

TRENDS

**Association of
Schools of
Allied Health
Professions**

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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WHERE AMERICANS LOOK FOR HEALTH INFORMATION

The Internet has joined doctors and family members as one of the top three sources that individuals use to find answers to their health questions. A survey by the Pew Research Center's Internet & American Life Project and the California HealthCare Foundation describes how American adults use the Internet to gather and share health information and how trends have shifted in the last decade.

Nine years ago, 46% of American adults had access to the internet, 5% of U.S. households had broadband connections, and 25% of American adults looked online for health information. Now, 74% of American adults go online, 57% of American households have broadband connections, and 61% of adults look online for health information.

American adults continue to turn to traditional sources of health information, even as many of them deepen their engagement with the online world. When asked, "Now thinking about all the sources you turn to when you need information or assistance in dealing with health or medical issues, please tell me if you use any of the following sources..."

- 86% of all adults ask a health professional, such as a doctor.
- 68% of all adults ask a friend or family member.
- 57% of all adults use the internet.
- 54% use books or other printed reference material.
- 33% contact their insurance provider.
- 5% use another source not mentioned in the list.

One-half of all online health inquiries (52%) are on behalf of someone other than the person typing in the search terms. Two-thirds of these seekers talk with someone else about what they find online, most often a friend or spouse. The survey question did not specify whether these conversations take place face-to-face, over the telephone, or online, but it is clear that the pursuit of health information does not happen in a social vacuum.

The implications for allied health professionals are quite clear. Overall, they spend large quantities of time with patients in dental hygiene work settings and in clinics where various forms of therapy are furnished. They have an obligation to provide health information clearly and concisely. They also must make an effort to stay abreast of the latest developments in their respective fields. In addition, since they might not have all the answers to patient inquiries, they should be aware of reliable sources that can be used for referral purposes. Schools have a role to play in producing competent health communicators.

PRESIDENTS' MESSAGE

By Linda C. Hatzenbuehler, ASAHP President



I am in the final quarter of my ASAHP presidency. One of the projects I have been interested in is orchestrating some changes to the ASAHP web site. Whereas web sites in the past were convenient repositories of information, they have become the “front porches” of organizations.

In order to finish the job, we need your help. Web sites are the first points of contact and are key to viewers' initial impressions of organizations. I am quite sure you all scrutinize your own websites with that in mind. I want to see ASAHP's web site promote the value of ASAHP to its members. By promoting ASAHP as an organization, we are promoting allied health.

I have shared publicly on many occasions why I have been a member of ASAHP for over twenty years. I appreciate everything that ASAHP does to *advocate* for the many health professions outside of medicine, dentistry, and nursing. Our work with Workforce Boards and our attention to federal legislation are just two examples of ASAHP's advocacy work. I think we need to toot our horns as unique in our efforts in that regard. We are also the source of *current events* relevant to the allied health professions. Our routine publications keep members abreast on national and international policies and professional activities of interest.

ASAHP has also helped me to connect with other administrators who grapple with the same challenges I do: recruiting faculty; completing accreditation self studies and meeting accreditation guidelines; searching for grant funding; organizing interdisciplinary experiences for students; improving cultural awareness and language skills among faculty and students; and wooing donors to name just a few. We have added a Frequently Asked Question section to our web site that helps capture the rich advice that is routinely shared among members and a search capacity so specific topics can be easily accessed. Simply put, ASAHP is the conduit to a substantial *data and a support network* that helps me do my job.

ASAHP also provides a venue for *interdisciplinary research* by organizing an annual conference and publishing a journal, and we are the only organization that provides *continuing education* for the unique aspects of allied health program administration. Our leadership programs and our spring meetings clearly address this organizational function.

How can we do a better job of showcasing what we are as an organization and what we do? Our Executive Director Tom Elwood is always looking for concrete web site upgrade suggestions. Please take a moment and surf around our web site and Google topics to see if our web site shows up as a link to your topic of interest. I had thought of adding a testimonial section which provides quotes from members of ASAHP's value to them. What do you think about that?

These are tough financial times. My president has issued a mandate that subscriptions and memberships be cut in half university-wide. Such mandates potentially jeopardize our membership base and our efforts to increase membership in the organization. We need to make sure that our “front porch” is welcoming and motivating. Please help us out.

