ROUTE TO: ____________________

TRENDS

Association of Schools of Allied Health Professions

HIGHLIGHTS

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VANGUARD OF ALLIED HEALTH EDUCATION

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CONSENSUS ON ACCREDITATION REGULATIONS

According to information provided by the Council for Higher Education Accreditation (CHEA), the negotiated rulemaking committee on accreditation reached final consensus on proposed regulations implementing the new accreditation provisions of the Higher Education Opportunity Act of 2008 (HEOA). This outcome took place at the third and final meeting of nonfederal negotiators and U.S. Department of Education (USDE) officials in Washington, D.C. on May 18-19, 2009.

Regulations establish the means by which new accreditation provisions in the law are to be implemented. They are as important to institutions and accreditors as the law itself. The committee, meeting since March 2009, considered 16 regulatory proposals presented by USDE. The nonfederal negotiators devoted significant time and effort to clarifying and limiting the number and scope of proposed new regulations.

A number of the proposed rules will alter the work of accrediting organizations and modify the institution-accreditor relationship. Some of the most important are: the expanded role of USDE officials in making decisions about whether or not accreditors are to be recognized and a requirement that accreditors assure that institutions track students in distance education or correspondence education.

The committee agreed to new rules that require accrediting organizations to consider correspondence education as separate and distinct from distance education as this relates to accreditation, preaccreditation, and expansion of scope. The committee also agreed to new rules that reflect the new statutory definition of "distance education." Accrediting organizations are required to assure that institutions track the identity of students who participate in distance education or correspondence education offerings, while protecting students' privacy and notifying students of any additional costs associated with such verifications.

The committee agreed to new rules that require accrediting organizations to provide training for accreditation teams, including attention to distance education and correspondence education where needed. The new rules reflect the statutory language. A Notice of Proposed Rulemaking, including the proposed regulations and the preamble, will be published in the *Federal Register* on or about July 31, 2009. Institutions, accreditors and other interested parties will have a 30-day period during which to comment. Final regulations must be published in the *Federal Register* by November 1, 2009 in order for the regulations to become effective on July 1, 2010.

PRESIDENTS'S MESSAGE

By Linda C. Hatzenbuehler, ASAHP President

I have struggled with this TRENDS column because I couldn't decide what I wanted to write about, and then I went on vacation. I apologize for the lateness of this issue of TRENDS. It's my fault, not Tom's. He always patiently waits for me to submit my column. Thanks, Tom.

One of the things that happened, while I was on vacation, was that I received a call from a producer of Public Television picking my brain about the health care reform that is afoot at the Federal level. Obviously, living in the middle of Pocatello, Idaho, I hardly have my finger on the pulse of all of the Federal changes, but as a Dean who administrates a number of allied health programs, in addition to programs in nursing, dentistry, and medicine, I am concerned about what's going on at the Federal level. I know that President Obama's approach to health care reform is quite different from that of former President Clinton. The Clinton Administration attempted to develop its own health care reform package. President Obama has turned over the job to his former colleagues in Congress, with three provisos—cover more people, decrease costs, and don't impact quality.

I also know that my neighbor to the north, Senator Max Baucus, is taking a lead role in the health care reform initiative given his position as Chair of the U.S. Senate Finance Committee. Interestingly, I met Senator Baucus almost 20 years ago, when he visited my campus to provide a lecture on health care reform during our annual Idaho Conference on Health Care. I am sure he is delighted with the ominous task on his plate in that he has been interested in reforming the American health care system for a very long time.

Baucus's committee is supposed to be completing a draft for review by the House of Representatives sometime this summer, and the overall goal is for some significant changes to make it through Congress by the end of the calendar year. The skepticism which comes with my age suggests that this is an overly ambitious timeline that is unlikely to be met. Hence, I approach the timeline with doubt and yet hope. I am optimistic that something is going to change. For the first time, I'm beginning to hear that big business in America is drawing the line in the sand and promoting the fact that they can no longer compete in a world market given their fringe benefit costs. I've heard GM described as a health care system that used to make cars, and Starbucks as a health care system that brews coffee. They've complained before, but this time they are turning to the government for reform. In my opinion, the perfect storm is brewing.

