditation (CoAs). ASAHP's two members on the Board are **David Gibson and Lindsay Rettie**.

The Keynote address was delivered by Edward O'Neil, Director of the Center for Health Professions at the University of California at San Francisco. His remarks can be found on the web site futurehealth@usf.edu. **Karen L. Miller**, Dean of the Schools of Allied Health and Nursing at the University of Kansas addressed the topic "In Our Hands: How Hospital Leaders Can Build a Thriving Workforce," highlighting the Report by the American Hospital Association's Commission on Workforce for Hospitals and Health Systems. Excerpts of the report can be found on the Web at www.aha.org. **Michael Dill and Courtney Brown** (Center for Workforce Studies at the University of Albany, SUNY) presented "An Invitation to Participate in a Study of the Allied Health Workforce" and "The Labor Markets for Health Professional: Pressure Points, Historical Trends and Policy Responses". For information either about or how to contribute data to their research, go to <http://chwsalbany.edu>.

Proposed Bylaws changes were voted on and accepted by the Commission. Also, a new entity, the Committee on Accreditation for Polysomnographic Technology was accepted. Two professional groups were recognized as eligible for membership in CAAHEP: Health and Fitness Specialist and Clinical Exercise Specialist. At the Awards Banquet, ASAHP President **John E. Trufant** was presented with the 2003 CAAHEP Exceptional Service Award (see April issue of TRENDS for full story). For additional information about CAAHEP, either contact any of the CAAHEP Commissioners from ASAHP or go to <http://www.caahep.org> on the Web.



NEWS FROM THE COLLEGES

ASAHP Secretary **Christopher E. Bork** reported that his institution, the School of Allied Health at the Medical College of Ohio at Toledo, will begin a one-year graduate certificate program in September to train nurses and other individuals who staff organ procurement agencies. The offering will be the first such training program in the United States.

JOURNAL OF ALLIED HEALTH

ASAHP members and other subscribers such as libraries at academic institutions who have not registered for the online version of the *Journal of Allied Health* are requested to do so. A feature of making this periodical available electronically is that it is possible to determine which articles are being accessed by readers. That information, in turn, is made available to librarians.

If journal usage is considered to be low, then one interpretation is that the publication is of little interest to the academic community. At a time of budget tightening, this assessment could result in a decision to cancel a subscription. Gaining access to the online version is easy. For directions on how to do so, click <http://gessler.ingentaselect.com/cgi-bin/indivact.pl?issn=0090-7421>.

Ingenta is the name of the firm that places the Journal online. In April 2003, 227 new libraries and institutions around the world registered with that company, bringing the total number of registered institutions to 14,498. In addition, 6,649 individuals registered, bringing the total number of individual global registrations to nearly one million. Moreover, 1,816,379 documents were downloaded, while 4,582,263 user sessions were recorded on Ingenta websites. All these browsers are potential visitors to ASAHP's Journal. Even so, all Journal subscribers should have online access since that is a most important constituency being targeted.



SECRETARY'S AWARD

Final selections made at the Department of Health & Human Services (DHHS) for the Secretary's Award for Innovations in Health Promotion 2003 are as follows: Single Discipline: 1st Place - Vijay Bhandari (Medicine); 2nd Place - Ashish Sahasrabldhe (Dentistry); 3rd Place - Anita Chandra (Public Health). Interdiscipline Papers: 1st Place - Michelle Gorea (Veterinary Medicine & Medicine); 2nd Place - Nicholas Mohr (Dentistry, Medicine, Nursing, Public Health & Pharmacy); 3rd Place - Brian Johnson (Medicine, Nursing, Pharmacy, Public Health & Social Work).

Students from ASAHP member institutions submitted entries in the competition. Two items made it through the second stage of the review process where they were compared to proposals from other kinds of professional schools belonging to organizations in the Federation of Associations of Schools of the Health Professions (FASHP). Based on that assessment, they were forwarded to the DHHS where the final determinations were made. The papers were as follows:

Single Paper - Katie Marquardt of Rush University of Rush-Presbyterian-St. Luke's Medical Center for a project entitled "A Mother- Daughter Intervention for Urban African American Women with Type 2 Diabetes."

Interdisciplinary Paper - Jeremy Wade Chance of the University of Texas Health Science Center in Houston for a project entitled "Student Medisend-Houston Program: Innovative Way to Improve Access of Healthcare by Utilizing Surplus."

ALLIED HEALTH FUNDING

Section 755 under Title VII of the Public Health Service Act, the Allied Health & Other Disciplines Program, has been successful in having a constructive impact on several objectives deemed important by Congress. Innovative projects are funded each year that result in increases in: the number of professionals with geriatric training, the number who will go to work in underserved areas, and the number of underrepresented minorities. In addition, special initiatives are funded through contracts that have been of direct benefit to many ASAHP members such as leadership development.

Listed below are members of the appropriations subcommittee in each chamber. Please let them hear from you. If your institution has been funded under this program, state the benefits of the project(s) undertaken. The program has been highly successful in achieving the aims specified in the authorizing legislation. For fiscal year 2004, request that \$21,000,000 be appropriated for the Section 755 Allied Health and Other Disciplines Program, an amount deemed necessary for proposals approved through the peer review process. Since letters sent by regular mail are delayed as a result of screening measures, correspondence should be sent by FAX.

