

TRENDS

Association of
Schools of
Allied Health
Professions

MAJOR HEALTH REFORM LESS LIKELY

HIGHLIGHTS

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JANUARY 2010

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VANGUARD OF
ALLIED HEALTH EDUCATION

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The election of Republican Scott Brown in Massachusetts on January 19 is expected to have a major impact on what, if anything, emerges from Congress in the form of health reform legislation that can be signed into law. His signature issue in defeating that state's Attorney General, Democrat Martha Coakley, was his opposition to what he called Obamacare.

Coming on the heels of Republican victories in gubernatorial races in Virginia and New Jersey, many House and Senate Democrats in Congress are becoming increasingly nervous about having their names associated with the massive reform measures passed by the two chambers. Sensing the possibility of defeat in the November election, some House members and senators have announced that they will not run for reelection. It will come as no surprise if more of their colleagues do likewise.

Bills that have been passed thus far bear an exclusively Democrat imprint. The question that confronts that political party now is whether to continue their efforts to move a bill to President Obama for him to sign into law as soon as possible or wait awhile and produce something less far reaching in scope.

One plan to move forward would be to have the House pass without modification the Senate's health care bill (H.R. 3590). Next, a second bill would be passed that contains a set of "corrections" and changes based on compromises between the two chambers. Adopting that procedure, the Senate then would be in a position to vote in the form of a reconciliation measure that would require only 51 votes for passage and not allow any filibustering to occur.

Another option would be to do nothing and continue to ignore the many problems that characterize how health care is paid for and delivered in the U.S. Depending on where one sits, the death of health reform could prove to be an unalloyed blessing or an unmitigated disaster.

ASAHP entered the fray several months ago with a set of allied health workforce proposals that were adopted by the Senate, but not by the House. If they ever see the light of day in the enactment of a new law, they would include the following: new provisions involving loan forgiveness, recruitment/retention, and mid-career training opportunities. In addition, eligibility would be expanded to include allied health in geriatric training and in area health education centers.

Congress may be weary of health reform and ready to move on to other legislative priorities. If that proves to be the case, a golden opportunity to address health workforce issues will have been lost for the foreseeable future.

PRESIDENTS'S MESSAGE

By Gregory H. Frazer, ASAHP President



Happy New Year colleagues! I have been struck by the incessant focus on the past year, the last year of the first decade of a new century (did you ever think of 2009 in those terms with such zeal?) Media discussions about how 2009 compared to other years have become pervasive. What has become clear from those discussions I have witnessed is that during his quest for the presidency, candidate **Barack Obama** was highly successful in generating enthusiasm among his supporters to the extent that he was greeted with the battle cry of “Yes we can!” wherever he campaigned. However, recent election results in the U.S. senatorial election in Massachusetts along with similar results in gubernatorial elections in Virginia and New Jersey, provided a counterpoint, i.e., “But not always!” It has become obvious that voters have a much

stronger interest in correcting the ill effects of a recessionary economy than they have on health care reform. Jobs are apparently more important than the type of health care coverage you have. Nevertheless, an echo of “Yes we can” remains an invigorating way of looking at such matters that has influenced my thinking as I consider the direction in which our Association might go in the days ahead.

Apart from what ASAHP members can do, it is worth contemplating what we should do and will do. The last couple of years have led to valuable inroads in the area of accreditation, led by **David Gale, Hugh Bonner, and Rick Talbott**. Several of our members have been instrumental in fostering close ties with organizations such as the: Commission on Accreditation of Allied Health Education Programs (CAAHEP), Association of Specialized & Professional Accreditors (ASPA), and Council for Higher Education Accreditation (CHEA). Unlike other health professions academic institutions that undergo a single form of accreditation, our members and their institutions find it necessary to interact with multiple accrediting entities. A principal thrust of ASAHP is to strengthen those relationships and mitigate burdens stemming from these multiple reviews of our programs, students, and faculty.

In response to members who expressed a desire to create a more visible brand for allied health, two years ago we established a branding task force led by **Cecil Drain, Ron Winters, Steve Siconolfi, Lee McLean**, and immediate ASAHP Past President **Linda Hatzenbuehler**. An RFP was produced and several fine proposals were submitted by commercial firms that specialize in providing that kind of service. The reality of those proposals is the reality many of our members face on a daily basis: in order to move forward, additional resources are needed. Branding costs money—lots of money. The possibility of obtaining support from a foundation continues to be explored.

