

TRENDS

**Association of
Schools of
Allied Health
Professions**

HEALTH REFORM LAW SPAWNS A RAFT OF COMMISSIONS AND ADVISORY GROUPS

HIGHLIGHTS

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VANGUARD OF
ALLIED HEALTH EDUCATION

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As a means of providing informed and enlightened decision-making as various elements of the health reform law unfolds, more than 150 commissions and advisory groups will be brought into existence. For example, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act (known together as the Affordable Care Act) mandate the creation of the National Prevention, Health Promotion and Public Health Council and the development of the National Prevention and Health Promotion Strategy.

The purpose is to bring prevention and wellness to the forefront of the nation's efforts to improve health. The Council released its *2010 Annual Status Report* on June 30 and transmitted it to Congress. The Council has as its chairperson Surgeon General **Regina Benjamin** and it includes representatives from several federal agencies. The report presents guiding principles, data on the leading and underlying causes of death, examples of current federal programs, and brief descriptions of types of interventions that will form the basis of the National Prevention and Health Promotion Strategy. The critical work of developing the Strategy is taking shape under the direction of the Council.

This group's endeavors will extend, however, well beyond the development of the Strategy. As directed by the Affordable Care Act, the Council will provide coordination and leadership for federal prevention and wellness efforts on an ongoing basis. Efforts will be focused and guided by input from the Advisory Group and a broad array of interested parties, ongoing reviews of existing scientific data and evidence, and identification of opportunities to strengthen and expand current efforts.

A key consideration is that the extent to which any commissions and advisory groups will be able to carry out their respective functions will hinge on the willingness of Congress to appropriate necessary funds. The national debt continues to rise, and if left unchecked, it has the potential to be equivalent to 90 percent of the nation's GDP. Not only is the long-term prospect worrisome for the United States, it places many legislators in immediate danger of not being reelected this coming November.

As important as prevention is in the health agenda, HHS Secretary **Kathleen Sebelius** recently decided to reallocate \$250 million of the \$500 million that originally was intended for that purpose to attempts to increase the number of physicians and other health professionals working in primary care. As time progresses, it is conceivable that similar decisions will be made to benefit one kind of health initiative at the expense of another. If so, the ability of commissions and advisory groups to perform may be affected adversely.

PRESIDENTS'S MESSAGE

By Gregory H. Frazer, ASAHP President



Happy summer colleagues! As I was thinking about this edition of the Message, I am reminded of the “Potpourri” category on “Jeopardy” because of the varied topics contained herein. One of the truly exciting developments over the summer has been the possibility that ASAHP Executive Director **Tom Elwood** could be named to serve on the *National Healthcare Workforce Commission*. Your Board of Directors nominated Tom and subsequently he was interviewed by two members of the GAO on July 8 and asked to respond to the following questions: Would I be able to devote the time necessary to serve? Why am I interested in healthcare workforce issues? What types of contributions might I make to the work of the commission? What experience do I have serving on boards, commissions, and advisory groups? What kinds of workforce issues pertain to allied health? How familiar am I with the work of MedPAC and what kinds of contributions do I see being made by a healthcare workforce commission? The head of the GAO is expected to make selections by the end of September. Any help that any of you can offer in support of Tom’s nomination would be most appreciated. His selection to such a prestigious national board would be an amazing coup for an organization of our size. Tom’s answers can be viewed on the ASAHP website.

The *ASAHP Strategic Plan* is being revised by a committee of the Board chaired by our Treasurer **Randy Lambrecht**. This revision will chart the new directions of our Association for the upcoming fiscal year and the next five years. A preliminary plan will be discussed by the Board at its summer meeting with a final draft available for review and comment by our membership at our fall meeting in Charlotte.

Another issue which I believe warrants a discussion is developing a *Taskforce on Economies of Scale*. Often our discussions revolve around the topics of reduced budgets, state support and federal research dollars, faculty shortages, student recruitment and management, and an ever decreasing number of clinical education sites. Our Association provides a logical forum where we could begin to investigate collaborative ways to offer our expensive programs in cost-effective delivery modes.

