

# Trends

**Association of  
Schools of  
Allied Health  
Professions**

## HIGHLIGHTS

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JANUARY 2015**

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**ASSOCIATION OF SCHOOLS OF  
ALLIED HEALTH PROFESSIONS**

*Vanguard of  
Allied Health Education*

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## HEALTH IS A COMMUNITY AFFAIR

The improvement of individual health status depends to a considerable degree on the attainment of favorable interactions between patients and health providers, such as allied health professionals. The picture remains somewhat incomplete, however, if the focus is restricted to practitioners who engage directly in the provision of diagnostic and treatment services. Although the interventions of other kinds of professionals are not always directly observable, they also make important contributions.

The U.S. federal government declared "War on Cancer" when it created the National Cancer Act of 1971. Substantial progress has occurred since then in decreasing both *delay-adjusted* and *age-adjusted incidence rates* and *mortality rates* for many kinds of cancer that affect both females and males. Yet, much still remains to be done to achieve similar results for other malignancies that have proven more resistant to various interventions. Success will depend on important roles played cooperatively by individuals drawn from the ranks of diverse fields, such as public health, systems biology, oncology, radiology, surgery, immunology, imaging, engineering, bioinformatics, genetics, molecular biology, virology, chemistry, pharmacology, and mathematics. Even geologists have contributions to make since their technology can be used to perform multiplexed ion beam imaging as a means of probing single cells and revealing large numbers of cancer-related proteins simultaneously.

Apart from its domineering presence in the realm of producing available accessible information, Google is making inroads in the production of computer-equipped eyeglasses, driverless cars, and balloon-borne Internet beacons. In January 2015, a company branch called Google<sub>[x]</sub> began exploring how it could bring its resources to bear on boosting the field of cancer immunotherapy to enlist the body's own immune system to combat cancer.

Viewed from a more global perspective, parts of the developing world continue to be plagued by non-disease focused problems, such as the availability of clean water, sustained nutritious food production, and clean energy sources. Shortages of this nature often do not hit home until a disease like Ebola rears its ugly head and makes its way across permeable borders to the U.S. Biomedical engineers have a key role to play in addressing challenges in developing nations involving the production of high quality food, biofuels, and water supplies.

City planners and architects, along with other types of professionals engaged in community development are in a favorable position to improve neighborhoods. Although poor water quality tends not to be a problem, access to nutritious food may be inhibited if the dominant outlets are fast-food stores. An inadequate supply of park and recreational facilities means that resources to improve health status in the form of community gardens and bike paths are not available.

## PRESIDENT'S MESSAGE

By *Richard E. Oliver, ASAHP President*



*“All political action aims at either preservation or change. When desiring to preserve, we wish to prevent a change for the worse; when desiring to change, we wish to bring about something better. All political action is then guided by some thought of better or worse.”*

Leo Strauss, German-American Political Philosopher

Those of us with long-standing allied health programs wish we could simply preserve those aspects of our professional programs that have traditionally promoted success. Instead we have been forced to push back against those changes that are threats to program viability and institutional prerogatives. For example, the proliferation of allied health programs has not only placed increasing demands on securing clinical rotations, but the unintended consequences of state authorization has resulted in some states seeking financial reimbursement from out-of-state institutions who have placed their allied health students in their states for clinical rotations. These alarming trends have mandated that we become strong advocates for our individual institutions as well as collectively implement a strategic political action plan.

The Allied Health Professions PAC held its first event with **Senator Patty Murray** (D-WA) on January 13, 2015. Senator Murray is the ranking member (the senior Democrat) on the committees that both create, as well as allocate funding, to programming related to allied health education, research and clinical practice. This was a very successful event and set the stage with further discussions with Senator Murray and her staff about both key opportunities and impending threats to our member institutions.

So I strongly encourage you to get involved in the political process. I can assure you other organizations are promoting agendas that are not necessarily in the best interest of our member institutions. The ASAHP Advocacy Committee, chaired by **Linda Saladin**, is working closely with our Executive Director, **John Colbert**, to formulate an advocacy action plan. The Allied Health Professions PAC is continuing to solicit new members and contributions so that their important work can move forward.

Thank you for your involvement and participation in this process as we strive to promote an agenda that brings about something better and also prevents a change for the worse in these rapidly shifting higher education, health care and political environments.

