

TRENDS *Association of Schools of Allied Health Professions*

HEALTH REFORM IN 2009

HIGHLIGHTS

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Now that a new President is installed in the White House, the clarion call of "health reform" is in the air. Although this nation has a history of making changes slowly and incrementally in the health domain, a severe downturn in the economy may provide a rationale and a strong impetus for taking action that is more comprehensive and at a brisker pace than what has occurred in the past.

The overall challenge is daunting because of the fact that health care represents nearly 17 percent of the nation's Gross Domestic Product. In addition, as unemployment rolls continue to increase, more and more Americans lose health insurance coverage and are added to more than 45 million others who already lacked this protection.

Demographically, the first of 77 million boomers will become eligible for Medicare in two years. During a recent five-year period, the percentage of beneficiaries that reported having two or more chronic diseases increased every year. Increases also occurred for the percentage of beneficiaries that reported having diabetes and osteoporosis. These trends suggest that health costs are destined to go up rather than diminish.

That program, along with Medicaid and Social Security are not sustainable in their present forms. Any serious attempts at reform will have to address Medicare and Medicaid issues. To provide just one illustration, fraud and abuse still plague both programs. From April 2006 through May 2007, the Centers for Medicare & Medicaid Services (CMS) estimated that Medicare improperly paid \$1 billion for durable medical equipment, prosthetics, orthotics, and supplies. Part of the payment went to two fictitious companies foisted on the CMS by the Government Accountability Office (GAO), the congressional watchdog agency.

The composition of the health workforce is another key component. Within medicine, there is a concern that there will not be an adequate supply of primary care practitioners relative to the number of medical specialists. Nursing and allied health already are confronted by serious personnel shortages. As a result of federal funding and other financial support, nursing is in much better shape to address this problem while allied health's woes continue to go unaddressed.

A great many interest groups will be affected by whatever changes are proposed. Entities that view themselves as being at a future disadvantage will mount vigorous efforts to protect cherished turf. Unlike the Clinton health reform package, the Obama version will not arrive on Capitol Hill signed, sealed, and delivered. Congress will be in the driver's seat and all 535 members will be influenced by interest groups in their respective states and districts.



*VANGUARD OF
ALLIED HEALTH EDUCATION*

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PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



I ran across the following poem in a collection by Garrison Keillor, entitled *Good Poems*. Since these clearly are “hard times”, I decided to pick up the Keillor book and noted this one I had dog-eared earlier:

In Answer to Your Query

We are sorry to inform you
the item you ordered
is no longer being produced.

It has not gone out of style
nor have people lost interest in it.

In fact, it has become
one of our most desired products.

Its popularity is still growing.

Orders for it come in
at an ever increasing rate.

However, a top-level decision
has caused this product
to be discontinued forever.

Instead of the item you ordered
we are sending you something else.

It is not the same thing,
nor is it a reasonable facsimile.

It is what we have in stock,
the very best we can offer.

If you are not happy
with this substitution
let us know as soon as possible.

As you can imagine
we already have quite an accumulation
of letters such as the one
you may or may not write.

To be totally fair
We respond to these complaints
as they come in.

Yours will be filed accordingly,
Answered in its turn.

by Naomi Lazard

Ms. Lazard's poem sounds like conversations I am having with my students, faculty, and program directors and department chairs:

(CONTINUED FROM PAGE 2)

Example 1:

Dean H. to Chairman X:

“Yes, the permanent faculty position is still frozen. I know that the position is currently filled with a temporary, emergency hire replacement. We cannot promise the temporary hire that he will be filling the position again this Fall. but go ahead and schedule his courses in the Fall schedule. List the courses as taught by ‘staff’.”

Example 2:

Dean H. to Faculty Y:

“Yes out-of-state travel has been frozen. I know that your travel request was approved, and that you’ve paid for your registration and plane fare. Assume that you’re probably going.”

Example 3:

Dean H. to Student Z:

“Yes, there has been a commitment by the Legislature and the Board of Education not to pass the burden of the cost of higher education on to the students given the state’s economic downturn. I assure you that your matriculation fees will not increase significantly. We will, however, be imposing a new professional fee on your particular program. The alternative is to close the program.”

I look forward to seeing many of you at the end of this month at St. Pete’s Beach and sharing even more of the recent ludicrous conversations I have been having. Just a reminder-- the goal of our Spring meeting is to provide opportunities for deans and other administrative staff members in colleges with allied health programs to increase our base of knowledge.

As you review the agenda for this year’s program on the ASAHP web site, you can see that our Spring Meeting Planning Committee has focused this year’s agenda on the topic of budget management. A significant portion of the meeting will be devoted to workshops focused on improving budgetary decision making. The agenda also includes panels of our peers who will share with us budget cutting strategies and revenue enhancing ideas. We will also devote a portion of our Business Meeting to a rundown on the Stimulus Bill as it applies to higher education by our Washington-based lobbyist. There will be ample opportunities to participate in discussions, some “hot” topics, and others as informal networking.

