

Trends

Association of
Schools of
Allied Health
Professions

HIGHLIGHTS

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JANUARY 2012

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Vanguard of
Allied Health Education

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ALLIED HEALTH AND THE INSTITUTE OF MEDICINE

The demand for health care is growing as the nation ages and seeks to provide coverage for the millions of Americans who lack health insurance. At the same time, escalating costs have led to a variety of initiatives to make the delivery of health care more effective and efficient. The allied health workforce is critical to the success of these efforts. This essential component of the workforce includes millions of professionals employed in many different professions with different job duties and different amounts of education and training, but there is no single definition for *allied health* or list of allied health occupations.

Given the importance of allied health, particularly in light of health care reform, the Institute of Medicine (IOM) held a workshop on May 9-10, 2011 to examine the current allied health care workforce and consider how it can contribute to improving health care access, quality, and effectiveness. Among other topics, speakers at the workshop examined the following questions:

- What is allied health and who is part of that workforce?
- What workforce strategies could improve access to select allied health services?
- How can policy makers, state and federal government, and allied health care providers improve regulations and structure?

A *Workshop Summary* was disseminated in December 2011. It includes remarks made by ASAHP Past President **David Gale** who was a keynote presenter. He furnished an overview of the history of federal support for allied health and the many variations that characterize the accreditation of allied health educational programs. A presentation was made by **Harold Jones**, Dean of the School of Health Professions at the University of Alabama, in which he examined federal health workforce data sources and some limitations of those data in efforts to project supply and demand.

Richard Oliver, Dean of the School of Health Professions at the University of Missouri, made 18 points about barriers and opportunities facing allied health. An example is state practice acts that are wildly inconsistent and need to be reconciled. **Kevin Lyons**, Assistant Vice President and Director of the Office of Institutional Research at Thomas Jefferson University, described a case study—the Jefferson Health Mentor Program at the Jefferson Center for Interprofessional Education.

The report can be accessed from the Institute of Medicine website.

Presidents's Message

By *Richard E. Talbott, ASAHP President*



I hope that this message finds everyone in good spirits and health as we begin the new year. It has been a busy couple of months with all the holiday activities, bowl games and the end of Fall and start of Spring semester for most of us. It has also been a busy time for those of us who are working to effect a smooth transition to a new management team for the Association.

I recently sent a summary of some activities in this regard to all the regional associations' leadership; however, in the spirit of more communication is better, this is to summarize the most recent activities vis a vis seeking a replacement for our semi-retiring Executive Director. More on the "semi" later.

As I have said in previous communications, the Board of Directors has taken the position that with the challenges of replacing our long standing Executive Director also came both an opportunity and duty to step back and ask if this was the time to look at the long-term vision for the Association, the strategic plan to realize that vision and, in turn, the needs of the Association in terms of the makeup of its national office. The short story at this juncture is that the Board felt that the time was right for the Association to engage in strategic planning over the next few months that is designed to better position ASAHP in terms of its recognition as the voice and leader for allied health higher education in the United States and, to the extent appropriate, abroad.

The use of the term, "recognition", was intended to paint with a broad brush, that is, recognition by consumers of higher education, administrators and practitioners of higher education, legislators, professional associations, et al. In addition, I requested that Past President **Greg Frazer** serve as the chair of an ad hoc committee comprised of the members of the Finance Committee of the Association to investigate a proposal that had been submitted by our current legislative/governmental affairs firm, Capitol Hill Partners (CHP), to take over the management of the Association.

We have had several meetings with the principals of CHP and the Finance Committee has reviewed their proposal. We are currently in the "pencil sharpening" phase of these negotiations and hope to have a proposal that is acceptable to both parties to present to the full Board by the March meeting. Obviously, we will report on the full measure of the status quo at the time of the Spring Meeting.

Back to the "semi" above—how's that for getting you to read to the bottom? I am happy to report that the Board has made an offer to Dr. Elwood to continue to work for the Association as the manager and editor of our Publications, including the addition of information to the homepage on our website and I am pleased that he has indicated his willingness to accept this position.

This relationship will obviously assist with the transition to whatever eventual model of national management we adopt, given his availability to respond to historical perspective questions. Speaking of exciting, I think you will be very pleased with the excellent work the planning committee has done for the Spring meeting programming and I hope to see you in Palm Springs.

2012 WILL BE AN IMPORTANT YEAR FOR HEALTH REFORM



The health reform law of 2010 takes effect in different stages. The largest changes do not become operational until 2014. In that year, states and insurance companies must be ready to enroll 32 million individuals in the Medicaid program and in private insurance. Their being able to do so, however, is contingent on decisions and actions that must be taken this year. Whether every state is able to do so remains an open question.