Rich

*“If men and women of capacity refuse to take part in politics and government, they condemn themselves, as well as the people, to the punishment of living under bad government.”*

Sam Ervin, NC Senator, 1973

## POST HOC ERGO PROPTER HOC

A steady flow of information appears in the media about the origins of certain diseases as well as how to prevent or cure them. It is well to keep in mind, however, that erroneous conclusions unfortunately are drawn as a result of an inability to distinguish between association and causation. For example, ingestion of a defined quantity of a particular food or beverage may be linked to reduced disease incidence, but only by association rather than by causation. Instead, typically the presence of one or more confounding factors makes it impossible to conclude that variable A unequivocally resulted in outcome B.

## LEGISLATIVE FLOODGATES REOPEN



January marked the opening of the 114th Congress and in a mode similar to its predecessors, legislators vigorously began assuming their governmental duties. Chief among them are providing oversight of laws that already are being executed and the introduction of bills in both chambers to achieve additional policy objectives. As is often the case, many of these proposed initiatives are located in the health domain. Given the concern of Republicans about the perceived inadequacies of the Affordable Care Act that became law in March 2010, their aim is to dismantle it either in whole or in part and replace it with something more to their liking. As long as a Democrat is President of the U.S., however, chances for success are expected to be limited to a certain extent because of the power of the veto that can be exercised by the chief executive.

Despite the thousands of bills introduced in Congress, only a relatively small number ever make it into law. Important ones usually have to pass through various kinds of tollgates along the way, such as hearings, obtaining scores from the Congressional Budget Office (CBO) regarding financial implications, and conference committee deliberations to sort out differences between House and Senate versions prior to having both chambers vote on a final product that can be sent to the White House.

Not surprisingly, many bills are holdovers from previous sessions of Congress. Interest groups, such as Associations recognize that passage into law can be a slow, lengthy process and they are prepared to stay the course, hoping along the way to add more co-sponsors in the House and Senate for what they would like to achieve. For example, a bill that has been introduced repeatedly over the years is the *Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act* that would amend the Public Health Service Act to require personnel (excluding physicians, nurse practitioners, and physician assistants) who furnish the technical component of medical imaging examinations or radiation therapy procedures for medical purposes (except certain exempt individuals and suppliers) to possess current: (1) certification in the medical imaging or radiation therapy modality and service they furnish from a certification organization designated under this Act; and (2) state licensure or certification, if required by the state, where such services and modalities are within the profession's scope of practice as defined by the state.

Examples of recently introduced legislation in January 2015 are: **H.R. 117** to amend the Internal Revenue Code of 1986 to repeal the mandate that individuals purchase health insurance; **H.R. 160** to amend the Internal Revenue Code of 1986 to repeal the excise tax on medical devices; **S. 50** to amend the Public Health Service Act to prohibit certain abortion-related discrimination in governmental activities; and **S. 122** to amend the Federal Food, Drug, and Cosmetic Act to allow for the personal importation of safe and affordable drugs from approved pharmacies in Canada.

### 2014-2015 ASSOCIATION CALENDAR OF EVENTS

**September 2014** —Allied Health Centralized Application Service Implemented

**February 2015**—2014 Institutional Profile Survey (IPS) Report Completed

**March 19-20, 2015**—Spring Meeting in Myrtle Beach, SC

**October 28-30, 2015**— Annual Conference in Scottsdale, AZ

## AFFORDABLE CARE ACT DEVELOPMENTS

### Marketplace Enrollment

The Department of Health and Human Services (HHS) released its eighth weekly report in mid-January 2015 on the second open enrollment period for the Federally Facilitated Marketplace (FFM), formerly called an Exchange.

- Nearly 6.8 million consumers have selected plans since the start of open enrollment on November 15, with more than 163,000 plan selections during week eight (January 3-9)
- More than 82,000 users visited CuidadoDeSalud.gov, the Spanish-language FFM, during this period bringing the total to 643,172
- Of the 37 states using the FFM, Florida and Texas had the most plan selections during this period at more than 1.1 million and 859,000, respectively
- Covered California, a state-based marketplace, has had 217,146 new consumers enroll in plans since November 15. Kentucky and Colorado both reported approximately 114,000 plan selections during this enrollment period.

Open enrollment ends on February 15, 2015. Approximately seven million individuals were covered by marketplace products as of October. The Congressional Budget Office (CBO) enrollment forecasts have been the de facto benchmark against which actual results have been measured. CBO projected last spring that 13 million individuals will be covered by insurance products sold through the state-based marketplaces and FFM in 2015. On November 10, 2014, HHS announced lower expectations, projecting that enrollment would reach a net of around 9 to 9.9 million in 2015.