HEALTH REFORM AND THE HEALTH WORKFORCE



In the Ithaca chapter of the novel *Ulysses* by James Joyce, he used the expression “incipient intimations of proximate dawn.” Beginning in 1912 in this nation, efforts have been undertaken to provide health care to all Americans, but that dawn remained elusive. Along the way there have been monumental achievements such as: Title V of the Social Security Act in 1935, provided federal grants-in-aid to the states for maternal and child health and for crippled children’s programs, Titles XVIII and XIX of the Act in 1965 were created to establish the Medicare and Medicaid programs, Title XVIII was amended in 1972 to provide coverage for the disabled and for individuals who suffer from end-stage renal disease, and Part D of the Medicare program was added in 2003 to provide out-patient drug coverage to that program’s beneficiaries.

Overall health reform has proven to be more elusive, with the most significant recent failure occurring in 1993 during the Clinton Administration. Now, a full-scale effort is underway in 2009 with President Obama signaling that he wants to sign a major bill into law by the end of October of this year. Perhaps the next few months will bring about the dawn of a new era in the provision of health care services.

Thus far, ASAHP has been directly responsible for including language that previously did not exist in certain sections of the 615-page health reform bill of the Senate Health Education, Labor, and Pensions (HELP) Committee. Originally, it appeared that a new section involving a loan forgiveness program for allied health would be part of the proposed legislation, but it was stripped from the draft that was circulated in June. Then, as a result of a concerted effort by ASAHP, it was reinstated and remained intact during the markup phase of this legislation that focused on the health workforce. In addition, another new section pertaining to mid-life careers had its language enhanced to state the presence of allied health more clearly and emphatically. That section contains an authorization of \$60,000,000 to be divided evenly between allied health and public health.

The Senate Finance Committee bill awaits a markup in July. On the House side, three committees have been developing a single bill. Eventually, the two Senate versions will have to be reconciled with one another and that consolidated piece then will have to be reconciled with the House bill. According to disclosure efforts, the health care industry is spending more than \$1.4 million per day on lobbying efforts to influence the final product. Overall, health care companies and their representatives spent more than \$126 million on lobbying during the first quarter of this year, leading all other industries. While ASAHP lacks the wherewithal to compete financially, the Association will continue to plead its case that any health reform initiative must include a focus on the health workforce in general and the allied health workforce in particular. The Senate HELP Committee bill constitutes a most positive start in that direction.

2009-2011 ASSOCIATION CALENDAR OF EVENTS

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

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

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

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

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

PERSONAL ELECTRONIC HEALTH RECORDS

ASAHP BOARD MEMBER BARRY S. ECKERT, PH.D.

DEAN, SCHOOL OF HEALTH PROFESSIONS

LONG ISLAND UNIVERSITY—BROOKLYN

For many years the importance and usefulness of electronic patient records has been recognized and discussed at many levels. Health care systems, physician's offices, pharmacies and many other facilities have begun using digital patient records in many different formats. Generally these digital records have been used "in-house" by each provider but sharing of information, although recognized for its benefits, has not occurred to any great extent.

The Obama administration, in conjunction with its efforts in the area of health care reform, has stated as a priority that creation of a national system of personal digital health records. One purpose within the American Recovery and Reinvestment Act is "development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information".

In keeping with these priorities, the Friends of the National Library of Medicine (FNLM) 2009 Annual Conference was focused on Personal Electronic Health Records: From Biomedical Research to People's Health. The conference, held on May 20-21, 2009 on the NIH campus at the Natcher Center, featured presentations by 25 experts in the field. The conference was co-organized by Andrew Balas, Dean of the College of Health Sciences at Old Dominion University, and Jonathan Perlin, Chief Medical Officer, HCA and Adjunct Professor of Medicine & Biomedical Informatics, Vanderbilt University.

The conference opened with a thorough discussion of the economic impact, benefits and challenges of Electronic Health Records (EHR). Health care is a large component of the Gross Domestic Product (GDP), particularly in the current economy and will continue to be strong. Information management is a major infrastructural component of health care and the largest sector in health care is office support. Therefore improvements, efficiencies and improvements in accuracy will have positive impacts on health care that ripple through the system and result in overall cost savings, unless they are squandered elsewhere.