Further complicating an ability to conform with the law is that more information is needed by the states about key features such as how the various insurance exchange options will be structured and which benefits to include in benefit packages. Another factor is that different pronouncements issued by the federal government may encounter considerable opposition. A case in point is a requirement that Catholic-operated hospitals, schools, and related entities must offer their employees coverage at no cost to them for services pertaining to contraception, even though so doing would run counter to church dogma. The fact that 34 million Catholics voted in the presidential election four years ago illustrates the kind of outcome that might occur in the upcoming election if enough Catholics are displeased with the Obama Administration.

Another major factor is an impending decision by the U.S. Supreme Court about the constitutionality of the health reform law's individual mandate. If declared illegal, then the composition of the insurance pool undoubtedly will change because many individuals may decide to opt out by not purchasing coverage. If that event occurs, the remaining participants may have more poor health conditions that are highly costly, which could jeopardize the extent to which other parts of the law can be implemented successfully.

Since it is an election year, it will come as no surprise if Congress accomplishes little. Neither political party wants legislation to emerge that the other party can boast about and both sides are willing to lambaste the other side for neglecting to achieve anything significant. As an aside, for example, if passed and enacted, H.R. 3630 would reduce Medicare funding to hospitals by \$20 billion. If that were to happen, a projected result is that job losses would affect the hospital sector of the economy.

2012-2013 ASSOCIATION CALENDAR OF EVENTS

March 22-23, 2012—Spring Meeting—Palm Springs, CA

October 24-26, 2012—Annual Conference—Orlando, FL

March 19-20, 2013—Leadership Development Program—San Diego, CA

March 21-22, 2013—Spring Meeting—San Diego, CA

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

October 23-25, 2013—Annual Conference—Nashville, TN

Plans are underway to identify locations for Annual Conferences and Spring Meetings in 2014 and 2015.

The following sites are being considered: Las Vegas, Baltimore, Salt Lake City, Park City, and Atlanta.

Site visits will need to occur prior to signing contracts at any hotels in these cities.

ACTIONS BY ASAHP BOARD OF DIRECTORS

The Association's Board of Directors had a conference call on **December 14, 2011**. The following actions were among those taken:

- ◆ Approved the Minutes of the Board Meeting on October 18, 2011 in Scottsdale, AZ.
- ◆ Approved renewal of a contract with the firm CertifiedBackground.com for a five-year period on condition that one clause in the contract be modified
- ◆ Accepted an offer from the Institute of Medicine to include ASAHP in a three-year endeavor that will involve participating in a *Global Forum on Innovation in Health Professional Education*.
- ◆ Agreed that an offer from another Association to develop curricular material for allied health students on the topic of electronic health records should be reviewed by ASAHP's Education Committee.
- ◆ Agreed to take under consideration a proposed joint statement by ASAHP and the National Network of Health Career Programs in Two-Year Colleges (NN2) and also the possibility of each organization having its annual conference in the same city during the same week so that some combined program activities can be developed.

The Association's Board of Directors also had a conference call on **January 18, 2012**. The following actions were among those taken:

- ◆ Approved the Minutes of a conference call on December 14.
 - ◆ Obtained an update report from President Talbott on the transition in management when the Executive Director retires; future conference sites; and his attendance at an upcoming meeting on healthcare simulation.
 - ◆ Discussed ASAHP's quarterly financial report.
 - ◆ Reviewed reports from committees and task forces.
 - ◆ Discussed a request from the Association of American Medical Colleges to provide information about competencies in the health professions.
 - ◆ Accepted the revision of a proposed joint statement between ASAHP and the National Network of Health Career Programs in Two-Year Colleges (NN2).
 - ◆ Obtained progress reports on the faculty retention survey and a curriculum proposal involving electronic health records.
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PHOTO FROM SCHOLARSHIP OF EXCELLENCE PROGRAM



Angie Noll is presented the Association of Schools of Allied Health Professions Scholarship of Excellence Award by Karen Miller, PhD, Dean of the School of Health Professions and Winnie Dunn, PhD, Chairperson of the department of Occupational Therapy.

NATIONAL PRIORITIES FOR RESEARCH AND RESEARCH AGENDA

The Patient-Centered Outcomes Research Institute (PCORI) released for public comment its proposed national priorities and agenda for comparative clinical effectiveness research, which will guide the independent organization's funding of research. Consistent with criteria outlined in the Patient Protection and Affordable Care Act, the draft priorities and agenda focus on five research areas: comparing prevention, diagnosis and treatment options; improving health care systems and services; communicating and disseminating information so patients can make informed health care decisions with clinicians; addressing disparities in health outcomes; and accelerating patient-centered and methodological research. The report does not specify or prioritize particular conditions or diseases for research. Comments on the draft report will be accepted online through **March 15** and at a February 27 public forum. The PCORI Board of Governors then will issue a final version. The organization expects to issue its first funding announcements in May.

