ROUTE TO: ______________________________

TRENDS

Association of Schools of Allied Health Professions

HIGHLIGHTS

NOVEMBER 2006

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VANGUARD OF ALLIED HEALTH EDUCATION

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SCOPE OF PRACTICE

Scope of practice issues in the health care arena represent hearty perennials, which never drift out of sight. Earlier this month at a meeting of the American Medical Association (AMA) in Las Vegas, two resolutions were considered by members of that organization.

Resolution 902 states that state medical boards shall have full authority to regulate the practice of medicine by all persons within a state notwithstanding claims to the contrary by boards of nursing, mid-level practitioners or other entities and be it further resolved that the AMA, through the Scope of Practice Partnership, work jointly with state medical boards to assist law enforcement authorities in the prosecution of unlicensed medical practice by limited or mid-level practitioners.

Resolution 904 includes a statement that the diagnosis of disease and diagnostic interpretation of a study or studies for a specific patient constitutes the practice of medicine; and be it further resolved that it shall be the policy of the AMA that a PhD scientist or other non-physician laboratory personnel work under the supervision or in collaboration with a physician under their applicable scopes of work to perform a study or studies that will be the basis of a diagnostic interpretation for a specific patient. During a subsequent discussion, the term PhD scientist was modified to PhD clinical lab scientist.

The health industry consists of many professions and it is not uncommon to find some of them in direct competition with one another. Typically, the State level is where many battles occur, but the federal government also plays a role. One question is whether certain health providers will have their services covered under Medicare as part of the "incident to" policy, which allows a physician to be reimbursed for services provided by another health care provider working under the physician's direct supervision. The other employee must be an employee of the physician's practice and the physician must be present in the office suite when this other practitioner furnishes services.

Currently, under the Medicare program only physical therapists, occupational therapists, and speech language pathologists can provide physical medicine and rehabilitation services "incident to" a physician. Other professions such as athletic trainers and lymphedema therapists are pursuing the same privileges through legislation in Congress. In related arenas, dentists and dental hygienists or anesthesiologists and nurse anesthetists are engaged in similar activities in opposition to one another. Another article in this issue of TRENDS on pages 5-6 focuses on anxiety that exists within some allied health professions. The above examples provide apt illustrations of why such anxieties exist.

PRESIDENTS'S MESSAGE

By David M. Gibson, ASAHP President

I have the audacity to believe that people everywhere can have three meals a day for their bodies, education and culture for their minds, and dignity, equality, and freedom for their spirits. I believe that what self-centered men have torn down, other-centered men can build up (Martin Luther King, Jr., in The Words of Martin Luther King, Jr., selections by Coretta Scott King, 1983, pg.25).

In some very real ways, the words of Martin Luther King, Jr. remain as a perennial reminder that in our nation, if not in the nations of peoples, we have not overcome the ruins of self-centered people in achieving what other-centered men and women can yet reconstruct. In our own country, millions of people go to bed hungry, remain woefully undereducated and culturally deprived, and have compromised dignity, equality and freedom to nourish their spirits.

In the United States, 38.2 million people, including 13.9 million children, were at risk of hunger in 2004 and that was an increase of 1.9 million people in 2003 ("Household Food Security in the United States," ERS Research Briefs). This one factor alone contributes to our school aged children who under-perform educationally and are subject to more chronic illnesses than their peers who are adequately nourished. Nearly a third of our elementary and secondary school students are educationally disadvantaged notes Henry Levin in his paper (#6) "The Educationally Disadvantaged: A National Crisis," (The States Youth Initiatives Project, published by The Resource Center, Public/ Private Ventures, Philadelphia, PA).

Moreover, the health disparities between the poor and disadvantaged and those better off are escalating at alarming paces. At the University of Medicine and Dentistry of New Jersey, the University in collaboration with the Congressional Black Caucus Forum conducted a major symposium, entitled, "Elimination of Health Disparities: Bridging the Health Care Divide," on June 4, 2004 and will again host another symposium, entitled, "Busting Out of or Seams: Confronting the Challenge of Obesity in Our Communities," on March 30-31, 2007. In the United States, the rate of obesity has risen from about 13% of the population in 1992 to just under 25% in 2005 and the rates of obesity among blacks and Hispanics are statistically much higher than the rates among whites and other ethnic/racial groups (Center for Health Statistics, New Jersey Department of Health and Senior Services, July 2006).