My optimism, however, does not come without concerns. You have all heard me refer to Medicare and Medicaid as the "White Corvairs" of American policy. That comment emanates from the fact that in the mid-60's, when these two entitlement programs were developed, that's the car I was driving, and it has subsequently been taken off the road. I worry that the reform in process will simply be an adjustment of these antiquated systems rather than a full overhaul. My problem with Medicaid is that it's so grounded in the medical model and just does not meet the needs of many people who need health insurance, namely those with mental illnesses and those who are aged but not necessarily chronically ill. I also worry that the smartest approach to health care, namely prevention programs, will be obfuscated by the need to cover the cost of taking care of people who are already sick. I have heard that one option being discussed is to provide the option of purchasing a government-funded policy in addition to purchasing privately-owned policies as we do now. Hopefully, this does not simply mean that people will be able to buy into the Medicaid program.

WILL HEALTH REFORM ADDRESS WORKFORCE ISSUES?

During the last several decades, efforts to reform health care have focused on providing coverage for the uninsured, improving quality, and lowering costs, but precious little attention has been paid to the health workforce itself. Whether that pattern will repeat itself in 2009 is a debatable proposition, but it is true that much emphasis once again is on coverage, quality, and cost. Many conditions today are similar to what existed in 1993. The White House has an occupant who is a Democrat. He has made health reform a centerpiece of his Administration and his party is in control of both chambers in Congress. Fueling a sense of urgency that major changes involving health care must be made is an economy that continues to experience a downturn as measured by factors such as rising unemployment.

Most activity on the Senate side of the Hill revolves around the Finance Committee headed by Chairman Max Baucus (D-MT), and the Health, Education, Labor, and Pensions Committee headed by Edward Kennedy (D-MA). Recently, the latter began circulating an outline of health care overhaul legislation that includes a requirement that all individuals obtain coverage and that employers provide contributions, along lines of a Massachusetts health insurance law enacted in 2006. According to the draft summary, the bill calls for a public, government-sponsored health insurance option that would compete with private insurers, in addition to expanding Medicaid eligibility. Hearings on the bill and markup are scheduled to occur in June, which suggests a pace quicker than what may occur by the Finance Committee.

Senator Kennedy's committee would be the logical place for health workforce items to be included in the bill. Current legislation in the form of Titles VII and VIII of the Public Health Service Act need to be reauthorized. Presently, allied health is addressed by Section 755 of Title VII, but no funds are made available specifically for allied health. Thus, it would be fitting to take the various unauthorized pieces and build them into a health reform bill.

A template exists for doing so involving allied health. Although it was not reintroduced in the current Congress, the Allied Health Reinvestment Act (AHRA) contains several features that could play an integral part of health reform. Providing insurance coverage is a noble aspiration, but handing out health insurance cards will prove futile without having an adequate number of competently prepared allied health professionals to furnish needed services.

Allied health workforce shortages already exist in many professions. The overall growth of the population and the increase in aged cohorts will necessitate expanding the size of the allied health workforce. The Bureau of Labor Statistics (BLS) has designated where the fastest amount of growth is needed. In order for that to happen, many AHRA components must be enacted as part of overall health reform.

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 2011 (Dates TBD)—Annual Conference—Scottsdale, AZ

CHANGES IN ASSOCIATION BYLAWS

Ballots were sent by electronic mail from **Gail Orun-Alexander**, Chairperson of the Association's Constitution & Bylaws Committee, on April 9, 2009 to 240 ASAHP members regarding proposed bylaws changes. The main item involved modifying the election of the President of the Association from a direct to an indirect process. That is, the membership would still elect all members of the Board of Directors and officers except that the President-Elect would be elected by the Board from current or previous Board members.