### Repeal Of The Medical Device Tax

As noted in the article about Congress on page three of this issue of the newsletter, legislative efforts are underway to repeal the excise tax on medical devices. Senator Orrin Hatch (R-UT), Senate Finance Committee Chairman, introduced a bill (S. 149) that is similar to a version (H.R. 160) introduced in the House by Representative Erik Paulsen (R-MN). Both measures have Democrat co-sponsors. The tax is 2.3 percent on sales of medical devices. The manufacturer or importer of the device (as opposed to providers using the devices) is responsible for paying the tax, which has been in effect since January 2013. Retail devices – those sold to consumers directly – are exempt from the tax. By 2020, the tax is projected to raise \$20 billion to support the ACA. Critics assert that the levy stifles innovation and costs the U.S. high-paying jobs because the increased effective tax rate for medical technology companies detracts from spending on R&D, clinical trials, and other manufacturing investments.

### Marketplace Enrollees And The Internal Revenue Service

By the end of January 2015, state and federal marketplace enrollees can expect to receive a *Form 1095-A* that shows they had health insurance through federal or state exchanges. It will be used to fill out a *Form 8962* to reconcile subsidies they received with the income they earned in 2014. If they received too much, they will have to pay back some or all of the subsidy. An estimated 87% of those who signed up for health insurance on the new exchanges obtained subsidies to reduce their health insurance premiums and sometimes their cost-sharing expenses. The new form consists of 15-pages of fine print that will need to be filed by taxpayers.

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## DEVELOPMENTS IN HIGHER EDUCATION

### Tuition-Free Community College Education Proposal

During a speech made at a community college in Tennessee on January 9, President Obama announced a proposal to make community college tuition-free nationwide. The “America’s College Promise” initiative would pay for two years of community college for students who maintain a 2.5 GPA, attend school at least half-time, and make “steady progress” toward their degree. Federal funding would cover three-quarters of the cost. President Obama is asking states to assume the balance. The program would cost an estimated \$60 billion over a 10-year period.

Community colleges would be eligible by offering academic programs that fully transfer credits to local public four-year colleges and universities or training programs with high graduation rates that lead to “in-demand degrees and certificates.” They also must adopt “promising and evidence-based institutional reforms” to improve student outcomes. The state of Tennessee developed such a program in 2014 called *Tennessee Promise*. Some 50,000 student have applied for it. The initiative will be financed by state lottery revenue.

The overall impact on the higher education community is not clear. For example, if some four-year institutions are confronted with budgetary challenges, they may not be too enthusiastic about the idea of any potential siphoning off of prospective first- and second-year students who might find the community college alternative more beneficial for them. Also, given a tendency for Republicans in Congress to oppose expansion of current entitlement programs or creation of new ones, they may be inclined to resist what President Obama is proposing.

### Eduventures Perspective On Community College Proposal

Eduventures is a firm that provides individual leaders in the field of education with evidence, data, and proposed solutions with an exclusive focus on analyzing forces transforming higher education. An often cited figure on the Obama Administration’s community college proposal is that nine million eligible students would benefit from this program.

Eduventures indicates that the proposed plan will add two million students to the community college system. Moreover, there are three groups that these two million additional community college students could come from:

1. **Traditional students:** Students between the ages of 18 and 24 who would have attended a four-year school full-time.
2. **Adult and part-time learners:** Adult and part-time students who would have attended a bachelor’s program, in many cases online.
3. **New students:** Those who would not otherwise be enrolled in higher education.

In summary, the Obama administration’s figures include one million students who would have otherwise enrolled in a bachelor’s program enrolling in community college. Approximately 250,000 of these “lost” students would be traditional students and 750,000 of them would be adult and part-time learners. If these projections are correct, the Obama administration’s plan for free community college would bring one million net new students to the higher education system.

That firm’s data show that affordability is not the primary enrollment driver among this population because it ranks fourth behind career preparation, core academics, and academic environment. Traditional students care most about the *value* for the cost, rather than cost alone. Unless community colleges can demonstrate the same career outcomes and academic rigor as four-year colleges quickly, the vast majority of traditional students are unlikely to choose this pathway, even if it is free.