A parallel activity that supports increasing the visibility of ASAHP and the allied health brand in the nation’s capital is the work of the Policy and Governmental Relations Taskforce led by **Rich Oliver**. We are also completing the third year of a contract with **John Colbert**, a principal with Capitol Hill Partners. As a result of his fine efforts, which are described on the following page, we now have a presence in an arena that previously had not been tapped to any great extent—the U.S. Department of Labor and organizations that work closely with it such as the National Association of State Workforce Agencies and the National Association of Workforce Boards. His work, along with the continued efforts of our executive director **Tom Elwood**, have added allied health into legislative language. Recognizing that the coming years will lead to more and more deans and directors retiring; our leadership development program, led by **Kevin Rudeen** and **Lori Gonzalez**, is aimed at enhancing the skills of the next generation of academic administrators who will be replenishing the ranks. That activity has been subsidized by ASAHP insofar as no registration fee is charged and financial support has been provided to offset participants’ lodging and travel costs. Meanwhile, efforts continue to obtain foundation support to expand the program by increasing both the content and the number of participants.

In conclusion, “Yes we can” lead our respective programs and faculties in producing quality graduates. I have noted just a few of our activities and the direction in which we currently are moving. What I often think about is this the best direction, one that serves our membership in these trying times? I hope you give these questions some thought and I look forward to an informed and constructive conversation in St. Pete Beach for our Spring Meeting on March 11-12. Looking forward to seeing each of you! Travel safely!

ASAHP'S PRESENCE ON CAPITOL HILL



For a little more than the past two-and-one-half years, ASAHP has had a contract with a government relations specialist by the name of **John Colbert** who is with the firm of Capitol Hill Partners. Although his main focus has been on legislative developments on Capitol Hill, as a result of his efforts other doors have been opened that can accrue to the advantage of the Association's membership. For example, cooperative agreements have been developed with both the National Association of State

Workforce Agencies and the National Association of Workforce Boards, the 560 counterparts at the local level. Since then, deans and directors at ASAHP member institutions have been successful in having their schools included in grant proposals that were prepared by these agencies in pursuit of funding from the U.S. Department of Labor.

More recently, he has enjoyed success in working with Senator Patty Murray (D-WA), who has championed allied health in the Senate version of health reform legislation (H.R. 3590). Her important contribution has been to take the lead on the health workforce portion of the bill. The last paragraph of the article on page one of this issue of the newsletter lists the allied health components that have been included.

A related initiative, and one no less essential, is an effort to have House members agree to accept these provisions. The focus has been on connecting key Senate allies with House Members in a position to influence a bill when it goes to conference, where differences are reconciled.

Along with work on the health reform bill, a parallel development is to have pilot allied health projects included in the Workforce Investment Act that would allow the Departments of Labor and Health and Human Services to target their efforts more effectively to address a looming crisis in the shortage of allied health workers.

The Department of Labor soon will begin distributing funds for the aforementioned grant proposal. More than 800 applications were received for this solicitation. There currently is only enough money to fund a small percentage of these applications, but the House Jobs bill that was passed includes additional funding to allow the Department to as much as triple the number of grantees for this competition. The Senate has yet to act on a Jobs bill, but is expected to do so. ASAHP's lobbyist has been working with both chambers throughout this process to boost funding for the initiative and to include such funding when a conference committee meets to resolve differences between the two bills.

2010-2011 ASSOCIATION CALENDAR OF EVENTS

March 11-12, 2010—Spring Meeting—St. Pete Beach, FL

October 20-22, 2010—Annual Conference—Charlotte, NC

March 15-16, 2011—Leadership Development Program—New Orleans, LA

March 17-18, 2011 — Spring Meeting — New Orleans, LA

October 19-21, 2011—Annual Conference—Scottsdale, AZ

BOARD ACTIONS IN DECEMBER 2009

The Association's Board of Directors had a conference call on December 16. The following actions were among those taken:

