

TRENDS

Association of
Schools of
Allied Health
Professions

JOURNAL OF ALLIED HEALTH THRIVES IN A COMPETITIVE ENVIRONMENT

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

Trends is the official newsletter of the Association of Schools of Allied Health Professions (Suite 333, 4400 Jenifer St. NW, Washington, D.C., 20015. Tel: 202-237-6481) Trends is published monthly and available on the Association's website at www.asahp.org. For more information, contact the editor, Thomas W. Elwood, Dr.PH.

The Association's quarterly *Journal of Allied Health* continues to do quite well in the world of scholarly publishing. According to an analysis conducted for the period September 1, 2009 to September 30, 2009 by the firm Publishing Technology plc, of more than 13,000 journal titles on IngentaConnect, the *Journal of Allied Health* ranks 86th with 1,141 full-text downloads. Ingenta is a British-based company that produces the online version of this publication.

The *Journal* first was issued in 1972. **J. Warren Perry**, one of the founders of the Association, served as editor from 1972 to 1979. Since then, the following individuals have continued to serve in that capacity:

- John E. Burke** (1979-1987)
- David C. Broski** (1987-1993)
- Leopold G. Selker** (1993-1996)
- Savitri K. Kamath** (1996-1998)
- Kevin J. Lyons** (1998-2008)

All past and current successes are attributable to the outstanding contributions made by these individuals over the years. Building on their efforts, as measured by the number of manuscripts submitted from October 2008 to October 2009, the *Journal* continues to prosper. In addition to attracting the research output of domestic health professionals, 20 percent of the submissions are from other nations. As a reflection of such interest beyond U.S. borders, the ranks of the Editorial Board have been infused by health professionals from The World Bank, the United Kingdom, Portugal, Georgia, and Vietnam.

A key to the high quality of the overall enterprise is the fine work performed by reviewers. More than 130 of them perform this function and they deserve considerable praise for the energy and effort they provide in a timely manner. Although some manuscripts end up being rejected, comments made by reviewers are of hefty educational value in furnishing insights regarding how to improve any future papers that authors might prepare.

For more than a decade, each issue has featured an assortment of papers covering matters of interest across a wide spectrum of allied health professions. Previously, the *Journal's* offerings included special issues on topics such as gerontology. A recent meeting of the Editorial Board was instrumental in identifying possible topics for future special issues. As a result of that discussion, steps are being taken to produce an issue devoted to interprofessional education. Top authorities on that topic will be requested to submit articles.

PRESIDENTS' MESSAGE

By Gregory H. Frazer, ASAHP President



I wanted to begin by thanking many of you for your warm words of encouragement and offers of assistance. Our Association has been able to weather the recent financial difficulties, in large part because of the leadership of your Board and the work of Executive Director **Thomas Elwood**, but also because of the leadership and commitment of **Linda Hatzenbuehler**. As John Quincy Adams stated: "If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

Linda has been our Association's leader for the past two years. During that time, the Association:

Was responsible for having allied health provisions included in health reform legislation developed by the Senate Health, Education, Labor, and Pensions Committee.

Prepared and disseminated two position/opinion papers on the topic of clinical doctorate programs.

A Branding Task Force was formed that continues to move forward in efforts to carry out initiatives to develop brands for ASAHP and for allied health.

She has served as chairperson of planning committees for Spring Meetings.

Both a Leadership Development Program for new deans, associate/assistant deans, and department chairpersons and a Student Leadership Development were offered while she was President.

ASAHP joined the Coalition for Patients' Rights.

ASAHP became involved with the Healthy People Curriculum Task Force in revising the Clinical Prevention and Population Health Curriculum Framework.

ASAHP signed joint agreements with both the National Association of State Workforce Agencies (NASWA) and the National Association of Workforce Boards (NAWB). Added to the ASAHP website was contact information about officials at these agencies around the country in relation to where ASAHP member institutions are located.

The ASAHP website was revised and upgraded, including the addition of stories from member institutions pertaining to specific allied health professions.

A NAPRAH Symposium was conducted in conjunction with the Association's 2008 Annual Conference.

Committees and Task Forces were reinvigorated and given specific charges in relation to ASAHP's *Strategic Plan*. A Finance Committee also was reinstated.

And as a final altruistic act for our Association, she does not want to receive the customary gift that goes to a President upon completion of two years of service. Instead, she wants the monetary value of such an item to go to the Scholarship of Excellence Fund, a noble gesture on her part. Please join me in recognizing the service of Linda Hatzenbuehler to our Association! (continued on page four)

HEALTH REFORM TAKES ANOTHER GIANT STEP



Readers with a penchant for absorbing the contents of voluminous documents will have to toss their hats in the air with the joy upon learning that the U.S. House of Representatives on October 29 produced a health reform bill that is 1,990 pages long. H.R. 3962, the Affordable Health Care for Americans Act, contains enough provisions to please as well as infuriate, depending on an individual's political leanings. The bill incorporates amendments from House jurisdictional committees (Ways and Means, Education and Labor, and Energy and Commerce), along with provisions derived from the Senate Finance Committee version of health reform legislation.

