ROUTE TO:_____

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.

ASAHP MEMBERS MAKE PRESENCE FELT ON CAPITOL HILL

Approximately 70 members of the Association participated in the Government Relations portion of the *ASAHP Spring Meeting* on March 17. The results still are being tallied, but it is certain that more than 100 offices on Capitol Hill were visited in an effort to convince legislators of the need to pass legislation that addresses allied health workforce shortages.

The session began that morning with a presentation by **Senator Jeff Bingaman (D-NM)**, who co-introduced the Allied Health Reinvestment Act, S. 473, on February 28. He underscored the importance of the proposed legislation by citing figures that show both faculty and workforce shortages affecting professions in his home state such as occupational therapy, rehabilitation counseling, and dietetics. The lack of personnel in rural areas is an acute problem given that one-third of the population resides there. He also mentioned the necessity of attracting larger numbers of persons from minority backgrounds to the allied health professions.

Senator Bingaman's concerns are mirrored by findings from the recent Institutional Profile Survey of ASAHP member institutions that was conducted for the 2004-2005 academic year. For the class starting in Fall 2004, the results from 90 academic institutions participating in the study 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.

Following the Spring Meeting, a survey was sent via the Internet to attendees to obtain more specific information about the nature of their Hill visits. If, for example, there appears a likelihood that certain legislators might lend their names as co-sponsors to the House and Senate versions of the legislation, members of ASAHP's coalition will be alerted to that effect. Several organizations such as the American Association for Respiratory Care already have sent delegations to the Hill to seek support for passage of allied health legislation. Other groups, including members of the American Hospital Association will do so in coming weeks. Repeat visits by different kinds of petitioners representing several professions may be instrumental in increasing the number of bill co-sponsors.

PRESIDENTS'S MESSAGE

By David D. Gale, ASAHP President

This year's *Spring Meeting* was held on March 17-18. It's the third consecutive year that we have gathered for this event in Washington, DC. The main reason for doing so is to seek passage by Congress of an Allied Health Reinvestment Act. Each time we meet in the nation's capital, we come that much closer to realizing this important goal.

This time around, we had the opportunity to engage the services of two well-known national figures. **Senator Jeff Bingaman** (D-NM), a member of the key Health, Education, Labor & Pensions Committee, offered his views on how we can be successful in obtaining the support of his colleagues in that chamber. His backing of S. 473, the Allied Health Reinvestment Act, is evident by virtue of his being a primary co-sponsor when it was introduced on February 28. Our other main speaker in the health arena was the Surgeon General of the United States, **Richard Carmona**. Members in attendance will long remember the vibrancy of his presentation and the passion he brings to the task of being the country's lead champion of health behavior oriented to prevention.

Another kind of federal presence on the program was manifested by **Stephen Porcelli** of the U.S. Department of Education. Day Two of the *Spring Meeting* focused on accreditation and the development of clinical doctoral programs in several professions such as audiology, nursing, pharmacy, and physical therapy. As a veteran of 17 years involvement in various forms of accreditation, he had many sage opinions to offer attendees.

Lindsay Rettie, Dean Emeritus at Old Dominion University, proved beyond a shadow of a doubt how current her interests remain in all aspects pertaining to allied health education. Referring to important studies past and present during her presentation of the *Deans' Memorial Lecture*, she was able to weave togther quite skillfully and coherently such topics as diversity, accreditation, and outcomes research.

From an organizational perspective, another highlight for me was the Deans' Council Meeting that occurred at the end of Day Two of the overall proceedings. Recognizing that structure for this gathering or a lack thereof has not formally been decided yet, the session was conducted on the basis that certain items that have been brought to the Board's intention should be relayed to the wider membership before any final decisions are made.

If implemented, one item would lead to an expansion of the scope of how data from the annual Institutional Profile Survey can be used. For example, the Carnegie Classification might serve as a basis for deans to select other institutions participating in the survey so that individualized sets of benchmarks could be developed. Another area discussed involved the possibility that ASAHP might develop a unit to accredit continuing education programs offered by member institutions.

Members agreed that global issues are important, but it is not certain how best to go about achieving desired outcomes in the international sphere. Under consideration is a proposal to participate in a world congress in 2007. More information is needed before a final decision is made.

Steps also are in motion to review the bylaws of ASAHP and examine their adequacy for allowing resolutions to be introduced, taken under consideration, and advanced as necessary.