## QUICK STAT (SHORT, TIMELY, AND TOPICAL)

### **Challenges Facing Young Biomedical Researchers**

Nearly a decade has passed since the National Academy of Sciences received the report of a blue ribbon panel that had been convened to consider the challenges facing young biomedical researchers in the United States. Yet, many concerns expressed then continue to be salient today. The R01 is the leading NIH research grant and a prerequisite to a career as an independent investigator. According to an article in the January 13, 2015 issue of the *Proceedings of the National Academy of Sciences of the United States of America*, the average age at which investigators with a medical degree receive their first R01 or equivalent grant has risen from less than age 38 in 1980 to more than age 45 as of 2013. The number of principal investigators for R01s who are age 36 or younger has declined from 18% in 1983 to 3% in 2010. Today, more than twice as many R01s are awarded to principal investigators who are over age 65 as are under age 36, a reversal from only 15 years ago. The percent of all grant funding awarded to scientists under the age of 36 has dropped from 5.6% in 1980 to 1.3% in 2012. As a result, it is believed that many young minds are choosing to leave their positions in academic research for other careers, a departure that in turn poses grave risks for the future of science.

### **Interactions Between Medications And Alcohol**

Nearly 42% of U.S. adults who drink also report using medications known to interact with alcohol, based on a study from the National Institutes of Health. Among those over 65 years of age who drink alcohol, nearly 78% report using alcohol-interactive medications. The resulting health effects can range from mild (nausea, headaches, loss of coordination) to severe (internal bleeding, heart problems, difficulty breathing). The study appears in the February 2015 issue of *Alcoholism: Clinical and Experimental Research*.

### **Aging And Disability**

Nearly 40% of individuals age 65 and older had at least one disability, according to a recent *U.S. Census Bureau* report that covered the period 2008 to 2012. Of those 15.7 million patients, two-thirds of them say they had difficulty in walking or climbing. Difficulty with independent living, such as visiting a doctor's office or shopping, was the second-most cited disability, followed by serious difficulty in hearing, cognitive difficulty, difficulty bathing or dressing, and having serious difficulty seeing.

## HEALTH TECHNOLOGY CORNER

### **Telehealth Services**

New York Governor Andrew Cuomo signed a bill into law in January 2015 requiring health plans to pay physicians and hospitals for services performed via telehealth at the same rate as in-person visits. The law is retroactive to January 1, 2015 and requires commercial and Medicaid health plans to provide beneficiaries with coverage for telemedicine services for the same coinsurance, deductible, and coverage conditions as other services normally provided in person. The law also differentiates between telehealth and telemedicine. Telemedicine is defined as real-time, audio/visual communication between a patient and provider that is conducted at a distance. Telehealth can refer to telephone calls, remote monitoring devices, and other electronic tools and services that are used to diagnose, consult, educate and treat patients. In a related development, the telehealth system and clinical video telehealth scheduling software at the U.S. Department of Veterans Affairs' (VA) are used to improve access to the specialized services that VA medical centers provide without beneficiaries having to travel there to receive them. The VA is now recognized as a leader in the field of telehealth with more than 690,000 veterans participating in more than two million virtual appointments in the last year.

## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### 21st Century Cures Initiative

The bipartisan *21st Century Cures* initiative's second phase begins this year, as it sits atop the list of medical trends to watch. For the past year, House Energy and Commerce Committee Chairman Fred Upton (R-MI) and Diana DeGette (D-CO) have engaged patients, doctors, researchers, and other key participants in a discussion about how to propel more and better cures to patients more quickly. Health research is moving at a fast pace, but the federal drug and device approval apparatus is in many ways the relic of another era, which is why Congress will take a comprehensive look at what steps it can take to accelerate the pace of cures in the U.S. The full arc of this process will be examined – from the *discovery* of clues in basic science, to streamlining the drug and device *development* process, to unleashing the power of digital medicine and social media at the treatment *delivery phase*. Additional information in the form of White Papers and roundtable discussions can be accessed at <http://energycommerce.house.gov/cures>.

### Mortality In The United States, 2013

A new report presents 2013 U.S. final mortality data on deaths and death rates by demographic and medical characteristics. These data provide information on mortality patterns among U.S. residents by such variables as sex, race and ethnicity, and cause of death. Information on mortality patterns is key to understanding changes in the health and well-being of the U.S. population. Life expectancy estimates, age-adjusted death rates by race and ethnicity and sex, 10 leading causes of death, and 10 leading causes of infant death were analyzed by comparing 2013 final data with 2012 final data. In 2013, a total of 2,596,993 resident deaths were registered in the United States. The report can be accessed at <http://www.cdc.gov/nchs/data/databriefs/db178.pdf>.

