

TRENDS Association of Schools of Allied Health Professions

ALLIED HEALTH AND HEALTH REFORM

HIGHLIGHTS

NOVEMBER 2009

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VANGUARD OF
ALLIED HEALTH EDUCATION

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The Senate took a major step forward in late November in its efforts to have health reform legislation enacted by releasing the 2,074-page H.R. 3590, the *Patient Protection and Affordable Care Act*. The bill is more favorable in addressing allied health concerns than its 1,990-page counterpart produced by the House of Representatives. The Senate version contains the following worthwhile provisions that resulted from advocacy by ASAHP:

Pages 1,266-1,267 of Sections 5001-5002 refer to the Health Care Workforce.

Pages 1,278-1,295 of Section 5101 refer to Workforce Concerns—High Priority Areas.

Pages 1,359-1,368 of Section 5305 refer to Geriatric Education & Training.

Pages 1,418-1,421 of Section 751 refer to Area Health Education Centers.

The next stage in the process, which is underway, is the consideration of amendments. The fate of this proposed legislation will depend in large measure on the extent to which proposed changes occur in the bill. Examples of controversial amendments are: (1) Whether a public option will be incorporated in the legislation, (2) Whether co-payments and other cost-sharing requirements for many preventive health care services for women will be eliminated, (3) The extent of federal funding for abortion services, (4) Repealing the health and medical malpractice insurance industry's exemption from federal antitrust laws, (5) Whether the bill's almost \$500 billion in cuts over a decade to Medicare providers will be eliminated, and (6) Whether illegal immigrants will be eligible to purchase health insurance even if they are able to pay for it from their own pockets.

Once the Senate completes its work, the next major step will entail reaching agreement with the House of Representatives, which already has produced a bill consisting of 1,990 pages. As the process continues to unfold, ASAHP will seek to have the allied health components be part of whatever is enacted. As a means of increasing the Association's voice in this request, executive directors of 16 major health professions have been requested to support these provisions, which are similar to parts of the Allied Health Reinvestment Act—a major initiative that ASAHP sought to have passed in earlier sessions of Congress.

An article on page three of this issue of the newsletter sheds more light on the challenges that the Senate will face in dealing with amendments to its version of health reform legislation.

PRESIDENTS'S MESSAGE

By Gregory H. Frazer, ASAHP President



I hope you and your families had a wonderful Thanksgiving! It's the start of a wonderful time of year where the focus shifts from our day-to-day challenges to those that matter the most: our family and friends.

This time also begins another right of passage: completing final exams and sorting out of those dastardly measures of achievement—grades. For me it's the time of year when a considerable number of students become known who have been diagnosed mental health challenges. It seems that those who come to my office seeking to drop courses, get an "incomplete" for their work, or drop complete semester schedules, most often suffer from stress-related disorders, apparently unable to cope with the rigor of the curriculum and the higher expected performance standards of our programs.

I would believe our programs and our students are no different than those on your campuses. The impact of these challenges are significant in that they require the services of the campus health center and counseling services, impact student progression through the curriculum, negatively impact student financial aid and increase student debt, require increased faculty time to advise and remediate these students, negatively impact retention and graduation statistics, and increase the stress of clinical education.

The *American Journal of Hypertension* (December 2009) reported that an estimated 18 million students are dealing with mental health issues on college campuses. Additionally, there has been a 50% increase in the diagnosis of depression and more than twice as many students are on psychiatric medications as a decade ago. According to recent national surveys of campus therapists, more students than ever are seeking psychiatric help on college campuses all across the United States. The National Mental Health Association (NMHA 2008 Fact Sheet) reported that 10% of college students have been diagnosed with depression, including 13% of college women; seven percent of college students reported experiencing anxiety disorders within the previous year with women being five times as likely to have anxiety disorders. Eating disorders affect approximately 10 million women and 1 million men, with the highest rates occurring in college-aged women.

Suicide is the third leading cause of death for those ages 15-24 and the second leading killer in the college population since 1998. Finally, the NMHA reported that more than 30% of college freshman report feeling overwhelmed a great deal of the time. About 38% of college women report feeling frequently overwhelmed. College students are particularly prone to psychological distress caused by interpersonal and social problems, pressures to succeed academically, financial strains, and uncertain futures.

