

TRENDS

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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SURVEY RESULTS SHOW NEED FOR FEDERAL ASSISTANCE ON HEALTH WORKFORCE ISSUES

In the survey conducted during the period September-November 2004 for the 2004-2005 class starting in Fall 2004, the results from 90 academic institutions belonging to ASAHP indicate that in 16 of the 20 professions studied, available classroom seats were not filled. For example, only 33% of enrollment capacity was reached for health information management programs in these schools. Given the emphasis on increasing the use of information technology in health care such as conversion to electronic patient records, that figure is disturbingly low.

Similarly, enrollment levels were not optimal in the following professions: rehabilitation counseling (44%), emergency medical sciences (66%), cytotechnology (69%), medical technology (77%), and speech-language pathology/audiology (74%). Severe workforce shortages already exist in the two laboratory professions and emergency medical personnel will play a key role as first responders in dealing with any bioterrorism incident that might occur.

These data reflect the fact that some programs in certain professions are not attracting enough applicants. In other situations, there may be enough applicants, but vacant seats still are going unfilled. One reason may be that some applicants are not being admitted because they are unable to meet established criteria such as having a strong background in the sciences.

Some institutions may have been in the position of filling all the available seats, but it was found necessary to reject qualified applicants because of a lack of space. Situations of this nature are addressed in proposed legislation in the form of the *Allied Health Reinvestment Act*.

Bills were introduced in both chambers of Congress in 2004 during the 108th Session. A bill, H.R. 215, was reintroduced in the House in January. S. 473, the Senate version was introduced on February 28.

Assuming that all members are present and voting, it will take 51 votes in the Senate and 218 votes in the House for such legislation to pass. Last year, there were 51 Senate cosponsors and 244 House cosponsors of legislation to repeal the Medicare outpatient rehabilitation therapy caps. Yet, the companion bills failed to pass. Other instances abound of bills that attract co-sponsorship, but are not passed. Thus, the allied health community has a big job ahead of itself. A concerted effort is needed to attract a sufficient number of cosponsors and then be able to have bills move through the committee process to obtain a floor vote.

PRESIDENTS' MESSAGE

By David D. Gale, ASAHP President



I suspect that I am similar to past presidents of this organization as well as to leaders of other Associations over the years in occasionally wondering what my legacy will be as a result of having served in this position. The thought looms even larger in certain respects because I will be one of only two persons who will have served for a total of three years. **Thomas Robinson** (1991-1994) from the University of Kentucky also was called upon to complete the unused one-year portion of another colleague's term. So, in a sense it's fair to assume that the longer one is at the helm, the end product should bear some qualitative resemblance to the length of tenure in office.

Tom's reign occurred at a momentous period in the history of the Association. The Board decided to forego ASAHP's continued existence under the direction of a professional management company by moving to free-standing, independent status. What could have been a gut wrenching exercise was navigated by him in the smoothest possible way. A great many of the constructive deeds that have occurred since that event 11 years ago can be traced to that occurrence.

For my own part, I can look back with considerable enthusiasm on activities that have transpired since I became President in 2002. Thanks to the efforts of a hard working, dedicated Board of Directors and many highly inspired individual members, some exciting things have occurred on my watch. Perhaps because the upcoming Spring Meeting is just around the corner, what we are doing in the areas of legislation and accreditation come to mind most readily.

During my 30-plus years in allied health and in this organization, I'll have to admit that I never thought that I would see the day when I would sit at a meeting in July 2002 with the Presidents and CEOs of the largest professional associations in allied health to discuss a common legislative agenda. Given the fact that many of these groups abhor the rubric *allied health* because it's too broad and vague in a way that detracts from their individual essences, I continue to be somewhat in awe over two conclusions reached at that meeting. First, they all agreed that proposed legislation should be called an Allied Health Reinvestment Act. What came as even more of a surprise is that they agreed that ASAHP should play the lead role in orchestrating a combined effort by these many groups.

That degree of camaraderie has opened the door for a whole new set of initiatives to occur. Since then, there have been two highly constructive meetings with the accreditation leaders of these various organizations to discuss how the accreditation process might be improved. Additional meetings are on the horizon. Connected to that prospect will be an effort to develop an ASAHP position paper that in effect will represent a "View From The Academy Regarding Accreditation."