AHA LAUDS BILL TARGETING SHORTAGE OF ALLIED HEALTH PROFESSIONALS

S. 473, the *Allied Health Reinvestment Act*, was introduced on February 28 and on the following day, the American Hospital Association (AHA) expressed its support for this legislation. AHA officials are backing the bill because it addresses the growing national shortage of allied health professionals such as occupational and physical therapists, clinical laboratory technologists, imaging technicians, pharmacy technicians, and radiologist technologists. The bill would provide incentives for young persons to enter and complete allied health care training, including recruitment grants; provisions to strengthen recruitment, retention and practice; and incentives to promote racial and ethnic diversity in allied health professions.

"Helping alleviate the critical shortage of allied health care professionals is of vital importance to health care providers and the patients they serve," said AHA Executive Vice President Rick Pollack in a letter to bill sponsor Sen. Maria Cantwell, D-WA. "We hope Congress will recognize the significance of investing in this critical area of need." Close to 5,000 hospitals, health care systems, networks, other providers of care and 37,000 individual members belong to the AHA.

Currently, more than 30 organizations support S. 473. Representatives of these groups have been visiting Capitol Hill during the past two months to advocate passage of allied health legislation.

2005– 2006 ASSOCIATION CALENDAR OF EVENTS

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

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.

March 2006 (Dates TBD)—Spring Meeting in Washington, DC

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

October 17-20, 2007—Annual Conference—San Diego, CA

UPCOMING BOARD MEETING

The Association's Board of Directors will hold its next meeting on June 27-28, 2005 in Washington, DC. The only other Board Meeting that will occur this year is scheduled for immediately prior to the Annual Conference in Houston, TX on October 17-19.

ASAHP BOARD MEETING HELD IN WASHINGTON, DC

Prior to the start of the Association's *2005 Spring Meeting*, the ASAHP Board of Directors met in Washington, DC on March 15-16. The following actions were taken:

- The Minutes of a conference call on January 26 were approved.
- The Preliminary Budget Proposal for fiscal year 2006, which begins on July 1 of this year, was approved. Projected expenditures for the coming year are expected to be in excess of $600,000. Final budget approval will occur when the Board meets in Washington, DC at the end of June.
- A motion was approved to have **Dean Gregory H. Frazer** (Duquesne University) succeed **Dean David M. Gibson** (University of Medicine & Dentistry of New Jersey) on the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Dean Frazer also will be nominated by ASAHP to serve on the CAAHEP Board.
- A proposal to modify the ASAHP bylaws as a means of ensuring that resolutions from the membership are brought to the attention of the Board in a more effective manner was referred to the Constitution and Bylaws Committee for consideration.
- The City of San Diego was chosen as the site of the Association's 2007 Annual Conference.
- Approval was given to a proposal to develop a paper on accreditation that expresses the views of the academic community. The product will be distributed to various organizations that are involved in accrediting allied health education programs at member institutions.
- Progress was reviewed of the development of a handbook that will be distributed to the membership as a means of furnishing a hand guide that addresses basic steps in the accreditation process for several professions. To date, material has been compiled for seven professions.

MEDICAID SPENDING EXCEEDS MEDICARE EXPENDITURES

For fiscal 2005, Medicaid spending is expected to total $329 billion, compared with $309 billion for Medicare. Of the $329 billion in projected Medicaid spending, 60 percent, or $197 billion, consists of federal spending, and 40 percent, or $132 billion, is made up of state and local funds. Fifty–three million persons are covered by Medicaid while 42 million are enrolled in Medicare. Medicaid is also the largest single source of grant funds received by the states and pays for more than half of publicly financed mental health care.

According to a Kaiser Commission analysis of U.S. Census data, Medicaid covers 40 percent of Americans below the federal poverty line. Employers cover another 15 percent, while 5.9 percent have individual or other private coverage, other public entities cover 3.3 percent, and 36 percent are uninsured.

For more information, refer to the Commonwealth Fund website and go to "Amazing Medicaid Facts" at http://www.cmwf.org/healthpolicyweek/healthpolicyweek_show.htm?doc_id=264285#doc264294 on the Web.

