

# Trends

**Association of  
Schools of  
Allied Health  
Professions**

## HIGHLIGHTS

**MAY 2015**

President’s Message	2
Health Care Data Breaches	2
21st Century Cure Act	3
ASAHP Calendar of Events	3
ACA Developments	4
Higher Ed Developments	5
Quick STAT	6
Health Technology Corner	6
Available Resources	7
Health Workforce Concerns	8
Emerging Social Trends	8

## IS HEALTH CARE TRANSFORMATION A REDUNDANCY?

Given that health care represents a dominant aspect of the highly dynamic economy of the United States, it seems unnecessary to place the terms health care and transformation in close proximity to one another. As a result of its very nature, the health domain is characterized by a set of protean components that continue to be demonstrably robust.

A visible manifestation of ongoing change can be found in the health workforce. Steadily, the legal authority to furnish health care services in a safe manner is extended to other health professionals through a liberalization of scope of practice laws in states around the nation. Although the pace has not been as swift as deemed most desirable, dental hygienists, advanced nurse practitioners, and physician assistants offer examples of professions that have benefited from the granting of expanded authority to practice based on their skills.

A major development in changing health care financing occurred when Medicare and Medicaid were signed into law in 1965. Now that both laws reached the ripe old age of 50 this year, their impact on the delivery of health care services has been immense. Recent efforts to move from a system dominated by payments based on the volume of clinical tests and treatment provided currently is moving in the direction of placing greater emphasis on quality of care as opposed to quantity of care. The latest initiative to transform health care appeared five years ago with the enactment of major health reform legislation—the Patient Protection and Affordable Care Act.

The U.S. population itself remains a topic of considerable interest due to its changing nature. By the year 2044, demographers estimate that Caucasians will represent less than 50% of the overall group. The ramifications of this shift have important consequences for the demographic composition of the health workforce.

An ongoing feature in this newsletter is a description of changes in technology with the potential to affect how health care services will be developed in the future. Advances in 3D printing, immunotherapy, stem cell treatments, and remote monitoring of patients are among the many noteworthy, significant additions on the near horizon.



**ASSOCIATION OF SCHOOLS OF  
ALLIED HEALTH PROFESSIONS**

*Vanguard of  
Allied Health Education*

**Trends is the official  
newsletter of the Association  
of Schools of Allied Health  
Professions (122 C St. NW,  
Suite 650, Washington, D.C.,  
20001. 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.**

## PRESIDENT'S MESSAGE

By Richard E. Oliver, ASAHP President



*However beautiful the strategy, you should occasionally look at the results.*

### Winston Churchill

The ASAHP Board of Directors will meet during the first week of June in Washington, D.C. One of the major items on our agenda will be revisiting the ASAHP Strategic Plan. The current plan was drafted in 2012 and crafted to give the Association needed direction for 2013 – 2015. It's now time to see if the plan needs any tweaking and if it still provides our organization with the appropriate roadmap for the next several years.

In his article *3 Strategic Planning Pitfalls\**, Bill Conerly highlights three hazards that can derail or hinder the strategic planning process in any organization. Pitfall 1 is avoiding “No.” We must make sure our ASAHP Strategic Plan is not so broad that it encompasses so many strategic initiatives that it makes it difficult to say “No” to any one idea or proposal. We must focus our limited resources in those areas that have the greatest impact and best align with our vision statement. Pitfall 2 is not connecting our strategic plan to needed action steps. Too many organizations develop planning documents that wind up on the shelf and never lead to identifiable and needed initiatives. Pitfall 3 is a strategic plan that contains vague action steps. I think this particular pitfall is especially challenging and one to which the Board must pay particular attention as we revisit our strategic plan.

Our ASAHP Vision Statement states: *By 2015, ASAHP will be a leading interprofessional voice for better health and healthcare.* The five strategic objectives are: 1. Interprofessionalism, 2. Innovation & New Services Development, 3. Advocacy, 4. Alliances and Partnerships, and 5. Marketing, Promotion, & Growth. Much work went into developing these components of the plan and will probably need little if any revision.

However, it is now time to heed the advice of Mr. Churchill and look at our results. This is a key component of accountability and an important step in helping us avoid those dreaded planning pitfalls.