So, what has all this to do with allied health schools? First, there are educational ramifications for future generations of students who may be ill prepared to entertain the rigors of our health professions' programs. Resources already strained by expanding enrollments and dwindling institutional or state support will be even more so compressed as we need to ratchet up tutorial and, perhaps, even basic skills services. Our societal responsibilities to help create a health professions' workforce that increasingly mirrors our populations are also challenged because health and educational disparities reduce opportunities for youth from our minority communities in particular to compete for admissions to our programs.

We have, in addition, a service responsibility to the citizens in our host communities. Given the disparities described above, it follows we need to tailor programs of service to meet some of the most common health destroying factors in these communities. For example, pairing our nutrition faculty or dental hygiene faculty with community health workers to foster better nutritional or oral health behaviors is an ideal way in which we can partner with our communities. Allied dental, nutritional, public health, nursing and respiratory care faculty can work effectively in schools to highlight preventive measures. In collaboration with national associations our faculties can take the lead in convincing schools to place healthful foods in cafeterias, or convince fast food chains, which are far more plentiful in poorer communities than in middle class communities, to eliminate trans-fats and reduce portion sizes both of which could contribute to healthier citizens.

Finally, we need to engage our students in meaningful community service projects that will sensitize and educate them to the varied and rich cultures that remain unknown and unappreciated in the classrooms alone. We can help our students by capitalizing on their motivations to be helping professionals by instilling in them other-centeredness.

RINGING OUT THE OLD AND BRINGING IN THE NEW

The results are in and after a long hiatus wandering in the legislative desert, the Democrats are back in control of both the U.S. House and Senate. Whether the occasion represents an opportunity for advocates of social program spending to lick their chops remains to be seen.

A first order of business will be to complete appropriations legislation for most government operations, including Labor-HHS programs, for the fiscal year that began on October 1, 2007. Currently, a continuing resolution (CR) is in effect as a means of enabling various agencies to function. Title VII programs for health professions education under the Public Health Service Act were crippled severely in FY 2006. Among the casualties of a 51 percent cut was spending for allied health, which was zeroed out along with nine other programs. Whether funds will be restored for FY 2007 is a matter of conjecture, but the outlook is not all that promising.

The 109th Congress of 2005-2006 does not have much to show in the way of accomplishments. Although a minority then, Democrats still had enough clout to block many Republican initiatives. Now the situation is reversed and it should come as no surprise if the GOP decides to thwart some pet objectives advanced by Democrats. Many of the recently elected Democrats ran on platforms that tilted toward the conservative. Whether the leadership of that party in both chambers will be harness divisive forces into workable coalitions to achieve passage of legislation may prove to be a hefty challenge.

2007 ASSOCIATION CALENDAR OF EVENTS

March 13-14, 2007 Leadership Program-St. Pete Beach, FL

March 14, 2007 Research Symposium—St. Pete Beach, FL

March 15-16, 2007 Spring Meeting– St. Pete Beach, FL

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

Sites have been selected for other upcoming ASAHP events. The 2008 Annual Conference will be held in Baltimore, MD in conjunction with the National Network of Health Career Programs in Two-Year Colleges. The conference in 2009 will be in San Antonio, TX and in 2010 in Charlotte, NC

2007 LEADERSHIP DEVELOPMENT PROGRAM

The Association's Leadership Development Program will be offered again in 2007. The initial session will occur in St. Pete Beach, FL on March 13-14. The second part is scheduled for October 15-16 in San Diego, CA. During the interim, participants will work in teams on projects that they select in March. The deadline for applying was November 15, 2006. Applicants will be notified of the selection process results by **December 15**

ASAHP SCHOLARSHIP OF EXCELLENCE AWARDS

Each year for the past several years, the Association has awarded scholarships to deserving students at member institutions. The winners of eight awards were announced during the Awards Dinner that was held during the recent Annual Conference in Chicago. Among the winners was **E. Christine DeCaro**, a student at the University of Medicine & Dentistry of New Jersey. She is shown in the photo below receiving her award from Dean **David M. Gibson**, ASAHP President.