In addition to stress-related disorders, students often experience depression for the first time during their undergraduate years. Timothy Petersen of the [Mood Disorders Program at Rhode Island Hospital](#) reported that 25% of young adults will experience a depressive episode by age 24, and nearly half of all college students report feeling so depressed at some point in time that they have trouble functioning. Petersen reports that five factors principally come together to cause or make depression worse: dealing with the loss of the familiar, handling rigorous academics, negotiating a new social network, access to alcohol and drugs, and lack of mental health information.

It's a joyous time of year for some, but not for all. I am struck by the angst and pain our students and their families are suffering. Based upon the 2008 *Institutional Profile Survey* data, our membership represents 613 programs and 73,255 students. If the prevalence of these student mental health challenges on your campus is anything like mine, the sheer number of these otherwise bright and talented young people demand our due diligence and an honest assessment of how we can help address this problem. We won't solve the problem, maybe we can be part of the solution. Have a great holiday season!

HEALTH REFORM LEGISLATION IN ALL ITS SPLENDOR



Any individual would have to be excessively optimistic to believe that Congress and the Obama Administration can enact legislation that will affect one-sixth of the largest economy in the world without encountering some major challenges and obstacles. Early in 2009, voices across the spectrum of special interests in the health arena echoed hosannas about the bright new day that lay ahead. As soon as specifics began to emerge in the cold, sober light of dawn about the contents of proposed legislation,

however, interest groups that perceived they might be affected in adverse ways began to exhibit regression to the mean by doing everything legally possible to prevent untoward results from occurring.

As mentioned on page one of this issue of the newsletter, members of the Senate are engaged in deliberations over the fate of a behemoth document in the form of a 2,074-page bill. Dozens of amendments from both sides of the aisle will be introduced. Majority leader Harry Reid (D-NV) launched the opening gambit by asking for agreement that amendments be posted online before debate. Republicans believed that the request was aimed at provoking them to begin the great discussion with an objection. Senator Reid also asked for agreement to bar amendments from tapping any of the bill's estimated surpluses, which are designated for Social Security and a program that would be created to care for persons with disabilities, known as the CLASS Act. Once again, Republicans reacted negatively.

Senator John McCain (R-AZ) offered the first motion on November 30, seeking to send the bill back to the Finance Committee and to eliminate a large chunk of almost \$500 billion in savings by cutting payments to Medicare providers. The motion was rejected soundly along partisan lines. Instead, an alternative amendment provided by Michael Bennet (D-CO), stating that the bill would not reduce guaranteed benefits and that any savings from Medicare would be plowed right back into that program was adopted 100-0. At least for now, it appears that Granny will not be thrown under the bus anytime soon. In addition, some upcoming real merriment entails how to deal with controversial items such as whether to include a public option in the bill and whether to allow any restrictions on abortion services, along lines of what is contained in the 1,990-page version of similar legislation developed by the House of Representatives.

An underlying objective is to pass the Senate bill, go to conference with the House to reconcile differences in the two versions, and complete everything by the end of December. In order to achieve such an outcome, legislators may have to be in session on both Christmas Day and New Years Day. As a means of speeding up the process in the Senate, major changes could be rolled into a *manager's amendment* by Senator Reid rather than allowing single votes on dozens of amendments. Apart from caring about how health reform will affect the populace, some votes undoubtedly will be cast from the standpoint of what is most necessary for incumbents to ensure being reelected. Stay tuned!

2010-2011 ASSOCIATION CALENDAR OF EVENTS

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

October 20-21, 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

STATE OF THE HIGHER EDUCATION WORKFORCE

The first of a planned series of reports, entitled *State of the Higher Education Workforce: 1997-2007*, issued by the American Federation of Teachers on the state of academic staffing in colleges and universities aims to explore different aspects of trends in hiring, compensation, and working conditions among the increasingly diverse higher education workforce. In recent years, the most notable—and potentially the most destructive—trend in higher education has been a significant shift away from employing tenured and tenure-track faculty members in favor of employing full-time non-tenure-track faculty members, part-time/adjunct faculty members, and graduate employees. This trend has been coupled with significant gaps in compensation and professional supports among different elements of the instructional force.