Our Annual Meeting Planning Committee has done an excellent job generating an interesting and thought-provoking program that will include the Mary E. Switzer Lecture by **Carolyn Clancy**, a Keynote Address by **Robert Brooks**, former Commissioner of Health for the State of Florida, and a second Keynote Address by our own **Chris Bradberry** and **Teresa Cochran** on Interprofessional Education and Scholarship (more information appears on page eight of this issue of the newsletter). This will be an excellent meeting, including a dance, that will afford all of us an opportunity for development, fellowship, and a good time!

Finally, I would like to formally thank and recognize Dean **Ronald Winters** and his colleagues at the University of Arkansas for Medical Sciences for 11 highly successful years of managing our annual *Institutional Profile Survey*. This is yet one more example of the altruistic support individual members provide to our Association. Ron and his colleagues evolved this data-gathering exercise into a document that is described as one of the best services our Association provides to its members. We wish you well Ron as you enjoy the fruits of retirement. We also want to thank Dean **Chris Bradberry** and his colleagues at Creighton University who have agreed to assume responsibility for managing this most important Association activity.

Enjoy what’s left of summer! Freshmen move to our campus in 30 days!

BUDGET OUTLOOK AND FEDERAL EXPENDITURES



At the end of 2008, federal debt equaled 40 percent of the nation's annual economic output (as measured by gross domestic product, or GDP), a little above the 40-year average of 36 percent. Since then, large budget deficits have caused debt held by the public to shoot upward. According to a report issued in June, the Congressional Budget Office (CBO) projects that federal debt will reach 62 percent of GDP by the end of this year—the highest percentage since shortly after World War II.

CBO projects that if current laws do not change, federal spending on major mandatory health care programs will grow from roughly five percent of GDP today to about 10 percent in 2035 and will continue to increase thereafter. Those projections include all effects of the recently enacted health care legislation, which is expected to increase federal spending in the next 10 years and for most of the following decade. By 2030, however, that legislation will slightly reduce federal spending for health care if all its provisions are fully implemented.

That reduction in the level of spending in 2030 yields lower projections of health care spending in the longer term—even though, owing to the great uncertainties involved in projecting such spending many decades in the future, enactment of the legislation did not cause CBO to change its estimates of longer term growth rates for spending on the government's health care programs. All told, CBO projects, the aging of the population and the rising cost of health care will cause spending on the major mandatory health care programs and Social Security to grow from roughly 10 percent of GDP today to about 16 percent of GDP 25 years from now if current laws are not changed. (By comparison, spending on all federal government programs and activities, excluding interest payments on debt, has averaged 18.5 percent of GDP over the past 40 years.)

To place U.S. fiscal policy on a sustainable path, lawmakers would have to reduce the growth in outlays for those programs substantially relative to the amounts that CBO is projecting or else match that growth with equivalent declines in other federal spending, corresponding increases in federal revenues, or some combination of the two.

2010-2013 ASSOCIATION CALENDAR OF EVENTS

October 20-22, 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 17-18, 2011—Leadership Development Program—Scottsdale, AZ

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

2012—Spring Meeting—Palm Springs, CA—Dates to be determined

October 24-25, 2012—Annual Conference—Orlando, FL

2013—Leadership Development Program—San Diego, CA—Dates to be determined

2013—Spring Meeting—San Diego, CA—Dates to be determined

October 21-22, 2013—Leadership Development Program—Nashville, TN

October 23-24, 2013—Annual Conference—Nashville, TN

BOARD ACTIONS

The Association's Board of Directors had a conference call on June 22. The following actions were among those taken:

- ◆ Unanimously approved the Minutes of a conference call on April 21.
- ◆ Unanimously passed motions to: (1) continue having Renner & Company provide both accounting services and the annual audit, and (2) distribute the *2010 ASAHP Annual Conference Preliminary Program* electronically to the membership as a pdf document.
- ◆ Identified procedures to be followed in choosing a President-Elect of the Association. As a result of a change in ASAHP's Constitution and Bylaws, the Board will select the President-Elect. All nominations are to be directed to the Board Nominating Committee, which is composed of the Board's Officers and the Chairperson of the Nominations and Elections Committee, who will then vet the candidates and present them to the entire Board at the summer meeting in Orlando, FL on July 29-30.
- ◆ ASAHP was requested to weigh in on new policies proposed by the Council on Higher Education Accreditation (CHEA), one of which concerns full disclosure by accrediting bodies. A motion was passed unanimously neither to respond to the letter nor take an official position on the issue.
- ◆ Unanimously passed a motion to nominate Dean **David Shelledy** (Rush University) to be ASAHP's representative to the Commission on Accreditation for Respiratory Care (CoARC).
- ◆ Unanimously passed a motion to nominate Executive Director **Thomas Elwood** as a member of the National Healthcare Workforce Commission. Board Members agreed that ASAHP should use all possible political influence (including the Association's lobbyist and relevant Members of Congress) to secure the nominee's spot on the 15-member commission.
- ◆ Identified agenda topics for the Board meeting on July 29-30.
 - Strategies to have ASAHP's nominee elected to the National Healthcare Workforce Commission
 - A report on the progress and status of the *White Paper on Allied Health* that will go to the Director of the NIH
 - ASAHP Strategic Plan revision
 - Identification of a leader for the proposed Taskforce on Economies of Scale
 - Distribution and discussion of the revised Policies and Procedures Manual
 - An update on the *History of ASAHP* book
 - Selection of a point person for exhibits at the annual conference
 - Membership -- specifically, how to increase institutional membership

Subsequent to the conference call, some other possible agenda topics for the Board meeting have been identified. They are:

- Selection of a chairperson for the 2011 Spring Meeting planning committee
 - Plans for the 2011 Leadership Development Program
 - Transition to new management of the annual Institutional Profile Survey
 - ASAHP committee and task force quarterly reports
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FIVE YEARS AGO IN TRENDS

The Association of Specialized & Professional Accreditors (ASPA) will hold its next meeting in Portland, OR on September 11-13. Prior to the official beginning of the conference, ASAHP members from the Executive Board and the Accreditation Committee will meet with ASPA representatives to discuss issues of common interest. Doing so is an ongoing project since June 2004 to bring to the attention of ASPA concerns that deans and directors have about accreditation and how the process might be improved. (Note: Association representatives continue to meet with accreditors as part of an ongoing effort to improve accreditation. The 2010 ASAHP Annual Conference will include a panel discussion by experts from the accreditation domain.)

The upcoming annual Institutional Profile Survey will have two new features. The first is the addition of a set of Carnegie Classifications that represents ASAHP member institutions (except in cases where fewer than three institutions are in a given classification). The second set of groupings will be by specified peer institutions. Members will be able to select their own school on a menu and see the aggregated data from the other ASAHP member institutions they identified as their peer institutions (unless fewer than three peers were identified). A member can look at the aggregated data of any other member's peer institutions, but will not know what institutions comprise that group.

TEN YEARS AGO IN TRENDS

Michael Dow, a physical therapy student at Sacred Heart University, was awarded the first place prize in the competition for the *Secretary's Award for Innovations in Health Promotion and Disease Prevention*. His winning entry was entitled, "Staying Fit With Multiple Sclerosis." (Note: Due to lack of funding, the award program no longer is in effect.)

EFFECTS OF ONLINE INSTRUCTION ON STUDENT LEARNING

A new paper from the National Bureau of Economic Research (NBER) presents the first experimental evidence on the effects of live versus internet media instruction. Students in a large introductory microeconomics course at a major research university were randomly assigned to live lectures versus watching these same lectures in an internet setting, where all other factors (e.g., instruction, supplemental materials) were the same. Counter to the conclusions drawn by a recent U.S. Department of Education meta-analysis of non-experimental analyses of internet instruction in higher education, the paper finds modest evidence that live-only instruction dominates internet instruction. These results are particularly strong for Hispanic students, male students, and lower-achieving students. Suggestions are provided for future experimentation in other settings. The paper can be accessed on the Web at <http://www.nber.org/tmp/5905-w16089.pdf>.

PROJECTIONS OF JOBS AND EDUCATION REQUIREMENTS

A new, highly detailed forecast shows that as the economy struggles to recover and jobs slowly return, there will be a growing disconnect between the types of jobs employers need to fill and numbers of Americans who have the education and training to fill those jobs. The report, *Help Wanted: Projecting Jobs and Education Requirements Through 2018* by the Georgetown University Center on Education and the Workforce forecasts that by 2018, 63 percent of all jobs will require at least some postsecondary education. Employers will need 22 million new workers with postsecondary degrees. The report shows that the U.S. will fall short by three million workers without a dramatic change in course. This possibility translates into a deficit of 300,000 college graduates every year between now and 2018. The report can be accessed on the Web at <http://www9.georgetown.edu/grad/gppi/hpi/cew/pdfs/FullReport.pdf>.