Next on the agenda is a continued movement to enhance the research capabilities and productivity of faculty in our member institutions. It's hardly a new concern and a major effort in that direction can be traced to efforts by ASAHP President **David Broski** (1991) of the University of Illinois at Chicago. The difference between then and now is that past attempts were tried on a solo basis without the benefit of collaborating partners from the major professional associations. The solitariness of those days is behind us as we venture forth in pursuit of new endeavors with our highly capable partners. Thus, from my perspective, there is satisfaction in looking in the rear view mirror as well as to the great potential that lies ahead.

ADVANCING ALLIED HEALTH LEGISLATION



The upcoming month of March will provide an opportunity for a series of coordinated actions to occur as a means of advancing an Allied Health Reinvestment Act on Capitol Hill. Chief among these activities is the Spring Meeting on March 17 when ASAHP members visit congressional offices to seek bill co-sponsors for the proposed legislation.

Complementing the Association's presence on the Hill will be visits by delegations from several organizations that are partners in the coalition that ASAHP formed. For example, members of the American Society for Clinical Laboratory Science will visit many of the same offices on March 22. The fact that ASAHP will not have members from all 50 states in attendance at the Spring Meeting heightens the importance of working with these other Associations. If done properly, over the course of the next few months there will be visits to senators and representatives from every state.

The coalition presently consists of more than 30 different entities, including the American Hospital Association. ASAHP will host a planning meeting of legislative staff from the various organizations on March 10. The purpose is to discuss how to maximize the effort of calling attention to allied health workforce problems and generating interest in having legislators support the Allied Health Reinvestment Act. Unlike nursing, allied health workforce problems are not as visible in the public domain. One of the many important tasks to be completed is to create a much greater public awareness of the extent of the health care delivery problems that will arise because of allied health practitioner shortages.

2005– 2006 ASSOCIATION CALENDAR OF EVENTS

March 4, 2005- Secretary's Award entries submitted to ASAHP.

March 12-14, 2005 - Career Fair for Allied Health & Nursing Students - Orlando, FL.

March 17-19, 2005- Spring Meeting- Washington Court Hotel, Washington, DC.

April 20-23, 2005- Coalition of Allied Health Leadership Program- Washington, DC.

May 15, 2005- Deadline for Scholarship of Excellence applications.

June 2005- Secretary's Award winners announced.

September 27-October 1, 2005- Coalition of Allied Health Leadership Program- Washington, DC.

October 2005- Scholarship of Excellence winners announced.

October 19-22, 2005- Annual Conference- The Intercontinental Houston, Houston, TX.

October 18-21, 2006 - Annual Conference- Millennium Knickerbocker, Chicago, IL.

2005 ASAHP SPRING MEETING

The Association's Spring Meeting will take place on March 17-19 at the Washington Court Hotel in Washington, DC. A principal focus will be on government relations with the intent of having Congress pass an *Allied Health Reinvestment Act*. Another major segment of the program will deal with the topic of accreditation.

CONTINUING EDUCATION ACCREDITING DIVISION PROPOSED

An item on the agenda for the upcoming Board of Directors meeting on March 15-16 in Washington, DC is the creation of an Association continuing education accrediting division. Such an entity, if established, would serve as a national standard of accreditation for continuing education in the allied health professions. The primary purpose would be to provide voluntary professional assessment on the quality of continuing education offered through a peer review system based on criteria and designated standards for continuing education in allied health.

The proposal outlines the identified need for continuing education as well as the financial burden and barriers associated with continuing education offerings through schools of allied health. As accountability to State regulatory boards and professional associations increases, practitioners must have quality continuing education to preserve competence, acquire new knowledge to improve quality of care for patients, and fulfill mandatory licensing/certification requirements. Practicing professionals rely on their alma mater and other institutions of higher education to serve as their life long learning partner.