Additional information can be accessed on the Web at <http://www.pcori.org/provide-input/priorities-agenda/>.

AHRQ WHITE PAPER ON PATIENT-CENTERED MEDICAL HOMES

A new decision-maker brief and white paper from AHRQ discuss how to improve the quality of the evidence and evaluations for the *Patient-Centered Medical Home* to ensure optimal policy decisions. The decision-maker brief offers a concise description of why and how to commission effective evaluations of medical home demonstrations. It provides insights into which outcomes to assess, why to include control practices, and why accounting for clustering is critical to accurate evaluations.

The paper can be accessed by clicking http://pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/PCMH_Home_Papers%20Briefs%20and%20Othe%20Resources_v2.

CENTRALIZED APPLICATION SERVICE

The Association has an agreement to work with the firm Liaison International to develop a *Centralized Application Service (CAS)* for respiratory care, imaging/radiologic technology, and clinical laboratory science. The plan is to launch a CAS for these professions in Fall 2013 for students applying for admission in Fall 2014.

An Advisory Committee has been formed to work out various CAS details. Its members are: **Matt Anderson** (Rush University), **Karen Astle** (Thomas Jefferson University), **Kevin Evans** (The Ohio State University), **Lou Loescher-Junge** (Kansas University), **Linda Reed** (Baptist College of Health Sciences), **Yasmen Simonian** (Weber State University), and **Donald Simpson** (University of Arkansas for Medical Sciences). The group met on January 26-27 at the company's headquarters in Watertown, MA. A great many details will be ironed out by the committee in coming months. An example is the development of a taxonomy of educational tracks in the area of imaging/radiologic technology. Depending on the profession involved, distinctions will be made on the basis of degree level and certification.

While deans and directors at ASAHP member institutions will be encouraged to have their respective programs participate in the CAS, such decisions will have to be made in conjunction with admissions personnel and department chairpersons. Participation is not mandatory. Between now and the launch date in 2013, information will be provided and interested parties will have an opportunity to learn more about what their involvement in the *Allied Health CAS* will entail. Webinars and creation of a site in Facebook are among the proposed mechanisms for communication, along with face-to-face interaction at the Association's Annual Conference and Spring Meeting.

HOW TO REDUCE \$521 BILLION IN WASTEFUL HEALTH SPENDING

A report that was released from NEHI and the WellPoint Foundation indicates ways in which a leaner, more efficient future of high value health care and improved health for all Americans can be attained. Much of the health care provided today is inefficient, ineffective, and ultimately wasted. The document is intended to support health care leaders' efforts to lower health care costs by identifying seven specific areas of waste and inefficiency that together drain \$521 billion from the system each year and it describes steps that could be taken to curb this unnecessary spending without an adverse impact on quality of care. The report can be accessed on the Web at http://www.nehi.net/bendthecurve/sup/documents/Health_Care_Leaders_Guide.pdf.

PREVENTABLE CHRONIC DISEASE ON THE RISE—UNDERMINING NATION'S HEALTH

A report issued on December 6, 2011 indicates that increases in obesity, diabetes, and children in poverty are offsetting improvements in smoking cessation, preventable hospitalizations, and cardiovascular deaths. According to "America's Health Rankings," an annual state-by-state assessment of the nation's health, the country's overall health did not improve between 2010 and 2011 - a drop from the 0.5 percent average annual rate of improvement between 2000 and 2010 and the 1.6 percent average annual rate of improvement seen in the 1990s. The report, published jointly by United Health Foundation, the American Public Health Association, and Partnership for Prevention, indicates that 2011 is the first year no state had an obesity prevalence under 20 percent. For every person who quit smoking in 2011, another person became obese. The report can be accessed on the Web at <http://www.americashealthrankings.org/SiteFiles/Reports/AHR%202011edition.pdf>.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Addressing The U.S. Primary Care Workforce Shortage

While there's little debate about a growing primary care workforce shortage in the United States, it's less clear whether existing workforce policies—such as educational loan forgiveness or scholarships and higher payment rates—can boost the supply of practitioners quickly enough, according to a new Policy Analysis from the non-profit, nonpartisan National Institute for Health Care Reform (NIHCR). The policy analysis can be accessed on the Web at http://www.nihcr.org/PCP_Workforce.pdf.

America's Youth: Transitions to Adulthood

America's Youth, a new report from the National Center for Education Statistics (NCES) contains statistics that address important aspects of the lives of youth, including family, schooling, work, community, and health. The report focuses on American youth and young adults 14 to 24 years old, and presents trends in various social contexts that may relate to youth education and learning. The report can be accessed on the Web at <http://nces.ed.gov/pubs2012/2012026.pdf>.