POLITICS AND POLICY OF COMPARATIVE EFFECTIVENESS

Interest in evaluating which health care interventions work best under what circumstances has surged in recent years as policy makers seek tools to moderate the cost of public entitlement programs and to facilitate affordable coverage expansions. An *Issue Brief* from Mathematica Policy Research, Inc. examines the comparative effectiveness research initiative passed as part of health care reform and policy challenges relevant to the successful implementation of comparative effectiveness research. The Issue Brief can be accessed on the Web at http://www.mathematica-mpr.com/publications/PDFs/Health/chce_IB1.pdf.

2010 STATE BUDGET CUTS FOR HIGHER EDUCATION

Thirty-six states have cut funding for higher education by a total of over \$2.3 billion in FY 2010, according to estimates in a survey released this month by the National Governors Association (NGA) and the National Association of State Budget Officers (NASBO). In addition, 31 states have proposed budget cuts to higher education in FY 2011. The reductions have come at a time when states face "the most difficult challenge to their financial management since the Great Depression," according to the report. These budget strains will likely continue through 2011 and 2012. As a result, states have had to fill budget gaps totaling \$96.2 billion in FY 2010, with \$11.6 billion remaining unfilled. Ten states have used "higher education related fees" to fill those gaps. *The Fiscal Survey of States* is issued twice a year by NGA and NASBO. This edition covers data collected between March and May 2010. The report can be accessed on the Web at <http://www.nga.org/Files/pdf/FSS1006.PDF>.

CONSUMER SKEPTICISM ABOUT EVIDENCE-BASED HEALTH CARE

As health care reform unfolds following the passage of the Affordable Care Act, a study published in the June 2010 issue of the journal *Health Affairs* shows a deep chasm between proponents of evidence-based medicine and health consumers. The study, "Evidence That Consumers Are Skeptical about Evidence-Based Health Care" examines the misconceptions, values, beliefs, and behaviors that challenge efforts to engage consumers in evidence-based decision-making. A key finding from the research: Most consumers believe that more care means better care. Consumers believe that new types of care and treatment are always better and it's difficult for them to accept evidence to the contrary. Moving forward, it will be difficult to motivate consumers to accept evidence-based health care given that traditional models of care are still dominant; health care decisions are becoming increasingly complex; and the general public has relatively low levels of health and scientific literacy. The report can be accessed on the Web at <http://content.healthaffairs.org/cgi/content/full/hlthaff.2009.0296?ijkey=JtUHLpFXh2Rtg&keytype=ref&siteid=healthaff>.

FAILURE OF ORGANIZATIONAL INNOVATION IN HEALTH CARE

Medical care is characterized by enormous inefficiency. Costs are higher and outcomes worse than almost all analyses of the industry suggest should occur. In other industries characterized by inefficiency, efficient firms expand to take over the market or new firms enter to eliminate inefficiencies, however, these events have not happened in medical care. A paper from the National Bureau of Economic Research (NBER Working Paper No. 16030) explores the reasons for this failure of innovation. Two factors are viewed as being particularly important in organizational stagnation: public insurance programs that are oriented to volume of care and not value and inadequate information about quality of care. Recent reforms have aspects that bear on these problems. The paper can be accessed on the Web at <http://www.nber.org/papers/w16030>.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Men's Health Report

According to the U.S. Census Bureau, males make up 49.3% of the United States population. CDC's Behavioral Risk Factor Surveillance System (BRFSS) released 2009 data recently on U.S. adult health risks and behaviors. Self-reported health behaviors and chronic conditions for U.S. men fluctuated from 1999 to 2009. Among U.S. males, health behaviors for tobacco use and binge drinking decreased while chronic conditions including obesity, diabetes, and hypertension prevalence increased from 1999 to 2009. Improved self-reported health behaviors included exercise. During the same time frame, worsened self-reported health behaviors include high cholesterol. Additional information can be accessed on the Web at <http://www.cdc.gov/Features/dsMenBRFSS/>.