Unfortunately, many institutions are unable to meet the continuing education needs of alumni and other healthcare professionals. Unlike nursing and medicine, providers of continuing education for allied health professions must apply to a multitude of professional organizations to become a recognized provider. Each professional organization has distinct criteria and designated standards for continuing education within their respective areas. Becoming a recognized provider involves significant financial commitment with no guaranteed cost recuperation.

ASAHP member institutions tend to have academic programs representing a great many disciplines. Initial application costs of multiple professional accrediting organizations, coupled with additional annual fees, make it necessary for schools to be highly selective in program offerings due to the overwhelming financial burden. Presently, continuing education is directed toward activities with minimal risk and positive yield. Under the current structure of accreditation, institutions are forced to make decisions based on budgetary limitations and financial risk rather than mission.

Schools of allied health are better matched to offer interdisciplinary continuing education. They remain at the forefront of new knowledge, best standards, and cutting edge discoveries. Responsible for training the future workforce, the mission of these institutions extends beyond a specific profession. Meeting the interdisciplinary needs of practicing professionals and the US health care system are the responsibilities of schools of allied health. The formation of an ASAHP accrediting division for continuing education in the allied health professions has the potential to allow schools to meet these commitments through a method that is more feasible from a financial standpoint.

The upcoming *Spring Meeting* on March 17-18 in Washington, DC includes a Deans' Council session. That event will provide an excellent opportunity to explore the degree of interest in moving forward with this proposal. One way of proceeding that will be considered is the value of conducting a feasibility study as a prelude to developing more concrete plans.

The proposed division is viewed as enhancing the Association's mission of being the champion for allied health education. It also has the potential to aid in the attainment of such goals as promoting high quality education.

ASSESSING PROGRAM EFFECTIVENESS AT COMMUNITY COLLEGES

A report by the *Lumina Foundation for Education* presents a critical analysis of the state of research of the effectiveness of four types of practices in increasing persistence and completion at community colleges: 1) advising, counseling, mentoring, and orientation programs; 2) learning communities; 3) developmental education and other services for academically under-prepared students; and 4) college-wide reform. In recent years, accreditation agencies and state regulators increasingly are scrutinizing measures of outcomes such as persistence and completion rates. Concerns about such matters prompted the launching of the study.

Community colleges are designed to be open-door institutions. They enroll a much wider variety of students than baccalaureate degree-granting institutions. Several allied health professions still are characterized by preparation at the associate degree level. As can be attested to by deans and directors at many ASAHP member institutions, the community colleges also serve as feeder institutions for students who wish to pursue higher educational degrees.

Additional information may be obtained by going directly to the Lumina Foundation for Education. The website is www.luminafoundation.org and the telephone number is 800-834-5756.

INCREASE IN MEDICAL SCHOOL ENROLLMENT RECOMMENDED

Concerned that the nation may experience a physician shortage in the next few decades, the Association of American Medical Colleges recommends that enrollment in medical schools in the U.S. be increased 15% by 2015, which amounts to approximately 2,500 graduates per year. The Association recommended targeting the increases in part to areas of the country that have seen a rapid rise in population and removing the current restriction on the number of residency and fellowship positions funded by Medicare. Factors contributing to the Association's new position on the physician workforce include U.S. population growth, the demand for more medical care by aging baby boomers, the retirement of practicing physicians, and younger doctors working fewer hours.

ODPHP VISITING SCHOLARS PROGRAM OPPORTUNITIES

Experience in public health and healthcare policy development is essential in the training of future public health leaders and medical professionals. The Office of Disease Prevention and Health Promotion (ODPHP), within the Department of Health and Human Services (HHS), provides an outstanding opportunity to gain experience in the formation of public health and healthcare policy at the federal level. ODPHP does this by offering rotations to college and medical students, preventive medicine and primary care residents, HHS Emerging Leaders, and other scholars. All assignments are unpaid. While at ODPHP, these visiting scholars will have opportunities to be involved in activities such as: assist in the implementation of Presidential and Secretarial initiatives, Healthy People 2010, and ODPHP-specific projects; experience first-hand the basis for national policy decisions; and assist in coordinating initiatives and policy documents among the various agencies within HHS.

For additional information, go to the Web at <http://odphp.osophs.dhhs.gov/scholar/default.htm>.