Another significant higher education staffing trend has been the expanded employment of what federal databases call “non-instructional” staff, which covers employees from administrators to professional staff to classified employees. This first annual report reviews overall instructional and non-instructional staffing trends from a 10-year perspective, 1997-2007. The report reviews trends and where we are today and describes what the future may hold if higher education continues its current hiring patterns. It can be accessed on the Web at http://www.aftface.org/storage/face/documents/ameracad_report_97-07for_web.pdf.

CHANGES IN POSTSECONDARY AWARDS BELOW THE BACHELOR’S DEGREE

A *Statistics In Brief* entitled “Changes in Postsecondary Awards Below The Bachelor’s Degree: 1997-2007” from the National Center for Education Statistics (NCES) describes changes in the number and types of postsecondary awards below the bachelor’s degree (certificates and associate’s degrees) conferred over the decade between 1997 and 2007. About 47 percent of all undergraduates were enrolled in subbaccalaureate programs in 2007–08, and in the previous year, subbaccalaureate awards accounted for almost 40 percent of all undergraduate credentials awarded.

Between 1997 and 2007, the total number of subbaccalaureate awards conferred increased by 28 percent to a total of 1.5 million. While community colleges still confer the largest number of subbaccalaureate awards, the rate of increase in awards conferred by private for-profit institutions was greater, especially in four-year for-profit institutions, which more than tripled the number of awards conferred between 1997 and 2007. Health care is the predominant field in subbaccalaureate postsecondary education. It accounted for 31 percent of all awards in 2007 and increased by 63 percent between 1997 and 2007. The *Brief* can be accessed on the Web at <http://nces.ed.gov/pubs2010/2010167.pdf>.

ROLE AND RELEVANCE OF RANKINGS IN HIGHER EDUCATION POLICYMAKING

An *Issue Brief*, “The Role and Relevance of Rankings in Higher Education Policymaking,” from the Institute for Higher Education Policy (IHEP) provides an overview of national postsecondary assessment efforts and notes similarities and differences these approaches have taken in comparison to college rankings. The report’s findings are drawn from a review of the literature on college rankings and postsecondary government accountability systems as well as interviews with individuals from federal and state government agencies, trade associations, and other groups.

The Issue Brief can be accessed on the Web at [http://www.ihep.org/assets/files/publications/m-r/\(Issue Brief\) The Role and Relevance of Rankings.pdf](http://www.ihep.org/assets/files/publications/m-r/(Issue%20Brief)%20The%20Role%20and%20Relevance%20of%20Rankings.pdf).

BOARD ACTIONS

The Association's Board of Directors had a conference call on November 18. The following actions were among those taken:

- ◆ Board Members unanimously approved a motion to accept the Minutes of the Board Meeting on October 20, the Treasurer's Report, and the Calendar of Events in the consent agenda.
- ◆ Based on the results of an evaluation that was sent electronically to participants at the *2008 ASAHP Annual Conference*, Board Members made several recommendations on how to improve the next Annual Conference. The results will be sent to the planning committee for the conference in 2010.
- ◆ Board Members agreed to send to the Education Committee for review and recommendations a proposal to furnish information on the Association website and in the newsletter TRENDS that focuses in two different ways, singly and through meta-summaries, on member institutions and what they are doing in relation to key issues such as educational innovations.
- ◆ Board Members affirmed the need to restrict the current *Leadership Development Program* to individuals from ASAHP member institutions. A motion was passed unanimously to discontinue the \$500 subsidy per institution to institutions that have a participant in the program.
- ◆ Progress reports were provided on the status of an effort to revise and update the *ASAHP Strategic Plan* and to revise the *Policy & Procedures Manual*. A discussion was held about the possibility of forming a Task Force to deal with the use of technology. Working in conjunction with other organizations, ASAHP also is developing a response to a recent position paper from the AMA defining the practice of audiology.

WILL THERE BE ENOUGH CLINICIANS UNDER HEALTH REFORM?

A majority of hospital chief executive officers say they don't have enough physicians, nurses, or allied health professionals to handle increased demand if health reform improves access, according to a survey released on November 16 by *AMN Healthcare*, a large provider of clinical staffing services. The survey, completed by 285 hospital executives, found that although there are more applicants for jobs today because of the recession, significant gaps remain. They also believe the situation will not improve. Among the survey's highlights, ninety-five percent of CEOs believe there is a shortage of physicians, 91% say there's a shortage of nurses, 79% say there is a shortage of allied health professionals, and 86% point to a shortage of pharmacists. The survey can be accessed on the Web at <http://www.amnhealthcare.com/pdf/09CEOSurvey.pdf>.