U.S. SURGEON GENERAL RICHARD CARMONA SPEAKS AT ASAHP SPRING MEETING

A highlight of the Association's *2005 Spring Meeting* was a presentation by **U. S. Surgeon General Richard Carmona**. He related his early background to his views today regarding what must be done to improve the health of the population. A high school dropout, he enlisted in the U.S. Army in 1967. While in the military, he received his Army General Equivalency Diploma, joined the Army's Special Forces, ultimately becoming a combat-decorated Vietnam veteran, and began his career in medicine.

Upon leaving the army, his education progressed from attending the Bronx Community College to earn an associate degree all the way to University of California at San Francisco where he finished first in his medical school class. He later earned a master of public health degree from the University of Arizona.

Not only has he been a surgeon, but his experience in the health arena includes service as a paramedic and a registered nurse, along with being a surgeon and a deputy sheriff for the Pima County, Arizona Sheriff's Department.

Recognizing the excellence that is inherent in this country's ability to provide health care, he noted that all too often we are the repairers of society's indiscretions. As a vascular surgeon, he repeatedly treated patients who returned for medical care after the same kinds of aberrant behavior. Thus, there is a necessity to have prevention be first in everything that we do since we've been oriented toward the curative for too long.

Carmona views health literacy as the common currency in all efforts to improve health status. He noted that allied health professionals have a key role to play in improving health literacy because they are the personnel who spend considerably more time with patients than physicians do.

The Surgeon General is a strong advocate of the value of using family histories as a means of advancing the human genome project. The nation faces the problem of 150,000 birth defect deaths each year and he believes that 78 percent of them are preventable. A related concern is that 50 percent of all pregnancies in the U.S. are unplanned. Overall, the best way to have health babies is to have healthy mothers. He concluded with the observation that allied health professionals are the backbone of the health care system. He applauded the contributions

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CONGRESS NEEDS TO INCREASE ITS PACE

If Congress intends to pass legislation involving health issues such as the reauthorization of Title VII this year, then the pace must be increased. Later this Spring, it is anticipated that the Senate will have to devote considerable time to acting on President's judicial nominations. A litmus test in the past has been a nominee's position on the right of a woman to obtain an abortion. The Florida situation involving Terri Schiavo may add one more item to the quest to determine a person's fitness to serve on a federal bench. Congress entered the Schiavo case in an effort to have her feeding tube reinserted to prevent death. The issue that may be examined is the extent to which a nominee favors having federal legislators interfere with a State's judicial determinations.

SPRING MEETING FEATURES PANEL PRESENTATION ON THE CLINICAL DOCTORATE

The second portion of the ASAHP Spring Meeting focused on clinical doctorate programs. Presentations were made involving the professions of audiology, nursing, pharmacy, and physical therapy. This issue of the newsletter will focus on the comments made by panelists representing nursing and pharmacy.

Joan Stanley, Director of Education Policy for the American Association of Colleges of Nursing, highlighted the contextual changes that have contributed to the development of the DNP degree. Demographic changes, technological innovations, and the pace of scientif discovery are driving forces underlying practice doctoral programs. She noted that the credits required to complete the MSn are approaching the number of credits that most disciplines need for a doctoral degree.

The DPN is a practice-focused degree compared to research-focused degrees such as the PhD and the DNSc.

DPN programs differ conceptually from master's level programs in their emphasis on new translational knowledge and combining existing knowledge in new ways to provide more sophisticated care for populations with complex health needs.

Practice-focused doctoral nursing programs include seven essential areas of content. They include: scientific underpinnings for practice; advanced nursing practice; organization and system leadership/management; quality improvement and system thinking; analytic methodologies; utilization of technology and information; health policy development, implementation and evaluation; and interdisciplinary collaboration for improving patient and population healthcare outcomes

Susan Meyer, Senior Vice President of the American Association of Colleges of Pharmacy, provided a brief history of the Pharm.D. degree. In 1951, the Pharm.D. degree was the sole professional degree in only one institution. By 2004, all graduates of accredited programs will earn it. The transition has occrred at a steay pace. In 1992, of 74 schools of pharmacy, 13 offered the Pharm.D. only and 18 percent of the degrees offered were of this type. By 2004, three were 89 schools and 89 percent of the degrees awarded in 2003 were Pharm.D. only. All enrollees currently are in Pharm.D. programs.