Section 759 of H.R. 3962 addresses *Innovations in Interdisciplinary Care Training*. The term "interdisciplinary" includes allied health. Section 764 creates an *Advisory Committee on Health Workforce Evaluation and Assessment* with allied health included in the definition of the health workforce. Section 775 establishes an *Interdisciplinary Mental and Behavioral Health Training Program*, with allied health included under the term interdisciplinary. Allied health also would be eligible in *Section 171* involving *Autism Spectrum Disorders*.

The highly controversial "public plan" initiative is retained in H.R. 3962. Other features include: making major changes in the Medicare and Medicaid programs; establishing a number of workforce, wellness, and prevention initiatives; significantly amending Native Americans health care legislation; revoking the insurance antitrust exemption, and encouraging certain state malpractice reform efforts. The bill would dramatically reform the insurance market, prohibiting pre-existing condition exclusions; eliminating underwriting based on health status, gender or occupation; limiting out-of-pocket expenses; removing lifetime or annual coverage caps; and mandating medical loss ratios. It would also define "essential" benefits that must be covered by insurance plans, improve insurance disclosure and transparency, define marketing standards, and require fair grievance and appeal procedures. The legislation would create a national health insurance exchange through which all new non-group policies would be sold and through which insurance would also be available for employees of small and perhaps eventually large employers.

Floor action has been delayed over issues pertaining to abortion and immigration. The abortion issue arises with the way the costs of the procedure would be financed. Abortion foes want to ensure that there will be no federal funding of abortions. Reducing illegal immigration is an aim of other legislators. Missing from H.R. 3962, but contained in the Senate Finance Committee bill (S. 1796) is language that would prevent illegal immigrants from purchasing insurance policies through new government-operated exchanges. The House version would allow them to buy policies from exchanges using their own money.

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

PRESIDENT'S MESSAGE (CONTINUED FROM PAGE TWO)

As I stand before you, I am honored and humbled. I very much appreciate the support that has been conveyed to me. I think back to the time in 1988, when at **Lindsay Rettie's** suggestion, my dean at that time, encouraged me to go to an ASAHP meeting in New Orleans. Not knowing anyone, being a rookie to ASAHP, and looking lost (some say I still look that way), **Joyce Hopp** came up to me and guided me in the right direction. And so began my two decades long and positive time with our Association.

I pledge to continue our efforts through the Health and Education Committee and the Board to have allied health recognized as a viable entity among legislators.

I look to continue the commitment of our Association to leadership development.

I look to a robust discussion of the place research and scholarship holds among our members and the Research Committee.

I look to the Accreditation Committee to begin discussions about economies of scale that might be developed as faculty retire and shortages occur

I look forward to exploration of international opportunities, for our faculty, staff and programs

I look forward to an invitation from each regional deans' group to meet and discuss ways of mutual support and focus

As Walter Lippman stated: "The final test of a leader is that he or she leaves behind in others, the conviction and the will to carry on."

Our Association is like a big family, having come together in 1967. We may hold differing opinions about direction, emphasis, or priorities. With the Board's help and your support and participation, we will strive to make our Association stronger and more influential than when we found it.

REINVENTING HEALTH CARE DELIVERY

Hamstrung by an increasingly complex, costly, and disorganized system of care, health care organizations are following the lead of the corporate world and embracing innovation as a way to overcome the seemingly intractable problems that have undermined U.S. health care delivery for decades. Today's innovation centers — most of which are affiliated with large hospitals or health systems — range in scope from modest internal programs to large, formalized organizations with dedicated physical space, sizable staffs, and external clients. Key areas of emphasis include facility design, operational efficiency, optimized information technologies, improvements in the patient experience, and care quality. Leaders at health care innovation organizations nationwide were interviewed to learn more about how the centers operate, the objectives they are pursuing, and some of the challenges they face. These notions are discussed in an Issue Brief of the California HealthCare Foundation. The Issue Brief can be accessed on the Web at <http://www.chcf.org/documents/hospitals/InnovationCenters.pdf>.

NATIONAL ALLIED HEALTH WEEK

National Allied Health Week is being observed on November 1-7. ASAHP members are invited to send descriptions, along with photos, of activities that occur on their campuses during that week. For example, at the **College of Allied Health at the University of Oklahoma Health Sciences Center**, a series of lectures by prominent experts will be offered. An attractive poster is being used to advertise the event on campus.

BOARD ACTIONS

The Association's Board of Directors had a meeting in San Antonio, TX on October 20. The following actions were among those taken:

- ◆ Approved a motion to accept the Minutes of a conference call on September 16.
- ◆ Approved a motion to rescind the policy of offering institutional members a dues reduction to maintain membership over a two-year period until financial stability is regained.
- ◆ Established a subcommittee of the Board to review and revise the Association's *Strategic Plan*.
- ◆ Appointed Board liaisons to ASAHP committees and task forces.
- ◆ Formed a Board subcommittee to identify and work with ASAHP members who have strong National Institutes of Health bio sketches to develop a paper on barriers to allied health involvement in the activities of the NIH.
- ◆ Approved a motion to endorse affiliation with the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe (COHEHRE) in an effort to obtain funding from the European Union to conduct training activities. Also approved was establishment of a task force to explore international educational proposed policies and partnerships.
- ◆ Obtained an update from ASAHP's lobbyist **John Colbert** on the status of health reform and other government relations initiatives pertaining to the allied health workforce.
- ◆ Discussed potential external sources of funding and the kinds of activities that would be considered worthwhile by foundations.