- ◆ Approved the Minutes of a Board conference call on November 18, along with the Treasurer's Report.
- ◆ Recommended that position papers by the American Medical Association on professions such as audiology be a continuing agenda item and that ASAHP work with allied health organizations in the states on issues pertaining to scope-of-practice. In addition, as a member of the *Coalition for Patients' Rights*, ASAHP will seek to strengthen its voice in that group on matters that require responses to scope-of-practice initiatives by the AMA.
- ◆ Considered requests by the Research Committee to: modify and augment the ASAHP website, add research components to the Annual Conference, and publish research articles in the Association's *Journal of Allied Health* with a particular focus on areas such as evidence-based studies.
- ◆ Considered a request by the Accreditation Committee to have a panel discussion at the Annual Conference that features specialized accreditation organization representatives.
- ◆ Identified possible locations for Annual Conferences and Spring Meetings in 2012 and 2013.

BOARD ACTIONS IN JANUARY 2010

- ◆ The Association's Board of Directors had a conference call on January 20. The following actions were among those taken:
- ◆ Approved the Minutes of a Board conference call on December 16, along with the Treasurer's Report.
- ◆ Postponed discussion until the Board meeting in March regarding whether access to data from the Association's *Institutional Profile Survey* can be given to outside organizations or individuals.
- ◆ Approved the waiver of registration fees at ASAHP Annual Conferences for the liaison of the National Athletic Trainers' Association. That organization will reciprocate in the same way.
- ◆ Rejected a request from a commercial organization to have a link for its firm on the ASAHP website.
- ◆ Reviewed updates on several initiatives undertaken in recent months.

JOURNAL OF ALLIED HEALTH UPDATE

During the calendar year 2009, the Internet version of the Association's quarterly *Journal of Allied Health* attracted browsers from countries around the world. The following occurred: 4,124 Full Text Downloads, 43,423 Abstract Pages Viewed, and 14,825 Content Pages Viewed.

The most popular article was *A Description of the Outcomes, Frequency, Duration, and Intensity of Occupational, Physical, and Speech Therapy in Inpatient Stroke* by **Joy Karges** and **Stacy Smallfield**. It appeared in the Spring 2009 issue.

2010 ASAHP ELECTIONS

The 2010 election of the Association will involve competition for *Treasurer* (a two-year position), positions on the *Board of Directors* (three-year term), and slots on the *Nominations & Elections Committee* (two-year term). At least one Director's position has to be filled. If any current directors are elected to higher office, however, that number will increase. The deadline for expressing interest in having one's name on the ballot is **March 17, 2010**. Names of nominees should be forwarded to any of the following committee members:

Richard Talbott, Chairperson, at rtalbott@usouthal.edu

Charlotte E. Exner at cexner@towson.edu

Celia R. Hooper at crhooper@uncg.edu

Kenneth Johnson at kljohnson@weber.edu

Bethany Krom at krom.bethany@mayo.edu

Edward O'Connor at edward.oconnor@quinnipiac.edu

Sharon Stewart at srstew01@uky.edu

REDESIGNING CONTINUING EDUCATION IN THE HEALTH PROFESSIONS

A workforce of knowledgeable health professionals is critical to the discovery and application of health care practices to prevent disease and promote wellbeing. Yet, today's professional health workforce is not consistently prepared to provide high quality health care and assure patient safety. One contributing factor to this problem is the absence of a comprehensive and well-integrated system of continuing education in the health professions.

At the request of the Josiah Macy, Jr. Foundation, the Institute of Medicine (IOM) convened a committee to consider the establishment of a national interprofessional continuing education institute dedicated to the improvement of continuing education for the health care workforce. The committee's report, *Redesigning Continuing Education in the Health Professions*, examines continuing education for all health professionals, explores development of a national continuing education institute, and offers guidance on the establishment and operation of an institute to develop a coordinated continuing professional development system.

A *Report Brief* is on the Web at <http://www.iom.edu/~media/Files/Report%20Files/2009/Redesigning-Continuing-Education-in-the-Health-Professions/RedesigningCEreportbrief.ashx>.