Clearly it is the "anytime-anywhere" aspect of centralized EHR that is fundamental to its potential benefits because of transportability, reduction in duplication and, potentially, reduction in errors. However, the process is not simply installing computers/networks and typing in patient records, although this is fundamental. The critical steps are information sharing, integration of functions, data management and universal access.

The tremendous potential positive impact of EHR on research and clinical trials was also discussed. Certainly centralization of patient records will facilitate identification of patients who qualify for various clinical trials and, thus, should address access issues for many trials. Information access will also facilitate blind controls for these trials as well as long term patient follow up and expanded outcomes data. Similarly research in epidemiology and related areas ought to see huge benefits through access to patient records, anonymously if necessary. The resulting increase in the volume of data that can be studied will improve understanding of health trends and disease processes at the population level.

These exciting potential developments do not come without challenges. The concept of such wide access to EHR raises many concerns related to HIPAA and ethical access to information. There will be significant policy issues to address regarding control of access and safeguards against violations of privacy. In addition,

Institutional Review Boards will need to examine changes in access to electronic data as it relates to research to insure the privacy of human subjects in the many expanded clinical trials that are likely to benefit from EHR. Of course, public opinion regarding privacy, abuse of data and related issues will be a huge factor that needs to be addressed. Beyond these policy issues, the vast amount of data that will potentially be pooled exacerbates problems with data accuracy, consistency of language and bias in reporting.

Consider the following example: A patient in respiratory distress dies soon after arriving in the emergency room. The cause of death appears to be pneumonia. But did the patient simply die of pneumonia or was the pneumonia a result of an immune system compromised by AIDS? Which gets reported in the EHR? The need for consistency in reporting structure, style, language and related factors is enormous.

Finally, advances in genetics must receive careful consideration. The benefits of genomic databases are well documented in cases where risk can be identified and managed to the benefit of the patient. However, concerns of abuse of genomic information in a patient record are serious. If a patient is identified with certain risk factors, is there the potential that he/she might be denied benefits, employment or treatment? These are serious policy issues to be addressed.

A significant part of the conference was devoted to presentations from a number of health care providers and insurers who described the EHR systems they have in place. All had impressive systems for management of health information, test results, images, physician notes, genomic information etc. It was particularly noteworthy that there were many variations in number of screens, user interface and levels of integration. One observation stands out, which is that there is a long way to go for these systems to interface with each other, share data and be truly integrated.

Interestingly, two major companies have launched websites that are designed to securely host health information and electronic patient records. In fact, the U.S. Military has adopted these to serve as platforms for EHR of military personnel so that information can be accessed from anywhere. Clearly there is much to be decided about the format and design of a universal EHR as well as about the platform that supports it.

The last session of the conference asked the question “If We Were Starting Now: What is Needed for the Electronic Health Record of the Future?” Many of the answers to this question can be surmised from the discussion above: integration of data across systems, universal access and a multitude of policies to support and address the many challenges. In order to achieve this, one must look at the structure of the health care system that is being supported and design an information system that will serve multiple purposes.

Physicians, nurses, allied health professionals and pharmacists, to name a few, all have special requirements of a universal EHR system. Patients certainly have specific needs for their own records. The records should be designed to inform decisions and support health care planning and prevention, not just treatment. At the same time, the EHR must be a repository of information that can be accessed, sometimes urgently, as a foundation for good care and treatment. This concept of an electronic health record that supports treatment, prevention, health planning and even public health is a tall order. There is much to be done. For more information about the conference: http://fnlm.org/Conference_Program_2009.html.

ASAHP ELECTION REMINDER

Association members are reminded that ballots for the next ASAHP election will be available electronically on July 15, 2009. The election period will be open until August 15. Votes will be tallied in September. In order to have them counted, membership dues must be paid by September 1.