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. 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. A new publication from The National Academies provides a summary of a three-day workshop that focused on these key questions: (1) What is the current status of access to oral health services for the U.S. population? (2) What workforce strategies hold promise to improve access to oral health services? And (3) How can policymakers, 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 can be accessed 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.

ASSESSING THE ASSESSMENTS OF STUDENT OUTCOMES

When the country's two major associations of public universities were trying to craft a new accountability system three years ago, they found that many of their member institutions (and especially their faculties) were dead set against the idea of choosing one measure of student learning outcomes. In response, the groups settled on three possible options that institutions could use to fulfill the "student learning outcomes" portion of the VSA (the Council for Aid to Education's Collegiate Learning Assessment, the Educational Testing Service's Measure of Academic Proficiency and Progress, and ACT, Inc.'s Collegiate Assessment of Academic Proficiency), thereby avoiding the single test problem. But it created another potential issue: uncertainty about whether the results on one test (chosen by one institution) would be comparable to the results for another institution that chose another of the three tests, and the possibility that institutions would try to game the system by seeking to use a test on which they thought they might perform better.

On November 3, the groups released a federally funded analysis of a "test validity study" conducted by the makers of the tests showing that the three tests produced comparable outcomes at the institutional level based on having been administered at a diverse range of 13 institutions, big and small, public and private. In other words, a college that ranked in the 95th percentile for critical thinking using one of the tests would rank in roughly the same place using the critical thinking component of one of the other two tests and vice versa. Additional information can be obtained on the Web at http://www.voluntarysystem.org/docs/reports/TVSReport_Final.pdf and at http://www.voluntarysystem.org/docs/reports/VSAabstract_TVVS.pdf.

INTERPROFESSIONAL EDUCATION ASSESSMENT

The Association for Prevention Teaching and Research (APTR) recently made available its *Interprofessional Education Assessment and Planning Instrument for Academic Institutions*. The instrument is designed with an emphasis on prevention and will assist institutions in assessing where they are in the development of Interprofessional Education on their respective campuses. The first part of the instrument measures interprofessional education and the second part measures prevention education. Efforts are being made to track the development and expansion of interprofessional training initiatives across the country. Individuals who wish to obtain a copy of the instrument are asked to provide basic contact information – name, institutional affiliation, and email address. The device can be accessed on the Web at <http://fs7.formsite.com/APTR/form119750449/index.html>.

PROGRAM EVALUATION AND EFFECTIVE INTERVENTIONS

The General Accountability Office (GAO) released a report entitled "Program Evaluation: A Variety of Rigorous Methods Can Help Identify Effective Interventions." Some recent congressional initiatives seek to focus federal funds on interventions that have been found effective in randomized experiments. GAO was asked to examine the process used by the nonprofit Coalition for Evidence-Based Policy to identify interventions meeting such an evidence standard as well as the types of interventions best suited to that method. GAO compared the Coalition's process to that used by six federally supported efforts to identify effective interventions.

The report addresses the conditions under which randomized experiments are or are not well-suited for assessing effectiveness and describes several rigorous alternative methods. GAO concludes that requiring evidence from randomized studies will likely exclude many potentially effective practices and notes the role of other considerations in the decision to adopt an intervention.

The document can be accessed on the Web at www.gao.gov/Products/GAO-10-30.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

BLS Spotlight On Health Care Statistics

Health care touches the lives of nearly everyone in the United States at some point. *A Spotlight On Health Care Statistics* from the Bureau of Labor Statistics (BLS) uses data to shed light on the kinds of events that occur between being born and finishing one's days in an assisted living facility. Items covered include: costs, household spending, spending demographics, health care employment, and employment and earnings. The *BLS Spotlight* can be accessed on the Web at http://stats.bls.gov/spotlight/2009/health_care/home.htm.