PROMOTING ACCESS AND DIVERSITY IN HIGHER EDUCATION

In September 2008, the American Council on Education and the College Board hosted a Presidential Roundtable in Washington, DC entitled, "The Educational Imperative of Diversity: Key Issues for Higher Education Leaders." College presidents, chief diversity officers, and general counsel from nearly two dozen campuses participated in the roundtable. The discussion resulted in the release of a Policy Paper—*A 21st Century Imperative: Promoting Access and Diversity in Higher Education*. In conjunction with the policy paper, the College Board developed and released an Access and Diversity Toolkit for higher education professionals. The paper is on the Web at <http://www.acenet.edu/AM/Template.cfm?Section=CAREE&Template=/CM/ContentDisplay.cfm&ContentID=35302>.

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IMPROVING HEALTH CARE FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

Evidence shows that effective communication between patients, clinicians, and other health care professionals is a critical component of providing high quality care. Furnishing individuals with limited English proficiency (LEP) the means to communicate effectively with their health care providers is critical to improving their experience in the health care setting, the quality of care they receive, and their health outcomes. A report from the Health Research and Educational Trust examines facilitators and barriers to providing language services in California public hospitals.

The report is on the Web at <http://www.hret.org/hret/programs/content/Language-Services-Report.pdf>.

NEW HEALTH LITERACY TOOL AVAILABLE

The Agency for Healthcare Research and Quality (AHRQ) released the *Consumer Assessment of Healthcare Providers and Systems (CAHPS) Item Set for Addressing Health Literacy in English and Spanish*. The primary purpose of the CAHPS Item Set for Addressing Health Literacy is to measure, from the patients' perspective, how well health care professionals communicate with their patients. Only 12 percent of U.S. adults have proficient health literacy. Over one-third of U.S. adults—77 million individuals—could have difficulty with common health tasks such as following directions on a prescription drug label or adhering to a childhood immunization schedule using a standard chart. The Item Set for Addressing Health Literacy offers:

- ◆ Ability to identify specific topic areas for quality improvement (e.g. communication about test results, medications, and forms);
- ◆ Measure of health care professionals' health literacy practices;
- ◆ Ability to recognize behavior that inhibits effective communication (e.g. talking too fast); and
- ◆ Assistance in designing a safer, shame-free environment where patients feel comfortable discussing their health concerns (e.g., showing interest in questions).

The tool is on the Web at https://www.cahps.ahrq.gov/content/products/HL/PROD_HL_Intro.asp?p=1021&s=215.

NEW SCIENCE OF PERSONALIZED MEDICINE

A report from PriceWaterhouseCoopers entitled, *The New Science Of Personalized Medicine: Targeting the Promise Into Practice* posits that the advent of personalized medicine, which targets individualized treatment and care based on personal and genetic variation, is creating a booming market that is bigger than most may realize. It is a disruptive innovation that will create both opportunities and challenges for traditional healthcare and emerging new market participants. The promise of personalized medicine has been predicated upon advances in genomics and proteomics, completion of the human genome map, and development of "targeted" diagnostics and therapeutics.

The report can be accessed on the Web at <http://pwchealth.com/cgi-local/hregister.cgi?link=reg/personalized-medicine.pdf>.

2010 ASAHP MEMBERSHIP DIRECTORY

Based on information updates, finishing touches are being applied to the printed version of the *2010 ASAHP Membership Directory*. Copies will be sent to all members in February.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

U.S. Oral Health Workforce In The Coming Decade

Access to oral health services is a problem for all segments of the U.S. population and especially problematic for vulnerable populations such as rural and underserved populations. The many challenges to improving access to oral health services include the lack of coordination and integration among the oral health, public health, and medical health care systems; misaligned payment and education systems that focus on the treatment of dental disease rather than prevention; lack of a robust evidence base for many dental procedures and workforce models; and regulatory barriers that prevent the exploration of alternative models of care.

A new publication from The National Academies provides a summary of a three-day workshop and evaluates the sufficiency of the U.S. oral health workforce to consider three key questions:

- ◆ What is the current status of access to oral health services for the U.S. population?
- ◆ What workforce strategies hold promise to improve access to oral health services?
- ◆ How can policy makers, state and federal governments, and oral health care providers and practitioners improve the regulations and structure of the oral health care system to improve access to oral health services?

The publication is on the Web at http://books.nap.edu/catalog.php?record_id=12669&utm_medium=email&utm_source=National%20Academies%20Press&utm_campaign=NAP+mail+new+12.01.09&utm_content=Downloader&utm_term=#description.