ALLIED HEALTH PROFESSIONS WEEK

Allied Health Professions Week was celebrated on November 5-11 this year. Typically, several different kinds of events occur at member institutions such as health fairs, special lectures, walkathons, and campus-wide health screening. Shown below is a display that was prepared at the University of Medicine & Dentistry of New Jersey.

High Anxiety—Health Professions Education Style

Stephen N. Collier, Ph.D., Director and Professor
Office of Health Professions Education and Workforce Development
School of Health Professions, University of Alabama at Birmingham

A number of years ago Mel Brooks produced and starred in the movie comedy "High Anxiety" where he played Dr. Richard Thorndyke, the administrator of the Psychoneurotic Institute for the Very, Very Nervous. A number of the health professions are currently becoming very nervous and are going through their own version of "High Anxiety."

Uncertainty generates anxiety and one place that is evident, even if largely unspoken, is in some of the allied health professions represented in ASAHP member institutions. What is the source of that anxiety and what circumstances will be primary drivers of it over the coming five years?

Among the concerns is whether the trend toward higher degree levels will be supported in the marketplace? It appears that a bifurcation is occurring in the preparation of allied health personnel (see "Is Bifurcation of Health Graduates Occurring? Implications for Schools of Allied Health", Trends, December 2005/January 2006). Other trends, as pointed out in FutureScan, a recent environmental scanning study by the American Society of Radiologic Technologists, is that advances in technology are creating a setting of faster, smaller, and cheaper, and the career ladder in medical imaging is expanding in both directions. Theses trends appear to apply as well to a number of other allied health professions. Following is brief review of some of the circumstances creating anxiety among some of the professions found in ASAHP member institutions.

Clinical Laboratory Science/Medical Technology: The collection of disciplines in the laboratory constitutes one of the larger components of the allied health workforce. The U.S. Bureau of Labor Statistics estimates that in 2004 there were 156,000 medical and clinical laboratory technologists employed and 147,000 medical and clinical laboratory technicians.

The clinical laboratory disciplines have been characterized by a sharp reduction in the numbers of programs over the past 20 years: from 584 programs in 1985, to 420 in 1990, to 357 in 1995, down to 231 programs in 2005. Many of the programs that closed were hospital-based ones that each enrolled small numbers of students. While the reduction in programs would normally signal a significant workforce shortage due to a reduced supply of graduates, several things have operated to create a question of whether a shortage actually exists; nevertheless, a shortage appears eminent.

Advances in sophisticated equipment have allowed many tests that previously had to be conducted in a more manual form to be more automated. This has created a shift in the ratio of clinical lab scientists to greater numbers of associate degree prepared clinical lab technicians, or in the use of non-credentialed lab workers. Also, with a movement toward larger and more centralized laboratories outside of the hospital setting, a new economy of scale is being established. For example, one large laboratory service, LabCorp, operates a $2.9 billion business, employing 23,000 employees and offering 4,400 clinical tests. Even larger is Quest Diagnostics. With over 30 regional labs, it provides personal health testing on 145 million patients a year. This centralization is the same general phenomena that is occurring in the pharmacy industry with many health care insurers using large mail-order pharmacies and automated equipment to fill prescriptions. The use of specialized personnel at all levels becomes more efficient with less "down time", thus making the cost of services more efficient. The ASCP 2005 Wage and Vacancy Survey of Medical Laboratories (http://www.ascp.org/Certification/ForProgramDirectors/research/documents/wvac2005.pdf) indicates that salaries have not risen significantly for clinical laboratory personnel in comparison to a number of other allied health professions. Further, the vacancies in the overall profession and many of its sub-fields have not paralleled what is occurring in some other allied health disciplines.

One of the current initiatives within the set of clinical laboratory professions is the creation of a clinical doctorate (http://www.naacls.org/news/naacls-news/archives.asp). Standards for the degree were approved in September (http://www.naacls.org/docs/Standards_CLS-doc.pdf). While the creation of a clinical doctorate may be appropriate and timely in view of what is happening in a number of other health professions, one may question whether the attention and energy going into its creation is taking away from more fundamental and important concerns in the profession. Perhaps the attention of the profession should be on addressing what portends to be a workforce shortage in the future—or whether it is shaping up to be a shortage? There is certainly a good bit of uncertainty leading to—High Anxiety.