I hope that as you are making your serious budget decisions, that you can find some funds to allow your participation in ASAHP’s 2009 Spring Meeting. Now more than ever we need support from our peers and expert ideas on how to maneuver these “hard times.”

2009-2010 ASSOCIATION CALENDAR OF EVENTS

March 17-18, 2009—Leadership Development Program—St. Pete Beach, FL

March 19-20, 2009—Spring Meeting—St. Pete Beach, FL

October 19-20, 2009—Leadership Development Program—San Antonio, TX

October 21-22, 2009 —Annual Conference —San Antonio, TX

October 20-21, 2010—Annual Conference—Charlotte, NC

BOARD ACTIONS

The Association's Board of Directors conducted a conference call on February 18, 2009. The following actions were taken:

- ◆ Approved the Minutes of the Board of Directors Conference Call on January 21, 2008, along with the monthly December financial statement and status of investments.
- ◆ Approved a motion to have a membership dues increase of 3% for fiscal year 2010, which begins on July 1, 2009. No dues increase was in effect during the current fiscal year.
- ◆ Approved a motion to nominate **Hugh Bonner** (Dean, State University of New York Upstate Medical University) for reappointment as a representative of ASAHP on the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
- ◆ Agreed that an educational/opinion piece on the subject of the "Potential Impact of Clinical Doctorate Education Programs" be placed on the ASAHP website in addition to distributing copies to national, regional, and specialized accrediting bodies and relevant professional organizations.
- ◆ Approved placing on the ASAHP website a list of peer deans who have agreed to serve as resources for accreditation standards by professional discipline. This item is intended to serve as an evolving member resource.

FISCAL YEAR 2010 DUES

Dues invoices will be mailed to the entire membership on March 2 for fiscal year 2010, which begins on July 1, 2009. Recently, printed copies of the Association's *Membership Directory* were sent by regular mail to all ASAHP members. Anybody who did not receive one is requested to contact staff at Tel: 202-237-6481 or by e-mail at ashley@asahp.org.

HRSA HAS NEW ADMINISTRATOR

Mary Wakefield recently was selected as the new Administrator of the Health Resources and Services Administration (HRSA). Until recently, she served in an administrative position at the University of North Dakota (UND) School of Medicine and Health Sciences where she also was in charge of the newly funded HRSA project to operate the Health Workforce Information Center (HWIC), which is described on page seven of this issue of the newsletter. Her prior experience includes working on Capitol Hill and being a member of the Medicare Payment Advisory Commission (MedPAC). She succeeds **Elizabeth Duke** who is moving to the FDA effective February 28.

HEALTH CARE SPENDING PROJECTED TO BE 20% OF GDP BY 2018

Overall U.S. health care spending will reach \$2.5 trillion in 2009, a 5.5% increase from 2008, when health care spending increased by 6.1%, according to a CMS report published recently in the journal *Health Affairs*. Total health care spending will account for 17.6% of the gross domestic product in 2009, a full percentage point higher than 2008, marking the largest one-year increase since CMS began tracking health care spending in 1960. The report can be accessed on the Web at <http://content.healthaffairs.org/cgi/content/full/hlthaff.28.2.w346/DC1>.

RESHAPING AMERICAN HEALTH CARE



Each passing week reveals more details about President Barack Obama's plan to expand health coverage to individuals who lack it while also focusing on how to curb runaway health care costs. The new leadership team that he would like to have in place has been announced. He wants Kansas Governor **Kathleen Sebelius** (D) to head the Department of Health and Human Services and **Nancy-Ann DeParle** as head of the White Office on Health Reform. The latter has served as Commissioner of the Tennessee Department of Human Services in addition to having worked in Washington at the Office of Management and Budget (OMB) during the Clinton Administration. Once installed, their new jobs will entail developing health reform legislation and selling it on Capitol Hill.

As expected, opposition to any sweeping reform efforts is beginning to take shape. A group called *Conservatives for Patients' Rights* has launched a multi-million dollar, multi-media campaign to prevent increased governmental involvement in health care. The organization is headed by Richard Scott, former owner of the Hospital Corporation of America (HCA). He announced that as much as \$20 million will be spent on this campaign. In response, a new liberal coalition called *Health Care for America Now*. That organization has as much as \$35 million this year to discredit the opposition's claims and work toward the advancement of meaningful legislation on Capitol Hill.

During the last week in February, President Obama submitted his Administration's budget to Congress for the upcoming fiscal year that begins on October 1. It contains the following highlights that involve the Department of Health and Human Services: (1) Accelerates the adoption of health information technology and use of electronic health records, (2) Expands effectiveness research, and (3) Invests \$330 million to address health professions shortages.