Bureau Of Labor Statistics Employment Projections

The 2010-11 edition of the *Occupational Outlook Handbook* was released by the U.S. Bureau of Labor Statistics (BLS). Considered the Government's premier source of career information, the Handbook profiles hundreds of occupations. The publication reflects the Bureau's latest employment projections, which cover the 2008-18 decade. The 10-year projections of industry and occupational employment are revised every two years.

The Handbook is on the Web at <http://www.bls.gov/news.release/ecopro.toc.htm>.

Looking Into The Crystal Ball of Future Health Care Delivery

Residents of rural areas in the U.S. are at a disadvantage from the standpoint of lacking access to a wide range of health care services. A new approach to mitigating that disadvantage can be found in the field of dermatology. On average, a dermatologist sees up to 36 patients per day in the office, but if that same physician used the Internet to assess images of patients' skin conditions, he or she could review up to 50 cases per day. Such is the premise behind store-and-forward (S&F) teledermatology, which enables clinicians to evaluate cases without regard to schedule, appointment time, or clinic location.

A new report summarizes criteria for evaluating store-and-forward applications and compares four major, commercially available programs.

The report is on the Web at <http://www.chcf.org/documents/healthit/StoreForwardTeledermatologyApplications.pdf>.

ALLIED HEALTH WORKFORCE WEBINAR

Dean **Harold Jones** and **Stephen Collier**, Director of the Office of Health Professions Education and Workforce Development, from the School of Health Professions at the University of Alabama at Birmingham were featured on a webinar presentation on the topic of the allied health workforce. The event occurred on January 27 and was sponsored by the Health Professions Network (HPN).

Using a series of power point slides, Director Collier reviewed the latest projections from the Bureau of Labor Statistics (BLS) and discussed some underlying assumptions such as the duration of the underlying recession. Comparisons were made between projected growth of the overall workforce in the nation and selected allied health professions, with the latter showing significantly more increases during the period 2008-2018. Breakdowns were provided according to level of education needed as a prerequisite for entering the workforce, i.e., graduate degree, baccalaureate degree, and less than a baccalaureate degree.

He noted a bifurcation trend that is occurring insofar as at the academy level, some professions are moving to graduate level education while in the workplace, employers are hiring individuals with lesser amounts of academic preparation. Depending on the kind of profession and the level of education, it is estimated that for some groups (e.g., physical therapists), not enough practitioners will be produced to meet expected demand while for other professions such as athletic trainers, there may be an oversupply. Another key observation is that for many sound reasons, academic institutions typically are unable to respond in a rapid manner to produce enough graduates to meet fast emerging workplace needs.

Dean Jones considered allied health workforce developments in the context of Congressional efforts to move health reform legislation forward to the point that it can be signed into law by President Obama. He described various drivers that pushed health reform as a priority issue such as the need to contain health care costs and provide universal access. Achieving both objectives may require some reliance on using lower cost providers within their respective scopes-of-practice. He noted that scope-of-practice is a large issue that has the potential to create tension.

Looking ahead to the year 2018, he foresees the possibility of the following kinds of events taking place that will have an impact on the allied health professions:

- ◆ Economic turbulence will continue,
- ◆ Some health professionals will postpone retirement and more part-time employment will occur,
- ◆ Lower numbers of job vacancies will lead to declines in enrollment in academic programs,
- ◆ For-profit and hospital kinds of educational program offerings will increase, and
- ◆ Telemedicine will remain constricted.

Both experts have expressed an interest in preparing articles for upcoming issues of this newsletter. Doing so will enable TRENDS readers to obtain a more complete account of their fine efforts in analyzing the many dimensions of the allied health workforce.

INTERPROFESSIONAL COLLABORATION

The World Health Organization (WHO) and the Health Professionals Global Network (HPGN) are launching a Virtual Global Discussion Forum on Interprofessional Collaboration in Education and Practice during the period February 1-12, 2010. To participate in the discussion and join the HPGN, go to the Web at www.hpgn.org and click on Join Today. The discussion will focus on sharing personal experiences with interprofessional collaboration and exploring ideas on how to help interprofessional collaboration succeed. Once registered, participation can occur by responding to daily e-mail messages or by sending a message to hpgn@hpgn.org.