The Rehabilitation Professions: Almost everyone in allied health education is aware of the effects of the Balanced Budget Act of 1997 (BBA) on the rehabilitation professions of physical therapy, occupational therapy, and speech-language pathology. For several years after its implementation, the BBA had a chilling effect on workforce demand in physical therapy and occupational therapy, and as a result, on student demand for entrance into educational programs in the professions. Speech pathology was affected less due to a large portion of its workforce being employed in school settings.

The cap on reimbursement for services under the BBA in these professions was then lifted and workforce demand again picked up. A more recent cap on reimbursement for services is more flexible and does not appear to be having as dramatic an effect on the rehabilitation workforce and the demand for graduates. All of this does illustrate, however, how sensitive these professions are to reimbursement policy. That policy is determined not only by legislation, but by administrative regulation, primarily through the federal Centers for Medicare and Medicaid Services (CMS). With the demand for graduates now large and growing, one wonders if this is a long-term trend, or if coming changes in reimbursement policy will again have disruptive effects? Likewise, changes in policy regarding services provided to school children can have a large impact on professions such as speech pathology and occupational therapy.

Audiology: Audiology is a smaller profession than many others in regard to practicing professionals and educational programs. The Bureau of Labor Statistics indicates a workforce of approximately 10,000 individuals in 2004. The number of accredited educational programs has gone from 149 in 1985 to 95 in 2005. The average enrollment in audiology programs is also smaller than in many other professions, creating a somewhat more costly educational experience. Several factors are occurring which are, or should be, creating high anxiety within the profession.

With a mandate for educational programs to move to the clinical doctorate, a number of the educational institutions where audiology programs have been housed do not have doctoral granting authority. As a result, those programs are either closing or have been forced to develop alliances with doctoral granting institutions. Further, some research universities that have audiology programs are closing or have resisted moving to the clinical doctorate due to the increased cost of the extended educational process or due to philosophical differences with the profession regarding clinical versus research degrees. As a result, the national production capacity of graduates is being reduced. Whether an impending shortage will stimulate the creation of new programs is currently an open question. It does appear there will be a workforce shortage in the profession within the coming decade.

Physician Assistants: One profession that does not appear to be experiencing anxiety to the extent of many others is the physician assistant profession. With the now well known nursing shortage and the rising visibility of a supposed physician shortage, physician assistants appear to be coming to the forefront. PA's and advanced practice nurses work in some of the same settings—for example, in emergency rooms, and in primary care clinics—but PA's are also substituting for physician house staff due to a limitation on hours that medical residents can work. In addition, PA's work in almost all medical specialty settings as well as in primary care.

Student demand for entrance into PA programs has always been very strong, and it is anticipated that employment demand for graduates will only increase in the coming decade. The 2006 Physician Assistant Census Report produced by the American Academy of Physician Assistants contains descriptive information and a useful profile of practicing PAs (http://www.aapa.org/research/06census-intro.html). One issue that has the potential for causing either disruption or high anxiety within the profession is whether the profession will feel compelled to follow the lead of the advanced practice nurses in moving to a clinical doctorate. Yet, for the present, the PA profession appears to be experiencing only low anxiety in comparison to many other disciplines.

As with many areas of our society in the United States, the health professions are constantly evolving and changing. With change, particularly rapid change, comes uncertainty, and that in turn can produce *High Anxiety*.

Next month: A contrarian view of the health professions workforce shortage. Is it really as big and significant as is being reported?

(Editor's Note: The above article is one of several analyses of the allied health workforce by **Stephen N. Collier** that appeared in recent issue of this newsletter. Readers are advised to browse through the issues for December 2—5-January 2006, February 2006, April 2006, May 2006, and July-August 2006.)

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

CEPH Technical Assistance Paper Available

Several ASAHP member institutions offer programs in public health. The Council on Education for Public Health (CEPH), which accredits such entities, released a new technical assistance document, "Including Undergraduate Public Health Degree Programs in Your Unit of Accreditation." The document defines undergraduate programs that are eligible for review, describes characteristics of undergraduate degrees in programs or schools that are eligible for review, and proper documentation of undergraduate programs presented for accreditation review. This item may be obtained on the Web at http://www.ceph.org.