HEALTH REFORM AND INTER-PROFESSIONAL CARE AND EDUCATION

ASAHP Past President **Stephen L. Wilson** (The Ohio State University) serves as Chairperson of the *Advisory Committee on Interdisciplinary, Community-Based Linkages*, one of four advisory committees on the health professions at the Health Resources and Services Administration (HRSA) within the U.S. Public Health Service. The other committees represent medicine, nursing, and primary care. On June 19, he and the other advisory committee chairpersons sent a joint letter containing recommendations to HHS Secretary Kathleen Sebelius and members of key Congressional committees regarding how to increase access to quality health care through innovative, inter-professional approaches. Some of these recommendations are:

- ◆ Restructure health care reimbursement programs paid for by the federal government (Medicaid, Medicare, Federal Employer Health Benefits, GME) to reimburse for cost-efficient forms of nontraditional, inter-professional team based care. These services include traditional services as well as specific reimbursement for additional cost—saving activities such as: case management/care coordination and electronic visits.
- ◆ Give funding priority to education and training programs that: design, evaluate and disseminate inter-professional educational programs that prepare health care professionals to work effectively within the Patient-Centered Medical Home, provide financial support for faculty that instruct and supervise students in clinically based inter-professional practice, and develop faculty skills across all health professions for inter-professional education and training.
- ◆ Modify Federal funding for health professions training (Title VII and CMS funding of GME) to: restructure funding streams to eliminate barriers to training all healthcare professionals (medical, nursing and all other health personnel) together, and require programs to support competency-based education and training that provides an inter-professional educational component.
- ◆ In recognition of the success of ongoing training programs, restore funding for: the *Allied Health Projects Program* and the *Quentin N. Burdick Program*, expanding its scope to both rural and non-rural community-based and hospital-based programs to provide services to primarily underserved populations.
- ◆ Fund demonstrations of inter-professional team collaborations led by providers of different disciplines that implement a chronic care management model in primary and specialty care to evaluate effects on: access, quality, cost efficiency, effectiveness of electronic communication, and payment systems.

REPORT ON COMPARATIVE EFFECTIVENESS RESEARCH

The Federal Coordinating Council for Comparative Effectiveness Research (FCCCER) on June 30 published its "Report to the President and Congress." The document provides the definition of CER that according to officials at the Department of Health and Human Services (HHS) will guide allocation of \$700 million in ARRA CER funds for the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health (NIH).

The council also fulfilled its ARRA-mandated responsibilities to describe current Federal activities in CER and to make recommendations on how the HHS Secretary should spend an additional \$400 million in ARRA funding to accelerate the development and dissemination of CER. The report can be accessed on the Web at <http://www.hhs.gov/recovery/programs/cer/cerannualrpt.pdf>.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Good Teaching: What Is It And How Is It Measured?

The Spring 2009 issue of *Peer Review* published by the American Association of Colleges and Universities (AACU) addresses specific challenges faculty are facing in the classroom today. It explores issues related to developing collaborative and hands-on learning opportunities, research on the relationship between expectations and achievement, and ways to teach about controversial subjects and issues that challenge students' deeply held beliefs. One article is entitled, “ [Becoming an Effective Teacher Using Cooperative Learning: A Personal Odyssey](http://www.aacu.org/peerreview/pr-sp09/pr-sp09_millis.cfm).” It can be accessed on the Web at http://www.aacu.org/peerreview/pr-sp09/pr-sp09_millis.cfm.

Most Staff Not Reporting Medical Errors In Hospitals

According to the Agency for Healthcare Quality and Research (AHRQ), on average, over one-half (52 percent) of hospital staff surveyed did not report any medical errors in their hospital over a 12-month period, according to a report based on data from nearly 200,000 hospital staff from 622 hospitals nationwide. The *Hospital Survey on Patient Safety Culture: 2009 Comparative Database Report* is an update that summarizes the latest results from hospitals that have administered the *AHRQ Hospital Survey on Patient Safety Culture*. Teamwork within hospital units and supervisor and manager support for patient safety are areas of strength for most hospitals, but non-punitive response to error and handoffs continue to be main areas for improvement in patient safety culture. Trend analyses found that hospitals with improvements over time in non-punitive response to error had slight increases in event reporting. The report can be accessed on the Web at <http://www.ahrq.gov/qual/hospsurvey09/hospsurv091.pdf> and <http://www.ahrq.gov/qual/hospsurvey09/hospsurv092.pdf>.