ACCREDITATION PROJECTS IN THE WORKS

During the last several months, a considerable amount of effort has gone into alleviating the concerns that ASAHP members have expressed about the issue of accreditation. As reported in past columns of this newsletter, meetings have been held between ASAHP members and representatives of various allied health accrediting bodies to discuss how to improve the processes associated with accreditation.

Browsers of a website constructed by the U.S. Department of Education might reach a conclusion that if an organization is not listed there, then it may not be recognized by the Department as an accrediting group. The Commission on Accreditation of Allied Health Programs (CAAHEP), which accredits more than 20 different professions, falls into this category. Instead, CAAHEP comes under the umbrella of the Council for Higher Education Accreditation (CHEA), which is recognized by the Department.

In order to clarify that allied health programs in ASAHP member institutions are duly accredited, the Association will assign a spot on its website to enable browsers to see a list of accrediting organizations that are involved in these programs. Links to those organizations also will be provided.

Given the multiplicity of accrediting agencies that must be dealt with by institutions that have many different kinds of programs, ASAHP's Accreditation Committee has begun work on creating a template for each accreditation group. This information will serve as a handy guide for deans and directors who can refer to a single source to find out the steps involved in starting a new program, application costs, length of initial accreditation, and annual fees.

Finally, there is the question of the clinical doctorate in relation to faculty positions. Many allied health professions are plagued by an insufficient supply of faculty in academic institutions. Does the creation of the clinical doctorate have the potential to have a positive impact on that problem? Can holders of a clinical doctorate fill faculty vacancies in the same way and perform as effectively as holders of doctorates that are more research oriented? Some attempts to answer such questions will occur on March 18 in Washington, DC during the *ASAHP Spring Meeting*. Representatives from physical therapy, audiology, nursing, and pharmacy will explore this matter and related issues at the meeting.

LEGISLATION REINTRODUCED TO REPEAL CAP ON THERAPY SERVICES

S. 438 and H.R. 916 were introduced in the 109th Congress in February to repeal an outpatient therapy services cap permanently under Medicare. A congressionally approved moratorium on the annual cap on occupational, physical, and speech therapy services is set to expire at the end of this year, at which time a Balanced Budget Act provision would impose an annual limit of about \$1,700 per beneficiary on the services. During the 108th Congress, similar legislation (S. 569 and H.R. 1125) attracted 51 co-sponsors in the Senate and 244 co-sponsors in the House.

Since the Balanced Budget Act of 1997 was enacted, an effort has been made by the government to impose such caps. The original limit was \$1,500, but it has been increased over that span of time. The therapy community has offered strong opposition to the caps and has enjoyed success on several occasions to have a moratorium established, but has found outright repeal to be a more difficult barrier to hurdle. While caps are appealing to government officials who have responsibility for trying to control the growth in Medicare expenditures, the fact is that many patients would suffer financially if the caps ever go into effect. Stroke victims, for example, could be expected to exhaust their eligibility for covered services within the first couple months after experiencing the event. It is highly unlikely that they would be able to obtain health care over a full year without exceeding the caps.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Hospitals Report Increase In Obese Patients And Related Worker Injuries

A nationwide survey of VHA Inc. hospitals shows that caring for obese patients is an increasing challenge as providers continue to experience spiraling costs, increases in worker injuries, and a significant number of patients who are obese, even in pediatrics. Hospitals have seen the need for new equipment, supplies and training to properly care for this population. Conducted by Novation, the VHA member survey queried 584 directors of materials management and directors of surgical services across the country to determine the influence that treating severely obese patients (more than 100 pounds overweight) had on hospitals in 2004. Survey results may be accessed on the Web at <https://www.vha.com/research/public/obestpatientcare.pdf>.

ADA Study On Dental Hygiene Practice And ADHA's Response

A study by the American Dental Association (ADA) entitled "The Economic Impact of Unsupervised Dental Hygiene Practice and its Impact on Access to Care in the State of Colorado" has prompted a response from the American Dental Hygienists' Association (ADHA). The study analyzed the economic aspects of unsupervised private hygiene practice and its impact on access to care. It may be accessed on the Web at http://www.ada.org/prof/resources/topics/report_hygiene.pdf. The response from the American Dental Hygienists' Association may be obtained on the Web at <http://www.adha.org/news/012805-study.htm>.