Several national associations of similar mission and constituency have changed to this procedure. The rationale for this approach was predicated on the assumption that members of the Board were in the best position to determine who had demonstrated an understanding of the mission and goals of the association, the interpersonal skills to best represent the association to a large and varied constituency, and the leadership and organizational skills to administer the duties of that office most effectively.

Forty-nine ballots were returned, resulting in a 20.4 percent response rate. Forty votes were in favor of the proposed change and nine votes were opposed. The Constitution & Bylaws will be amended based on these results.

CoARC CHANGES SEPARATION DATE FROM CAAHEP

The Committee on Accreditation for Respiratory Care (CoARC) has made a decision to change its original separation date of January 15, 2010 to November 11, 2009. This decision is due to the fact that October will be the last month in which the Commission on Accreditation of Allied Health Professions (CAAHEP) will be acting on recommendations from CoARC. CoARC believes that it would be in the best interests of both organizations, and would provide clarity to respiratory care programs, for CoARC to conduct its November Board meeting as a freestanding accreditor.

CoARC is in the process of developing a Frequently Asked Questions (FAQ) document regarding the transition. Outside assistance can be furnished by submitting questions for consideration in this document to tom@coarc.com by **June 30, 2009**. CoARC officials anticipate a seamless transition from CAAHEP to CoARC accreditation.

POLICY OPTIONS FOR FINANCING HEALTH CARE REFORM

Senate Finance Committee Chairman Max Baucus (D-MT) and ranking member Chuck Grassley (R-IA) released a 41-page document on May 18 outlining policy options for financing health care reform. The paper is the third and final one to be released before the senators draft health reform legislation. The options, which were discussed at a closed-door committee meeting that day, included a number of proposed spending cuts and new or revised taxes. The paper can be accessed on the Web at http://finance.senate.gov/sitepages/leg/LEG%202009/051809%20Health%20Care%20Description%20of%20Policy%20Options.pdf .

POTENTIAL IMPACTS OF ENTRY-LEVEL CLINICAL DOCTORATE DEGREES

An ASAHP opinion piece on the *Potential Impacts of Entry-Level Clinical Doctorate Degrees* is in the **ASAHP ALERTS** section of the Association's homepage at www.asahp.org.

BOARD ACTIONS

The Association's Board of Directors had a conference call on May 20. The following actions were among those taken:

- Approved the Minutes of a Board conference call on April 15, 2009.
- Approved a budget proposal for fiscal year 2010, which begins on July 1, 2009.
- Approved the selection of a hotel for a Board meeting in July in Scottsdale, AZ.
- Approved the selection of a hotel for the 2011 ASAHP Annual Conference in Scottsdale, AZ.
- Selected two cities where the 2011 ASAHP Spring Meeting might be held and advised staff to obtain information necessary for a decision to be made.
- Reviewed plans and progress being made for the 2009 ASAHP Annual Conference in San Antonio, TX on October 21-23.
- Reviewed reports from ASAHP committees and task forces for the quarter ending April 30, 2009.
- Reviewed the results of a ballot measure to amend the Association's Constitution & Bylaws.
- Identified agenda topics for the Board meeting in July.

CLINICAL PREVENTION AND POPULATION HEALTH CURRICULUM FRAMEWORK

The **Healthy People Curriculum Task Force** has revised the *Clinical Prevention and Population Health Curriculum Framework*, which is the first structured and comprehensive curriculum agenda for integrating clinical prevention and population health into the education of students across the health professions disciplines. The academic community is encouraged to apply this Framework to curriculum design, evaluation, and accreditation efforts. First released in 2004, it includes common, core subject matter and increases the opportunity for education and training in inter-professional teams.