Older Population In The US: 2007-2008

The Census bureau has produced a series of detailed tables with data on a wide range of demographic and socioeconomic characteristics of individuals 55 and older. Topics covered include marital status, educational attainment, nativity and citizenship status, labor force and employment status, occupation, earnings, poverty, and housing tenure. The data, collected by the *Current Population Survey*, pertain to the non-institutionalized population and are shown for selected age groups. The report can be accessed on the Web at http://www.census.gov/population/www/socdemo/age/age_sex_older.html.

Trends In The Use Of Complementary And Alternative Medicine

A videocast from the National Institutes of Health (NIH) on the topic of *Trends in the Use of Complementary and Alternative Medicine: Data from the National Health Interview Survey* was presented on June 1, featuring Richard Nahin from the National Center for Complementary and Alternative Medicine. The videocast can be accessed on the Web at <http://videocast.nih.gov/PastEvents.asp?c=0&s=31>.

Health Care Reform: An Introduction By The Congressional Research Service

The topic of health reform is at the top of news stories currently. A report from the Congressional Research Service (CRS), a resource of Congress, provides an introduction to the topic of health care reform. It focuses on three predominant concerns—coverage, cost and spending, and quality—along with some legislative issues within which they likely will be debated such as the scope of reform, the choice between public and private coverage, and whether employment-based insurance should be strengthened, weakened, or left alone. The report can be accessed on the Web at http://assets.opencrs.com/rpts/R40517_20090414.pdf.

2009 ASAHP ANNUAL CONFERENCE PROGRAM

Copies of the *Preliminary Program* for the **2009 ASAHP Annual Conference** that will be held on October 21-23 in San Antonio, TX were sent to all Association members by regular mail and by e-mail. A copy also can be accessed from the homepage at www.asahp.org. Registration fees for this event remain unchanged from last year.

As part of the upcoming conference, there are opportunities for institutions and organizations to showcase their respective products and services by:

- ◆ Advertising in the official program of the Annual Conference,
- ◆ Sponsoring an ASAHP Annual Conference event, or
- ◆ Mounting an exhibit.

Information about these items also can be accessed from the center of the homepage at www.asahp.org. The deadline for responding and making payment is **August 17, 2009**. Additional ways of being involved in the conference are to announce the event in an ASAHP member institution newsletter, create a link between a member institution website and the ASAHP website, or request that conference information be sent to other interested parties.

A *Call for Abstracts* was issued on March 30 with a deadline of May 15 to submit them. The general areas of research, education, and practice served as a basis for the solicitation. Of the 69 that were submitted, a total of 32 were selected for presentation in concurrent sessions and they are listed at www.asahp.org. In addition, there will be a poster session and a reception. For those individuals whose abstracts were not accepted for presentation in concurrent sessions, they have an option to participate in the poster session instead.

FORMAL AGREEMENT ASSIGNED WITH WORKFORCE BOARDS ORGANIZATION

In June, ASAHP signed a formal agreement with the National Association of Workforce Boards, an organization that represents 650 local workforce investment boards around the United States. The purpose is to enhance the likelihood that there will be significant interactions between colleges and universities belonging to ASAHP and these entities, which are federally funded.

As an example of a fruitful partnership, the Baptist College of Health Sciences' Division of Allied Health just completed an application and was approved as an educational provider for its local Workforce Investment Network, which sponsors scholarships to students training to enter the workforce. College officials are in the process of completing a contract with the local WIN for scholarship support available to students entering professional programs in diagnostic medical sonography, health care management, nuclear medicine technology, radiation therapy, and respiratory care.

While historically there have been scholarships available for nursing students, there have been few available for students in allied health. This partnership will assist the college in meeting local/regional workforce needs by financially helping students interested in the allied health professions. The scholarships are for up to \$4,000/per year for the last two years (professional phase) of baccalaureate programs. Since there are low student attrition rates, once these individuals enter the professional phase of the curriculum, the probability that WIN's investment will have a positive impact on the health workforce is increased.

Similar anecdotes will be included in this newsletter as they come to the attention of ASAHP staff. Association members are encouraged to provide examples of successful interactions with workforce board personnel.