Left undone, however, is the matter of appropriations for the current fiscal year for almost all federal agencies, including the Departments of Labor, Health & Human Service, Education and Related Agencies (Labor-HHS). A continuing resolution (CR) is in effect until March 6, which funds these organizations at the previous year's level. During the last week in February, the House approved a 1,123 page omnibus appropriations bill that was accompanied by a 1,844 page Statement of Managers. These items drew the ire of Senator John McCain (R-AZ), noting that the legislation contained 9,000 earmarks that he characterized as unnecessary and wasteful pork barrel spending. He went on the floor of the Senate to indicate that if it is enacted, funding for the second half of this fiscal year will represent a 10 percent increase over the previous year's spending level.

REGIONAL VARIATIONS IN MEDICARE SPENDING

The February 25 issue of *The New England Journal of Medicine* contains an analysis of regional variations in Medicare spending. The expansion of health insurance coverage in the United States is likely to be on the front burner of health care reform efforts in the new presidential administration. Boiling on the back burner, however, is perhaps the most serious threat to Americans' access to care: rapid growth in health care costs. Three regions—Boston, San Francisco, and East Long Island, New York—started out with nearly identical per capita spending, but their expenditures grew at markedly different annual rates: 2.4% in San Francisco, 3.0% in Boston, and 4.0% in East Long Island.

Although such differences may appear modest, compounding leads to enormous differences in spending levels over time. By 2006, per capita spending in East Long Island was \$2,500 more than in San Francisco—which translates into about \$1 billion in additional annual Medicare spending from this region alone. What's going on? It is highly unlikely that these differences in growth could be explained by differences in health. Marked regional differences in spending remain after careful adjustment for health and there is no evidence that health is decaying more rapidly in one city than in another.

ONE-STOP SHOPPING FOR HEALTH POLICY INFORMATION

Similar in many ways to the U.S. health care system itself, efforts to improve it are complex. Every policy prescription to solve one problem ripples through the system in ways that are not easily identified or understood. RAND Health created COMPARE (Comprehensive Assessment of Reform Efforts) in recognition of these complexities and the need for objective information to inform health policy decision-making.

COMPARE is a first-of-its kind online resource that provides one-stop shopping for objective analysis of health policy issues. Features of COMPARE's innovative Web site include (1) facts and figures about the current state of the U.S. health care system, focusing on key dimensions of health system performance, (2) descriptions of policy options for changing the health care system, and (3) inventory and status of prominent federal, state, and private health care reform proposals. This resource can be accessed on the Web at <http://www.randcompare.org/>.

COMPLEMENTARY AND ALTERNATIVE MEDICINE USE AMONG ADULTS AND CHILDREN

Approximately 38 percent of adults in the United States aged 18 years and over and nearly 12 percent of U.S. children aged 17 years and under use some form of complementary and alternative medicine (CAM), according to a new nationwide government survey. This study marks the first time questions were included on children's use of CAM, which is a group of diverse medical and health care systems, practices, and products such as herbal supplements, meditation, chiropractic, and acupuncture that are not generally considered to be part of conventional medicine.

The survey, conducted as part of the 2007 National Health Interview Survey (NHIS), an annual study in which tens of thousands of Americans are interviewed about their health- and illness-related experiences, was developed by the National Center for Complementary and Alternative Medicine (NCCAM), a part of the National Institutes of Health (NIH) and the National Center for Health Statistics (NCHS), a part of the Centers for Disease Control and Prevention (CDC). The survey included questions on 36 types of CAM therapies commonly used in the United States—10 types of provider-based therapies, such as acupuncture and chiropractic and 26 other therapies that do not require a provider such as herbal supplements and meditation.

The report is available on the Web at <http://nccam.nih.gov/news/2008/nhsr12.pdf>.

HOW AHRQ-SUPPORTED RESEARCH IS IMPLEMENTED

To help advance its goal of improving health care for all Americans, the Agency for Healthcare Research and Quality (AHRQ) held its second annual conference on September 7-10, 2008, in Bethesda, MD. This conference was designed to be a showcase of the best of the agency's research and provide examples of how that research is being implemented at all levels in health care delivery.

Entitled "Promoting Quality... Partnering for Change," the conference featured presentations in five major themes: Health Information Technology (Health IT), Prevention/Care Management, Effective Healthcare, Patient Safety, and Value/Innovations/Emerging Issues.