NIH Bridges To The Doctorate For Underrepresented Students

The purpose of this funding opportunity is to establish partnerships between institutions granting a terminal Master s degree and PhD degree granting institutions to develop programs for Masters degree students with academic potential from groups underrepresented in the biomedical research arena of the country (underrepresented groups) and/or from populations disproportionately affected by health disparities (health disparity populations) to prepare them for successful completion of doctoral degree programs in the sciences relevant of biomedicine. The total amount awarded for new, renewal, and continuation awards for the two Bridges to the Future Programs (Bridges to the Doctorate and Bridges to the Baccalaureate) through this announcement is about $14 million per year and it is anticipated that a total of six to nine new awards for the Bridges to the Doctorate will be made each year. For additional information, go to the Web at http://www.grants.gov/search/search.do?mode=VIEW&oppId=11464 .

NIH Bridges To The Baccalaureate For Underrepresented Students

The purpose of this NIH funding opportunity is to establish partnerships between community colleges or other two-year post secondary educational institutions granting associate degrees and colleges or universities that offer baccalaureate degrees to develop programs that prepare associate degree students with academic potential for admission and successful completion of undergraduate degree program in biomedical and/or behavioral science related subjects. Students eligible to participate in this program are those from groups underrepresented in the biomedical science research arena of the nation and/or populations disproportionately affected by health disparities. For additional information, go to the web at http://www.grants.gov/search/search.do?mode=VIEW&oppId=11462 .

Nurses Endorse DNP Essentials

After a two-year, consensus-building process, members of the American Association of Colleges of Nursing (AACN) voted to endorse the “Essentials of Doctoral Education for Advanced Nursing Practice” or “Doctor of Nursing Practice (DNP) Essentials.” Schools developing a DNP are encouraged to use this document which defines the curricular elements and competencies that must be present in a practice doctorate in nursing. For more information, go to the Web at http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf .

A new DNP Roadmap report and tool kit have also been posted online to assist schools in navigating the approval process and launching a DNP program. These items may be accessed on the Web at http://www.aacn.nche.edu/DNP/pdf/DNProadmapreport.pdf and http://www.aacn.nche.edu/DNP/toolkit.htm

NAPRAH SYMPOSIUM

The Association's 2007 Spring Meeting in St. Pete Beach, FL will be preceded by a one-day research symposium on March 14 that is being developed and conducted by the National Alliance Promoting Research in Allied Health (NAPRAH). The event is under the overall direction of ASAHP Treasurer **Gary S. Neiman** (Dean, Ohio University) and it will be held at the Tradewinds Island Resort.

The purpose of this activity is to: (1) recognize barriers to research culture found in many allied health higher education settings, with the aim of strategizing to mitigate those barriers, and (2) establish and continue a model national program to create specific pairings between active research mentors and new Ph.D.-level tenure track faculty wishing to enhance their research skills and experiences, with specific outcomes to be monitored and reported as the mentorship arrangements progress.. The symposium is aimed at deans of schools, both at ASAHP member institutions and at schools that do not belong to the Association, in which there are substantial research expectations of faculty or a desire to increase research.

Presentations will be made by the following:

- **Brooke Hallowell** (Ohio University)
- **Richard E. Oliver** (University of Missouri at Columbia)
- **Rebecca Craik** (Arcadia University Department of Physical Therapy)
- **Charlotte A. Tate** (University of Illinois at Chicago)
- **Daniel Sklare** (National Institute on Deafness and Other Communication Disorders at the NIH)
- **Ralph Nitkin** (National Center for Medical Rehabilitation Research at the NIH)
- **Christopher Moore** (University of Washington Department of Speech and Hearing Sciences)
- **Anthony DeLitto** (University of Pittsburgh School of Health and Rehabilitation Sciences)

Expected outcomes of the event include:

- Gain commitment to support and contribute to a national research development program.
- Identify major barriers to a national research development program.
- Develop a funding proposal to support a national research program.
- Outline the components of a national mentoring data base.
- Educate personnel at funding agencies about the potential of allied health faculty to engage successfully in funded research.

Support is being provided by ASAHP, American College of Sports Medicine, National Athletic Trainers Association, Council of Academic Programs in Communications Sciences and Disorders, American Dietetic Association, American Speech-Language-Hearing Association, and American Physical Therapy Association.