The *Framework* consists of 19 domains within four updated components: 1) Evidence-Based Practice, 2) Clinical Preventive Services and Health Promotion, 3) Health Systems and Health Policy, and 4) Population Health and Community Aspects of Practice. The revision process took place over the course of one year with two draft revisions and web-based public comment. The Framework is part of the Task Force's Education for Health agenda which seeks to integrate prevention and population health into K-12, college, health professions, and continuing education programs.

The Task Force has proposed a series of objectives that would form an educational underpinning for *Healthy People 2020.* The Task Force includes the Association of Schools of Allied Health Professions. The curriculum framework is on the Web and can be accessed at http://www.aptrweb.org/about/pdfs/Revised_CPPH_Framework_2009.pdf.

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.

MEDICAL AND HEALTH EDUCATION REFORM SYMPOSIUM

To advance health care reform, doctors, nurses, and allied health staff need improved skills to: coordinate care, manage chronic conditions, and keep patients well. On April 27-28, 2009, national leaders joined together to build consensus on changes needed in medical and health care education to facilitate health care reform best. More than 150 nationally-recognized experts began the conversation, which will set priorities and areas for future development and action recommendations.

The following topics were addressed at the various sessions:

- Opening Session: Cornerstones for Reform
- Licensure, Accreditation and Certification: Achieving Harmonic Resonance
- Professionalism — the Critical Element in Health Care Education
- Realigning the Health Care Training System Toward Coordinated, Patient-Centered Care
- Your Views Concerning Change — What is Required to Create the Health Care Work Force of the Future?
- Driving Change in Academic Medicine
- Life-long Learning that is Relevant and Sustainable
- Financing Health Care Education
- MD Connector Student Competition Results
- Building a Roadmap for Transformation of Health Care Education

Written summaries of the symposium and web casts of the sessions can be accessed on the Web at: http://www.mayoclinic.org/healthpolicycenter/2009-summaries.html .

COMPARATIVE EFFECTIVENESS RESEARCH AND INNOVATION

Comparative effectiveness research (CER) has risen to prominence in the debate over national health care reform. Equally important in this debate is the role of innovation, long the engine for growth and advancement in health status and the U.S. health care system. To date, however, there has been little discussion about how CER might have an impact on the dynamics of innovation in health care.

A white paper examines the likely impact that federally funded CER will have on innovation and suggests issues policymakers should consider to achieve the best of both worlds: vast improvements in the evidence base supporting health care and sustained development and adoption of valuable innovation throughout the health care system. The paper is based on research by the New England Healthcare Institute (NEHI), including a series of focus groups and expert interviews with a wide range of health care stakeholders and an expert roundtable discussion held in Cambridge, Massachusetts in October 2008. The paper can be accessed on the Web at http://www.kaiseredu.org/picks/health_policy_picks.aspx .

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

What Does A College Degree Cost?

College tuition prices keep rising while state budgets are stagnant or shrinking. Policymakers increasingly are calling for increases in the number of Americans who obtain some higher education or training. Those factors have led more state legislators, trustees, and others to argue that, to accomplish the latter goal given the former circumstances, colleges are going to have to lower what they spend to produce the average credential they award. Any discussion of lowering the "cost per degree" must start, however, with a more fundamental question: What does a degree cost to produce now ? That question may be basic, but it is not simple, according to a new report from the Delta Project on Postsecondary Education Costs, Productivity, and Accountability makes clear. The report can be accessed on the Web at http://www.deltacostproject.org/resources/pdf/johnson3-09_WP.pdf .

Across The States 2009: Profiles Of Long-Term Care And Independent Living

Across the States 2009: Profiles of Long-Term Care and Independent Living is the 8th edition of a report by AARP. Published approximately every two years, the *Across the States* series was developed to help inform policy discussions. The report presents comparable state-level and national data for more than 140 indicators, drawn from various sources into a single reference. The report can be accessed on the Web at http://assets.aarp.org/rgcenter/il/d19105_2008_ats.pdf .