The presentations are available on the Web at <http://www.ahrq.gov/about/annualmtg08/#TH5>.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Workforce Information Center Created

The new *Health Workforce Information Center* (HWIC) provides information on health workforce solutions in one centralized and easy-to-access online location. Resources available through HWIC's Web site will help health providers, educators, researchers and policymakers around the nation develop strategies to meet future workforce demands. Funded by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) and operated by the University of North Dakota (UND) School of Medicine and Health Sciences, the center will offer the latest on health workforce programs and funding sources; workforce data, research and policy; educational opportunities and models; and news and events, also available through e-mail updates.

Visitors will have a broad range of publications and other resources at their fingertips. The site also offers free, customized assistance from information specialists (digital librarians), who will search databases on workforce topics and funding resources, furnish relevant publications, and connect users to workforce experts and federal programs, among others. The site can be accessed on the Web at www.healthworkforceinfo.org.

Overcoming Language Barriers To Health Care

A publication from The California Endowment describes policy efforts at state and federal levels to overcome language barriers to health care faced by non-English speaking patients. Importantly, this case study demonstrates the critical role that the administrative and regulatory process plays in establishing and implementing public policy. It also describes the inter-relationship between state and federal policy.

The report can be accessed on the Web at

http://www.calendow.org/Collection_Publications.aspx?coll_id=22&ItemID=312#.

CHEA Federal Update Created

The new *CHEA Federal Update* of the Council on Higher Education Accreditation (CHEA) will provide information on federal policy developments affecting accreditation, self-regulation and peer review. As with the earlier *HEA Update* used throughout the reauthorization of the Higher Education Act, the *Federal Update* will keep CHEA institutional members, CHEA-recognized accreditors and the public informed about significant actions by the federal government as these relate to accreditation.

Early *Update* issues will focus on the negotiated rulemaking process for accreditation that begins March 4, 2009. This resource can be accessed on the Web at

http://www.chea.org/Government/FedUpdate/CHEA_FU01.html.

The Path To A U.S. High Performance Health System

A comprehensive set of insurance, payment, and system reforms could guarantee affordable health insurance coverage, improve health outcomes, and slow the growth of health spending by \$3 trillion by the end of the next decade, according to a new report released by the Commonwealth Fund Commission on a High Performance Health System. The report details the Commission's recommendations for an integrated set of policies and assesses the impacts of specific policy actions from 2010 to 2020 compared to the status quo.

The report is on the Web at

http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Feb/The%20Path%20to%20a%20High%20Performance%20US%20Health%20System/1237_Commission_path_high_perform_US_hlt_sys_WEB.pdf

ASAHP'S WEBSITE ENHANCED



University of Missouri Website Graphic

Until recently, any browser who visited the Association's website would see photos that depicted various kinds of allied health practitioners on the homepage. Clicking the refresh button would produce a new photo. Thanks to a grant from the ASAHP Board Fund to the *Health & Education Policy and Government Relations Task Force*, the site has been enhanced by adding photos and accompanying stories from member institutions.

Several schools have furnished this information and more members are encouraged to do so. The effort was initiated by the Task Force, which is headed by **Richard E. Oliver** (Dean, University of Missouri at Columbia). Over-and-above the perceived value of enabling browsers to learn something about what allied health researchers and practitioners do to improve patient care, this information will provide a basis for preparing supplementary printed items that will be targeted at key Senate and House committee members on Capitol Hill for the purpose of seeking federal support for allied health.

Stories with an emotional impact often are highly valued by legislators. Even at the level of campaigners in quest of being elected President of the U.S., it is common to hear anecdotes during debates and on the political hustings that describe a single case, which is supposed to illustrate what essentially is wrong with the entire way in which health care is provided. Whether the anecdote involves some egregious shortcoming or an innovative approach to providing care by an allied health professional, such tales have the power to make positive things happen in policy circles in Washington, DC. For additional information on how to add photos and stories to the ASAHP website, deans and directors at members institutions should contact Jessica Kaplowitz at jessicakaplowitz@asahp.org.

SPRING MEETING FEATURES DEANS' PANEL DISCUSSIONS

The Association's *2009 Spring Meeting* in St. Pete Beach, FL on March 19-20 will feature discussions by two different panels of deans. Panel I will involve presentations by **E. Andrew Balas** (Old Dominion University), **Paul P. Brooke, Jr.** (Texas Tech University Health Sciences Center), and **David C. Shelledy** (Rush University) on the topic of "Alternate Sources of Revenue Generation/Entrepreneurial Skills in Higher Education." **Edward "Ted" Kelley** (University of Medicine & Dentistry of New Jersey) will moderate the discussion.

Presentations for Panel II will be made by **Richard E. Oliver** (University of Missouri at Columbia) and **Denise Heinemann** (Florida Gulf Coast University) on the topic of "Efficiencies (Core Curricula and Strategic Partnerships, Faculty, Workload, and Interdisciplinary Collaboration)." **Barry S. Eckert** (Long Island University-Brooklyn Campus) will serve as moderator.