### International Profiles Of Health Care Systems

The newly revised and updated *International Profiles of Health Care Systems* is now available. Written by leading experts in each country and edited by researchers from the London School of Economics and Political Science and The Commonwealth Fund, this comprehensive resource provides detailed overviews of Australia, Canada, Denmark, England, France, Germany, Italy, Japan, Netherlands, New Zealand, Norway, Singapore, Sweden, Switzerland, and the U.S. In each profile, the following information is provided:

- Which health services are covered
- How care is delivered and financed
- What's being done to improve quality, coordination, and equity
- How costs are contained
- Use of electronic health records
- Recent innovations and reforms

The report can be accessed at [http://www.commonwealthfund.org/~media/files/publications/fund-report/2015/jan/1802\\_mossialos\\_intl\\_profiles\\_2014\\_v3.pdf?la=en](http://www.commonwealthfund.org/~media/files/publications/fund-report/2015/jan/1802_mossialos_intl_profiles_2014_v3.pdf?la=en).

### Demography Of Inequality In The United States

A newly released report from the Population Reference Bureau (PRB) provides valuable information about inequalities among U.S. population subgroups. It can be accessed at <http://www.prb.org/pdf14/united-states-inequality.pdf>.

## 2015 ASAHP SPRING MEETING

The theme for the Association's 2015 Spring Meeting is "Higher Education at a Crossroads." The event will be held at the Kingston Plantation Resort in Myrtle Beach, SC on March 19-20. Along with the annual presentation of the *Deans Memorial Lecture*, other key addresses will be made during plenary sessions by high quality speakers on the following topics: budget and finance; state authorization reciprocity agreements; and an overview of expectations for higher education policy in the 114<sup>th</sup> Congress. Coming days and weeks will feature additional information on the ASAHP website about: the program, how to register for the Spring Meeting, and how to make lodging reservations.

## PATIENT SEXUALITY AS AN EMERGING ISSUE

The Association of American Medical Colleges (AAMC) in November 2014 issued the first-ever guidelines aimed at helping medical school faculty train future physicians to care better for patients who are lesbian, gay, bisexual, transgender (LGBT), gender nonconforming, or born with differences of sex development (DSD). The guidelines identify 30 competencies physicians need to provide comprehensive care for these kinds of patients. The competencies fall into eight domains: patient care, knowledge for practice, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, interprofessional collaboration, and personal and professional development. The report is in response to research showing that future doctors do not feel prepared to care for these patients. Using appropriate terminology and respectful language are key to treating patients who may be LGBT, gender nonconforming, or born with DSD, the report noted.

As a manifestation of the growing interest in this general subject, the new quarterly journal *LGBT Health* was launched in March 2014. The publication bills itself as the only peer-reviewed journal devoted exclusively to promoting the health of sexual orientation and gender identity minority communities and individuals of all ages. A manuscript by Chester et al in the December issue characterizes the climate and culture experienced by lesbian, gay, bisexual, and transgender (LGBT) employees and students at a large academic medical center. Results showed that a surprisingly large percentage of LGBT individuals experienced pressure to remain "closeted" and were harassed despite medical center policies of non-discrimination.

A research article scheduled to appear in the Summer 2014 Issue next June of ASAHP's *Journal of Allied Health* discusses the experience of Lesbian and Gay (LG) occupational therapists in their work and patient roles. Emergent themes focus on when to come out and how the culture has an impact on if and to whom coming out occurs. Findings are discussed in relation to the implications for occupational therapists and other allied healthcare providers as a way to inform professionals and educators of the lived experience of LG therapists; the impact of embracing diversity through one's attitude, knowledge and skill through education; and advocacy at the professional and pre-service levels.

Meanwhile, important changes are occurring in the public policy domain. The Affordable Care Act (ACA) and recent rulings by the Supreme Court have reduced lack of access to health insurance as a long-standing barrier to care for members of the LGBT communities. The Appeals Board for the Department of Health and Human Services (HHS) in 2014 ruled against a 1989 decision to categorically exclude sex reassignment surgery (SRS) from Medicare coverage. Meanwhile, several academic institutions are taking steps to improve the wellbeing of transgender students. Student health insurance plans offered at many colleges and universities now provide coverage for some transition-related medical expenses.

Among the different categorizations, another one that is encountered occasionally is Q, which represents individuals who are questioning their sexuality from the perspective of perhaps considering a change in their current status.