NCCAM Releases New 5-Year Strategic Plan

The National Center for Complementary and Alternative Medicine (NCCAM) released its new 5-year strategic plan, *Expanding Horizons of Health Care: Strategic Plan 2005-2009*. The plan presents a series of goals and objectives to guide NCCAM in prioritizing its investments in complementary and alternative medicine (CAM) research, training, and outreach. Four key areas are addressed: investing in research, training CAM investigators, expanding outreach, and advancing the organization. Ambitious goals are set for the coming years. The plan may be accessed on the Web at <http://nccam.nih.gov/about/plans/2005/>.

State Education Data Profiles

The National Center for Education Statistics (NCES) has made available statewide information in elementary/secondary education, postsecondary education and selected demographics for all states in the U.S. The data may be accessed on the Web at <http://nces.ed.gov/programs/stateprofiles/>.

Toolkit For Collecting Race, Ethnicity, And Primary Language Information From Patients

The Health Research and Educational Trust, with its partners, has developed a toolkit for collecting race, ethnicity, and primary language information in health care organizations. It is designed to help hospitals, health systems, community health centers, health plans, and other potential users in understanding the importance of accurate data collection, assessing organizational capacity to do so, and implementing a framework designed specifically for obtaining information from patients/enrollees about their race, ethnicity, and primary (preferred) language efficiently, effectively, and respectfully. One component of the kit is aimed at clinicians. The toolkit may be accessed on the Web at <http://www.hretdisparities.org/hretdisparities/index.jsp>.

NEWS FROM THE COLLEGES

SCHOLARSHIP PROGRAM

The most recent winner of an ASAHP scholarship is **Jessica Eichelberger**, a student enrolled in a combined Physician Assistant and an MPH program at The George Washington University in Washington, DC. In addition to her classroom activities, she currently works in a local clinic in Washington and also coordinates events for Physicians for Human Rights at GWU that involve medical students, PA students, and public health students.

Scholarships are awarded very two months as a result of a partnership with CampusCareerCenter.com, a firm based in the Boston area. That organization also has constructed a website that makes it possible for students in ASAHP member institutions to explore job and internship opportunities.

The scholarship program is in addition to the Association's *Scholarship of Excellence Program*, which also makes it possible to provide financial assistance for students. The names of recipients of those awards are announced during the Annual Conference each autumn.

COMMUNITY-ENGAGED SCHOLARSHIP IN THE HEALTH PROFESSIONS

The Commission on Community-Engaged Scholarship in the Health Professions has released a national strategy for closing the gap between the promise of health professional schools as community-engaged institutions and the reality of how faculty members typically are judged and rewarded. The Commission's report, "Linking Scholarship and Communities," contains detailed recommendations for action by health professional schools and their national associations that can support community-engaged scholarship and cites promising practices that illustrate their implementation.

Convened by *Community-Campus Partnerships for Health*, with funding from the WK Kellogg Foundation, the Commission has taken a leadership role in creating a more supportive culture and reward system for health professional faculty involved in community-based participatory research, service-learning, and other forms of community-engaged scholarship in which faculty members connect their scholarship with community needs and concerns. The report can be accessed on the Web at <http://depts.washington.edu/ccph/kellogg3.html>.

LIFE EXPECTANCY IN U.S. HITS RECORD HIGH

Life expectancy for Americans has reached an all-time high, according to the latest U.S. mortality statistics released on February 28 by the Centers for Disease Control and Prevention (CDC). The report, "Deaths: Preliminary Data for 2003," prepared by CDC's National Center for Health Statistics (NCHS), shows life expectancy at 77.6 years in 2003, up from 77.3 in 2002.

The gap between male and female life expectancy closed from 5.4 years in 2002 to 5.3 years in 2003, continuing a trend toward narrowing since the peak gap of 7.8 years in 1979. Record-high life expectancies were found for white males (75.4 years) and black males (69.2 males), as well as for white females (80.5 years) and black females (76.1 years).

The report may be accessed on the Web at http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_15.pdf.