Hospital Employment Increases In December 2011

Employment at the nation's hospitals increased 0.20% in December to a seasonally adjusted 4,797,100 workers, according to a report from the Bureau of Labor Statistics. It represents an increase of 9,800 more employees than in November and 89,100 more than a year ago. Without the seasonal adjustment, which removes the effect of fluctuations due to seasonal events, private hospitals employed 4,803,800 in December - 10,300 more than in November and 88,700 more than a year ago. Additional information about job growth in other aspects of health care can be accessed on the Web at <http://www.bls.gov/news.release/empsit.t17.htm>.

Resources For Clinical Effectiveness Reviews Expanded

The National Library of Medicine (NLM), the world's largest medical library and a component of the National Institutes of Health, announces the expansion of the information available from PubMed Health, which provides integrated access to clinical effectiveness reviews. NLM's National Center for Biotechnology Information (NCBI), in partnership with England's National Centre for Reviews and Dissemination, the Cochrane Collaboration, the U.S. Agency for Healthcare Research and Quality, and other agencies in the U.S. and abroad, now makes available more than 18,000 clinical effectiveness reviews via PubMed Health. PubMed Health organizes these clinical effectiveness research results, including full texts as well as summary information, for consumers and clinicians. Systematic reviews of clinical effectiveness studies address this need with rigorous scientific methodology. However, they are scattered across the biomedical literature and the Web sites of public health agencies around the world that produce many of them. The National Library of Medicine is uniquely positioned to gather these critical clinical resources in one place. Additional information can be obtained on the Web at <http://www.ncbi.nlm.nih.gov/pubmedhealth/>.

Containing The Growth Of U.S. Health Spending

The growth in U.S. health care spending has become a focal point in debates over federal and state health care reform. A new report from the Urban Institute provides background that describes the problem and reviews the cost containment provisions of the Affordable Care Act (ACA). It also presents estimates of cost savings from several policies that go beyond those included in the ACA. The report can be accessed on the Web at <http://www.urban.org/UploadedPDF/412406-Growth-of-Spending-in-the-US-Health-System.pdf>.

2012 ASAHP SPRING MEETING

Registration for the Association's *Spring Meeting* on March 22-23 in Palm Springs, CA will open on **Monday—February 6**. Once it is posted on the ASAHP website, all members will be notified by e-mail.

The program for the meeting has been added to the ASAHP website at www.asahp.org. The opening session on March 22 will feature a presentation by **Anthony Knettel**, Senior Director for Policy and Strategy of the American Association of Academic Health Centers, where he directs that organization's long-range strategic analysis and policy development activities. He has served as Division Director and Acting Deputy Group Director at the Centers for Medicare & Medicaid Services (CMS); Vice President of The ERISA Industry Committee; and Professional Staff Member for the Select Committee on Aging, U.S. House of Representatives, and the Special Committee on Aging, U.S. Senate.

A panel discussion on the topic of Innovative Clinical Education Models will include presentations by **Patricia Chute** (New York Institute of Technology) and **Brenda Stevenson Marshall** (The Richard Stockton College of New Jersey).

Randall Lambrecht, Vice President, Research & Academic Relations at Aurora Health Care and former Dean of the College of Health Sciences at the University of Wisconsin at Milwaukee, will present the *Deans' Memorial Lecture* at a luncheon.

ASAHP Board Member **Barry Eckert** (Long Island University—Brooklyn) will moderate a panel discussion on student assessment and learning outcomes. The panelists are:

Mary Jane Harris (Commission on Accreditation in Physical Therapy Education)

Neil Harvison (Accreditation Council for Occupational Therapy Education)

Kathleen Megivern (Commission on Accreditation of Allied Health Education Programs)

Sean McKittrick (Middle States Commission on Higher Education)

2013 ASAHP LEADERSHIP DEVELOPMENT PROGRAM

The Association's fifth iteration of the *Leadership Development Program* will occur in 2013. Spread over two sessions seven months apart, applicants will be sought in the Fall of 2012 with a submission deadline of early November. Aimed at associate/assistant deans, department chairpersons, and new deans who have been on the job for less than two years, it is expected that 12-15 individuals will be selected to participate. As in previous years, the program will consist of two sessions. The first will be held immediately prior to the 2013 Spring Meeting and the second immediately prior to the 2013 Annual Conference.

ASAHP-NN2 JOINT STATEMENT

The following statement was approved in January 2011 by ASAHP and the National Network of Health Career Programs in Two-Year Colleges (NN2):

NN2 and ASAHP share a common interest in helping students successfully transition from 2-year to 4-year institutions in pursuit of their educational and health career goals. In order to promote pathways that foster educational progression, NN2 and ASAHP encourage collaboration among institutions to promote transferability of credit, and facilitate articulation between 2-year and 4-year programs, that is designed to minimize overlap and unnecessary redundancy whenever feasible.