Controlling U.S. Health Care Spending: Separating Promising From Unpromising Approaches

Slowing the growth in U.S. health care spending will most likely require adoption of an array of strategies as well as an improved approach to moving promising strategies into widespread use, according to a new analysis by the RAND Corporation. The most promising option for curbing health care spending is changing the way doctors and hospitals are paid to provide care, but implementing such a system must overcome significant obstacles in order to be successful, according to the study published online by the *New England Journal of Medicine*. Hussey et al indicate that other promising approaches to slow health care spending include adoption of electronic health records, programs to better-manage chronic diseases, strengthening patients' use of primary care and encouraging wider use of lower-cost providers such as nurse practitioners and settings such as retail health clinics. The article can be accessed on the Web at <http://healthcarereform.nejm.org/?p=2301&query=home>

Employees In Postsecondary Institutions And Salaries Of Full-Time Instructional Staff

The National Center for Education Statistics (NCES) presents data from the Winter 2008-09 Integrated Postsecondary Education Data System (IPEDS), including data on the number of staff employed in Title IV postsecondary institutions in fall 2008 by primary function/occupational activity, length of contract/teaching period, employment status, salary class interval, faculty and tenure status, academic rank, race/ethnicity, and gender. The report can be accessed on the Web at <http://nces.ed.gov/pubs2010/2010165.pdf>.

Research Insights Briefs Available

AcademyHealth, an organization based in Washington, DC, has just released two new Research Insights briefs based on presentations at the 2009 Annual Research Meeting. The first looks at addressing disparities through Public Health Systems and Services Research while the second tackles issues surrounding medical homes and accountable care organizations. The briefs can be accessed on the Web at <http://www.academyhealth.org/files/publications/PHSRDisparitiesbrief.pdf> and at <http://www.academyhealth.org/files/publications/RschInsightMedHomes.pdf>.

U.S. Lags In Access, Quality, And Use Of Health Information Technology

A new Commonwealth Fund survey of primary care physicians in 11 countries reveals that the United States lags far behind other countries in key areas of access, quality, and use of health information technology—undermining doctors' efforts to provide timely, high-quality care. Additional information about survey findings can be accessed on the Web at http://www.commonwealthfund.org/~media/Files/Publications/In%20the%20Literature/2009/Nov/1336_Schoen_survey_primary_care_MDs_11_countries_HA_WebExcl_11052009_ITL_v2.pdf.

NATIONAL ALLIED HEALTH WEEK



KANSAS UNIVERSITY

In recognition of this year's **Allied Health Professions Week** (November 1-7), the Kansas University School of Allied Health, in partnership with the University of Kansas Hospital's Ancillary Care Departments, held a panel and poster presentation on Thursday, November 5. This annual, collaborative event allows attendees the opportunity to interact with a broad range of allied health professionals and gain a greater understanding of the types of evaluations and treatments being utilized within a number of the allied health professions.

The panel presentation, which focused on a recent case study from the KU Hospital, highlighted the multi-faceted approach that individuals in the allied health fields can bring to the treatment of complex cases. During the presentation, clinical nutrition, physical therapy, occupational therapy and cardiac rehabilitation professionals discussed the evaluation methods they undertook in order to further the recovery of an individual suffering from coronary artery disease. After the panel presentation, guests were able to browse a poster presentation that focused on current research projects being undertaken in both the School of Allied Health and KU Hospital Ancillary Care Departments.

MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES

On November 4, 2009 the Massachusetts College of Pharmacy School of Radiologic Sciences held its 6th annual Madam Curie Lecture Series, an event held each year in honor of the clinical affiliate staff as an appreciation for their continued support of the radiologic science programs. The Madam Curie event also was held in celebration of National Allied Health Week and National Radiologic Technology week. Two presentations with approval by the American Society of Radiologic Technologists, are given as well as a light dinner.

This year, the guest speakers were Jorgan Hansen, who presented "Brachytherapy in a Modern Radiation Oncology Department" & P. Jason White, who presented "Hiroshima and Nagasaki: The Basis for Evolving Standards in Radiation Protection."

Sixty technologists from the College's clinical affiliates were in attendance and received two continuing education credits. As part of the school's mission to lifelong learning, all radiologic science students were encouraged to attend. Eighty students of the Radiologic Science Programs; MRI, Nuclear Medicine, Radiography, & Radiation Therapy participated in the event.