House Labor-HHS Appropriations Sub-Committee

Republicans	Room	FAX Number
Ralph Regula		
Chairperson	2306 R	225-3059
Ernest J. Istook (OK)	2404 R	226-1463
Roger F. Wicker (MS)	2455 R	225-3549
Anne Meagher Northup (KY)	1004 L	225-5776
Randy "Duke" Cunningham	2350 R	225-2558
Kay Granger (TX)	435 C	225-5683
John Peterson (PA)	123 C	225-5796
Don Sherwood (PA)	1223 L	225-9594
Dave Weldon (FL)	2347 R	225-3516
Michael K. Simpson (ID)	1339 L	225-8216

Democrats	Room	
David Obey (WI)		
Ranking Minority Member	2314 R	225-3240
Steny H. Hoyer (MD)	1705 L	225-4300
Nancy Pelosi (CA)	2371 R	225-8259
Nita M. Lowey (NY)	2329 R	225-0546
Rosa DeLauro (CT)	2262 R	225-4890
Jesse Jackson (IL)	2419 R	225-0899
Patrick Kennedy (RI)	407 C	225-3290

C-refers to the Cannon House Office Building.

R-is the Rayburn House Office Building.

L-is the Longworth House Office Building. The Zip Code for these buildings in Washington DC is 20515.

FAX numbers are preceded by Area Code 202.

Senate Labor-HHS Appropriations Sub-Committee

Republicans	Room	FAX Number
Arlen Specter (PA) Chairperson	711 H	228-1229
Thad Cochran (MS)	326 R	224-9450
Judd Gregg (NH)	393 R	224-4952
Larry E. Craig (ID)	520 H	228-1067
Kay Bailey Hutchison (TX)	284 R	224-0776
Ted Stevens (AK)	522 H	224-2354
Mike DeWine (OH)	140 R	224-6519

Democrats	Room	
Tom Harkin (IA) Ranking Minority Member	731 H	224-9369
Ernest F. Hollings (SC)	125 R	224-4293
Daniel K. Inouye (HI)	722 H	---
Harry Reid (NV)	528 H	224-7327
Herb Kohl (WI)	330 H	224-9787
Patty Murray (WA)	173 R	224-0238
Mary Landrieu (LA)	724 H	224-9735
Robert C. Byrd (WV)	311H	228-0002

D-refers to the Dirksen Senate Office Building.

H-is the Hart Senate Office Building. R-is the Russell Senate Office Building. The Zip Code for these buildings in Washington DC is 20510. FAX numbers are preceded by Area Code 202.

BYLAWS CHANGES APPROVED

As the Association evolves, it occasionally becomes necessary to propose changes in the Bylaws. Since 1996, mail ballots have been used to make such determinations. Ballots mailed to all members in mid-April produced the following results:

Dissolve the Membership Committee as a Standing Committee. (1,211 in favor; 107 opposed).

Authorize the Board of Directors to appoint Task Forces as needed to carry out the business of the Association. (1,338 in favor; 20 opposed)

Add a new article to the Bylaws to reflect the existence of Task Forces. (1,298 in favor; 60 opposed)

Add a new article to the Bylaws to reflect the existence of ASAHP Fellows. (1,316 in favor; 22 opposed)

Remove Article 2.7: "State Chapters" from the Bylaws. (1,272 in favor; 45 opposed)

The changes were incorporated into the Bylaws on June 6, 2003. They appear in the Membership and Resource Directory, which can be found on the Web at <http://www.asahp.org> in the section "Members Only" on the home page.

AVAILABLE RESOURCES

Primary Care

"Big Doctoring in America: Profiles in Primary Care" by Fitzhugh Mullan was published in the Fall of 2002. The book tells the story of 15 primary care practitioners from all walks of American health care life and includes a wrap around essay about the past and future of primary care. A précis of the publication and photos are on the Web at <http://bigdoctoring.com>.

Curriculum Planning Guide Available

"Advancing the Healthy People 2010 Objectives Through Community-Based Education: A Curriculum Planning Guide" is an essential resource for teaching health promotion and disease prevention at all levels of health professional education. The 250-page guide centers around eight planning units that are supported by background readings, case studies, worksheets, handouts, resources, and reflection questions. Made available by the Community-Campus Partnerships for Health (CCPH), the cost per copy is \$45 for CCPH Members, including shipping and handling and \$60 for Nonmembers, including shipping and handling (Add \$5 for international orders). Please make checks payable to CCPH c/o UCSF and send to CCPH, 3333 California Street, Suite 410, San Francisco, CA 94118. For more information, send an e-mail message to ccph@itsa.ucsf.edu.

Status And Trends In The Education Of Hispanics

A report entitled *Status and Trends in the Education of Hispanics* examines the current condition and recent trends in the educational status of Hispanics in the United States. It draws on the many statistics published by the National Center for Education Statistics (NCES) in a variety of reports and synthesizes these data in one compact volume. The document may be accessed on the Web at <http://nces.ed.gov/pubs2003/hispanics/>.

Forecast On Use Of Therapies

Demand for both major medical imaging and medical therapies--including physical, radiation, and chemotherapies--is expected to grow faster than for other ambulatory services, according to a five-year forecast from Solucient, the leading provider of strategic health care intelligence and benchmark information. For more information, go to <http://www.solucient.com> on the Web.

Tracking Health Care Costs

Health care spending per privately insured American jumped 9.6 percent in 2002, growing nearly four times faster than the overall U.S. economy, according to a study by The Center for Studying Health System Change (HSC). The article is on the Web at http://www.healthaffairs.org/WebExclusives/Strunk_Web_Excl_061103.htm.

Lessons For Medicare Reform

A new policy brief from The Commonwealth Foundation is entitled, *Lessons From Medicare-Plus-Choice For Medicare Reform*. The brief may be accessed by clicking http://www.cmwf.org/programs/medfutur/dallek_mlessonsforreform_pb_658.pdf.