Medical Cost Trends For 2011

This annual report from PricewaterhouseCoopers on medical cost trends was published in June 2010 and factored the impact of many variables including the US economy, which continues to emerge from a deep recession, as well as healthcare reform, which has phased-in milestones that begin in 2011. Increases in medical costs are expected to be slightly less than last year, but still are projected to outpace the rate of inflation significantly, raising questions about sustainability and if health reform can create greater efficiencies and reduce costs. Last year's report correctly forecast many trends for 2010. This new report explains how trends from 2010 will carry over to have an impact on 2011. Key trends that both helped increase and mitigate medical costs are identified and explained in greater detail. The report can be accessed on the Web at http://pwchealth.com/cgi-local/hregister.cgi?link=reg/Behind_the_numbers_Medical_cost_trends_for_2011.pdf.

Medical Homes: Will They Improve Primary Care?

A June issue brief from Mathematica Policy Research Inc. is on the topic of medical homes, which are part of this nation's overall efforts to reform the health care system. Effective primary care, the cornerstone of the medical home concept, may enhance quality of care and reduce costs by improving prevention and continuity of care and reducing unnecessary treatment, avoidable hospitalizations, duplicative testing, and other inefficient care. This brief examines federal and state efforts to establish medical homes and notes considerations for policymakers seeking to improve access to services and the quality of care. The issue brief can be accessed on the Web at http://www.mathematica-mpr.com/publications/PDFs/Health/reformhealthcare_IB6.pdf.

State Of Society: Measuring Economic Success And Economic Human Well-Being

A study from the Urban Institute goes beyond gross domestic product (GDP) to offer a more complete and accurate picture of how a society and its economy are faring. Based on a review of the literature and an analysis of major arguments and rationales for moving beyond GDP as a measure of national well-being, this report identifies 14 categories of national well-being. It synthesizes hundreds of indicators found in 28 reports that present alternative indices and systems of well-being into 79 indicators organized under these categories. Health and education are among the 14 categories. The report can be accessed on the Web at <http://www.urban.org/UploadedPDF/412101-state-of-society.pdf>.

2010 ANNUAL CONFERENCE UPDATE

The portion of the *2010 Annual Conference* program that involves plenary session presentations is complete. The following is scheduled to occur:

- Wednesday, October 20 **Carolyn M. Clancy**, Director of the Agency for Healthcare Research and Quality
- Thursday, October 21 **J. Chris Bradberry**, Dean of the School of Pharmacy & Health Professions at Creighton University
- Teresa Cochran**, Director of the Office of Interprofessional Scholarship, Service, and Education Program at the School of Pharmacy & Health Professions at Creighton
- Friday, October 22 **Robert Brooks**, Associate Vice President, University of South Florida

A large number of abstracts was submitted for concurrent session presentation, but not all could be accommodated. Instead, these individuals have the option of presenting at the poster session. If all of them elect to do so, the poster session will entail 55 presentations. Selections were made by members of the conference planning committee.

Ten concurrent sessions are scheduled that will involve a total of 40 presentations. A highlight of the conference will be two concurrent sessions sponsored by the ASAHP Research Committee. One of the two will feature a panel of deans who will discuss: (1) raising faculty members' knowledge and skills about how to foster and achieve research and scholarship, including interdisciplinary programs, and (2) raising deans' knowledge about how to build infrastructure and incentives to foster interdisciplinary research and scholarship. By the end of their presentations, attendees should be in a favorable position to: (1) recognize challenges faced by peer ASAHP institutions, (2) identify a variety of approaches, (3) understand practical approaches and solutions, and (4) identify peer institutions for future networking opportunities. The panelists are:

Alexander F. Tartaglia, Professor and Associate Dean for the School of Allied Health Professions, Virginia Commonwealth University

Deborah S. Larsen, Director of the School of Allied Medical Professions and Associate Dean, College of Medicine, The Ohio State University

Robert M. Denmark, Assistant Professor of Interdisciplinary Studies and Interim Assistant Dean, School of Health Related Professions, University of Medicine & Dentistry of New Jersey

Claire E. Bender, Dean, Mayo School of Health Sciences, College of Medicine

Celia R. Hooper, Professor and Dean, School of Health and Human Performance, University of North Carolina-Greensboro

The following opportunities exist 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, and [Exhibit](#) at the registration area. All forms and payment must be received no later than **August 20, 2010**. Information on how to do so is on the Web at http://www.asahp.org/annual_support.htm. Other ways to become involved:

Announce the conference in a school newsletter and notify readers that information is available on the homepage at www.asahp.org.