Incoming President Gregory Frazer (Duquesne University) accepts a gavel from President Linda Hatzenbuehler (Idaho State University). Ashley Rasmussen, ASAHP Programs Director, holds a newly designed plaque that contains the names of all ASAHP Presidents.

ASAHP SCHOLARSHIP OF EXCELLENCE RECIPIENTS

Thirty-five students applied for scholarships in 2009. A committee of Past Presidents of ASAHP assessed the applications and selected eight individuals to receive awards in the *Scholarship of Excellence Program*. Each student will receive \$1,000.

Following the Annual Conference, checks will be sent to deans/directors where the students matriculate. These administrators will be requested to present the scholarships to the students. Certificates also will be sent as a means of acknowledging the scholarly accomplishments of all 35 individuals who applied.

Awards have been made to the following:

Pierce Boyne University of Cincinnati

Lauren Brock University of North Carolina at Chapel Hill

Jacqueline Gerber The University of Texas Southwestern Medical Center at Dallas

Jae Young Han The University of Texas M.D. Anderson Cancer Center

William Hellebusch University of Missouri, Columbia

Kaitlin Mullins Sacred Heart University

Latasha Peace The George Washington University

Jill Windscheffel University of Kansas



Ronald Winters (Dean, University of Arkansas for Medical Sciences) expresses appreciation for receiving the *ASAHP Legacy of Excellence Award*, an honor bestowed on rare occasions

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Comparative Effectiveness Research

The National Institute for Health Care Management (NIHCM) Foundation has issued a report, [Comparative Effectiveness Research: International Experiences and Implications for the United States](#), which examines how comparative effectiveness programs operate in other countries and offer lessons for U.S. policymakers based on their analysis. It is part of a three-year initiative to expand senior health policy leaders' knowledge of health systems and delivery innovations in other industrialized countries and to promote the use of this knowledge to advance system improvements in the U.S. Published by AcademyHealth with support from NIHCM Foundation and the Kaiser Permanente Institute for Health Policy, the report can be accessed on the Web at http://nihcm.org/pdf/CER_International_Experience_09.pdf.

Results From A State Scorecard On Health System Performance, 2009

Focused on identifying opportunities to improve, The Commonwealth Fund's *State Scorecard on Health System Performance* assesses states' performance on health care relative to achievable benchmarks for 38 indicators of access, quality, costs, and health outcomes. The 2009 State Scorecard paints a picture of health care systems under stress, with deteriorating health insurance coverage for adults and rising health care costs. On a positive note, there were gains in children's coverage as a result of national reforms and improvement in some measures of hospital and nursing home care following federal efforts to report quality data publicly. The scorecard highlights persistent wide variation in performance across states and continued evidence of poor care coordination. The report can be accessed on the Web at http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Oct/1326_McCarthy_state_scorecard_2009_full_report_FINAL.pdf.

Seeking Tenure "Conversion"

In discussions about the use and abuse of adjunct faculty members, "conversion" is a controversial topic. Typically, it refers to a decision by a college or university to convert some number of adjunct positions into a number (typically a smaller number) of tenure-track positions. The idea of conversion has been key to the reform proposals of national faculty groups. Some colleges actually have bucked the trends and converted slots to the tenure track in various ways. The American Association of University Professors (AAUP) has entered the conversion debate in a significant way with a new draft policy on the treatment of adjunct faculty members. The draft policy can be accessed on the Web at <http://www.aaup.org/AAUP/comm/rep/conversion.htm>.

Consumer Health Informatics

Electronic tools and technology applications for consumers can help improve health care processes, such as adherence to medication and clinical outcomes, according to a report by researchers at the Johns Hopkins Bloomberg School of Public Health. The analysis of consumer health informatics, conducted for the Agency for Healthcare Research and Quality (AHRQ), was based on an examination of 146 published research studies of patient-focused electronic tools. It is among the first to explore the potential value of consumer health informatics, which is defined as any electronic tool, technology, or electronic application designed to interact directly with consumers, with or without the presence of a health care professional, and that provides or uses individualized (personal) information to help a patient better manage his or her health or health care. The report can be accessed on the Web at <http://www.ahrq.gov/downloads/pub/evidence/pdf/chiapp/impactchia.pdf>.

2009 ASAHP ANNUAL CONFERENCE



Participants in the 2009 ASAHP Leadership Development Program and Members of the Planning Committee

Recipients of the 2009 ASAHP Fellows Award (L-R): Halcyon St. Hill (Florida Gulf Coast University), Danielle Ripich (University of New England), William Susman (Mercy College), and Lee McLean (University of North Carolina at Chapel Hill)



Lieutenant Commander Ricky Joseph and Major Carol Haertlein Sells of the Brooke Army Medical Center presented at the Poster Session