AACP supports a single entry-level educational program at the doctoral level (Pharm.D.) that is at least four professional academic years in length and follows pre-professional instruction of sufficient quality and length (two-year minimum) to prepare applicants for doctoral-level education. AACP's vision is that pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

As the future is envisioned, pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacists will be responsible for: rational use of medications; promotion of wellness, health improvement, and disease prevention; and design and oversight of medication distribution systems.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Demography Is Not Destiny

A new report from the Commonwealth Fund provides a framework and some basic data necessary to understand why the future of the United States will not be determined solely by anticipated changes in the size and age distribution of the population. Choices made through the political process and through market forces, in conjunction with demographic changes, will determine the future, the authors say. The critical challenge of an aging society is not so much how to accommodate the older population, but how to ensure the productivity of future workers, regardless of age. Public policies that encourage and facilitate education, basic research, and the application of promising technologies can enhance the well being of current and future generations of older persons. Greater economic growth can make policy choices easier, but deciding how much of the proceeds of economic growth to use collectively and how to distribute costs and benefits will require political and policy choices. The report may be accessed on the Web at: http://www.cmwf.org/usr_doc/789_friedland_demographynotdestinyII.pdf.

Study Shows Limited Use Of Electronic Medical Records

Less than a third of the nation's hospital emergency and outpatient departments use electronic medical records, and even fewer doctors' offices do, according to a report released by the Centers for Disease Control and Prevention (CDC) recently. About 31 percent of hospital emergency departments, 29 percent of outpatient departments, and 17 percent of doctors' offices have electronic medical records to support patient care, as reported in CDC's ambulatory medical care surveys, conducted from 2001 to 2003. The study found younger physicians, those under 50 years of age, were twice as likely as physicians age 50 or over to use this computerized system for ordering prescriptions. About 40 percent of hospital emergency departments use automated drug dispensing systems (ADD), compared to about 18 percent of outpatient departments. Other studies have shown that automated drug dispensing systems, that operate like vending machines where the order is written and the machine dispenses the correct drug and dosage for patients, can reduce medical errors. The report can be obtained on the Web at: http://www.cdc.gov/nchs/data/ad/ad353.pdf.

Americans Reassess Health Care Choice-Cost Trade-Offs

More Americans are willing to limit their choice of physicians and hospitals to save on out-of-pocket medical costs. Between 2001 and 2003, the proportion of working-age Americans with employer health coverage willing to trade broad choice of providers for lower out-of-pocket costs increased from 55 percent to 59 percent—after the rate had been stable since 1997, according to a new study by the Center for Studying Health System Change. The study may be obtained on the Web at http://www.hschange.org/CONTENT/735/.

Majority Of Americans Would Trade Choice Of Doctors, Hospitals For Lower Out-Of-Pocket Costs

More than 60 percent of American consumers have searched for information to help them make treatment decisions in the last 12 months with about one-third saying the information they found affected their treatment choices or their choice of a healthcare facility, according to a new RAND Corporation report released today by the Blue Cross and Blue Shield Association. The report may be accessed on the Web at http://bcbshealthissues.com/events/rand/RAND_032405.pdf.

CALL FOR NOMINATIONS

The deadline for nominations for the Association's 2005 election is **April 22**. The positions to be contested are: Secretary (two-year term), two slots on the Board of Directors (three-year term), and three positions on the Nominations and Election Committee (two-year term). Nominations should be referred to ASAHP Board Member **Lori Stewart Gonzalez** (Dean of the College of Health Sciences at the University of Kentucky) who serves as Chairperson of the Nominations and Election Committee. She can be reached by telephone at: 859-323-1100, Ext. 80560 or by e-mail at: lsgonz01@ uky.edu.

CALL FOR ABSTRACTS

A *Call for Abstracts* for the 2005 Annual Conference will be sent to the ASAHP membership. The focus will be on the broad areas of research, education, and practice as they relate to a them involving the necessity of effectively meeting the challenges of a changing world. Within that framework, individuals who wish to make presentations during concurrent session or participate in a poster session should emphasize any of the following topics: (1) Expanding Roles of Allied Health Practitioners, (2) Emerging Technologies, or (3) Addressing Health Disparities. The deadline for submitting abstracts is **April 29, 2005**.

From L-R: ASAHP President David Gale, Senator Jeff Bingaman (D-NM), and ASAHP President-Elect David Gibson.

From L-R: ASAHP President-Elect David Gibson, U.S. Surgeon General Richard Carmona, and ASAHP President David Gale