How New Health Care Devices And Technologies Aid Clinicians And Consumers [June 2, 2009]

Recent decades have seen a remarkable change in the delivery of health care services. Nurse practitioners now have much greater prescribing authority, consumers can purchase more than 700 over-the-counter medications once available only by prescription, and numerous devices have become available to diagnose or monitor a medical condition. A report from the California HealthCare Foundation discusses technologies, regulatory trends, and market forces that are reshaping the way health care is delivered and what these trends means. The report can be accessed on the Web at http://www.chcf.org/documents/policy/HealthCareWithoutTheDoctor.pdf.

Comparative Effectiveness: Health Care Policy Perspectives For Consideration

A new Deloitte study that profiles comparative effectiveness systems in the United Kingdom, Australia, Canada, and Germany concludes that, if implemented correctly, comparative effectiveness has the potential to improve care and reduce health care costs for Americans. The study, “Comparative Effectiveness: Perspectives for Consideration” by the Deloitte Center for Health Solutions illustrates the complexity and usefulness of comparative effectiveness to identify the benefits and limitations that can help the U.S. health care system learn from other systems as health care reform and comparative effectiveness programs are further developed and funded in the United States. The study examined how comparative effectiveness studies in these four countries are applied to: a diagnostic screening technology (to detect colon cancer), pharmaceutical medication (the use of statins for treatment of elevated cholesterol), and a surgical procedure (treatment for benign prostatic hyperplasia). The report can be accessed on the Web at http://www.deloitte.com/dtt/cda/doc/content/us_chs_ComparisoneffectivenessStudy_may2009%281%29.pdf

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2009 ASAHP ANNUAL CONFERENCE PROGRAM HIGHLIGHTS

The theme of the 2009 ASAHP Annual Conference on October 21-23 in San Antonio, TX is *Health Care Evolution—Fast Forward*. One major plenary session address will be presented by **Jeffrey P. Gold**, Provost at the University of Toledo Health Science Campus, on the topic of Health Care Reform. A second plenary session address will feature **Rebecca S. Hooper**, Program Manager at The Center for the Intrepid, a rehabilitation facility to treat amputees and burn victims. It is located next to the Brooke Army Center at Fort Sam Houston in San Antonio. Arrangements are being made for conference attendees to visit the Center on the afternoon of October 22. A third plenary session presentation is planned on the topic of electronic health records and the speaker will be **Helen R. Connors**, Executive Director of the Center for Health Informatics at the University of Kansas Medical Center.

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 will be selected for presentation in concurrent sessions. In addition, there will be a poster session and a reception.

As part of the upcoming Annual Conference, there are opportunities for institutions and organizations to advertise their respective products and services:

- Advertise in the official program of the Annual Conference.
- Sponsor an ASAHP Annual Conference event.
- Mount an exhibit.

San Antonio Canal Rides and River Walk

Information about these items is available in 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.

IMPACT OF COLLEGE RANKINGS ON INSTITUTIONAL DECISION MAKING

A recent issue brief entitled *Impact of College Rankings on Institutional Decision Making: Four Country Case Studies* published by the Institute for Higher Education Policy (IHEP) seeks to understand the role that rankings play in institutional decision making and how institutions in various countries use rankings in ways that might benefit higher education in the United States. The ranking of higher education institutions is a growing phenomenon around the globe, with ranking systems in place in more than 40 countries and the emergence of international ranking systems that compare institutions across national lines. With this proliferation of rankings come questions about the goals, uses, and outcomes of these systems.

The study is based on interviews at institutions in Australia, Canada, Germany, and Japan—countries that have their own national ranking systems as well as a presence in the international systems. It also explores the nuances and unique approaches in which rankings could prompt institutions to work in innovative ways. The issue brief can be accessed on the Web at http://www.ihep.org/assets/files/publications/g-l/ImpactofCollegeRankings.pdf.