Rich

\*Source: Forbes, August 15, 2013

## HEALTH CARE DATA BREACHES

Health data breaches represent a growing problem with enormous direful consequences. Several news outlets have already dubbed 2015 the “year of the health care hack.” The attacks have affected over 90 million consumers since 2009. In April 2015 alone, there were 24 data breaches that affected 500 or more consumers, according to the HHS Office of Civil Rights.

The Cybersecurity Task Force of the National Association of Insurance Commissioners (NAIC) developed and adopted twelve principles for what it describes as effective cybersecurity regulation. The aim is to use the following kinds of principles to approach future health care data breaches and to create a sense of accountability: state insurance regulators should provide appropriate regulatory oversight, which includes, but is not limited to, conducting risk-based financial examinations and/or market conduct examinations regarding cybersecurity; insurers, insurance producers, other regulated entities and state insurance regulators should take appropriate steps to ensure that third parties and service providers have controls in place to protect personally identifiable information; and cybersecurity risks should be incorporated and addressed as part of an insurer's or an insurance producer's enterprise risk management (ERM) process. Cybersecurity transcends the information technology department and must include all facets of an organization.



## 21st CENTURY CURE ACT ADVANCES

The House Energy and Commerce Committee on May 21 unanimously approved the *21st Century Cures Act* (H.R. 6). A component of the bill that is of great interest to the research community is that the measure includes language to reauthorize the National Institutes of Health (NIH) for three years and proposes a five-year, \$10 billion NIH Innovation Fund. Other aspects of the legislation focus on achieving costs savings. Timing of pre-payments to Medicare Advantage Part D prescription drug sponsors would be delayed, which represents an effort to save an estimated \$5 billion to \$7 billion. Limiting federal Medicaid reimbursement rates for durable medical equipment to levels paid by Medicare would provide another \$2.8 billion in savings while limiting Medicare payments for traditional x-ray imaging services is aimed at incentivizing a transition towards digital imaging that could produce \$200 million more in savings.

NIH is a centerpiece of the legislation. The Director is mandated to ensure that participation by scientists from groups traditionally underrepresented in the scientific workforce remains a priority in the agency's strategic plan. A "sense of Congress" is included that the National Institute on Minority Health and Health Disparities (NIMHD) should include in its strategic plan ways to increase representation of underrepresented communities in clinical trials. Also, the Secretary of Health and Human Services (HHS) is mandated to finalize within one year a draft NIH policy on the use of a single institutional review board for multi-site research.

If the bill becomes law, the Food and Drug Administration (FDA) is another agency that will be affected. A Cures Innovation Fund would be created and funded by a mandatory appropriation of \$110 million a year for fiscal years 2016 through 2020. Additional hiring authority would be provided for scientific, technical, and professional personnel while certain FDA user fees would be exempted from sequestration.

Meanwhile, the regular workings of Congress continue to move forward with regard to producing overall funding legislation. On May 21, the Senate Appropriations Committee formally approved spending allocations for its 12 individual subcommittees. Informally known as 302(b)s, these allocations were adopted by a vote that occurred along part lines, 16-14. They are based on the statutory spending limit of \$1.017 trillion mandated by the Balanced Budget Act of 2011 (P.L. 112-25) and Fiscal Year 2016 House and Senate budget resolutions (S. Con. Res. 11 and H. Con. Res 27).

Based on the allocations, \$153.2 billion would be available for the Labor-HHS-Education subcommittee, which is \$138 million more than the House allocation that was approved earlier. Nevertheless, the amount that was approved is about \$3.6 billion less than what was made available for the current fiscal year. The 2016 fiscal year commences on October 1 of this year.

### 2015 ASSOCIATION CALENDAR OF EVENTS

**June 3-4, 2015**—ASAHP Board Meeting in Washington, DC

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

**October 19-21, 2016**—Annual Conference in New Orleans

Dates/Site for the 2016 Spring Meeting is being negotiated

## AFFORDABLE CARE ACT DEVELOPMENTS

### **Patients And The Affordable Care Act (ACA)**

Enactment of the ACA was intended to produce important changes that affect the ability of patients to obtain health care services. An old question that asks if old dogs can learn new tricks has some relevance when considering how patients behave. For example, emergency-room visits continued to climb in the second year of the Affordable Care Act, contradicting a predicted decline as more patients gained access to doctors and other health-care providers through the wider availability of urgent care centers, retail clinics, and telephone triage lines. A survey of 2,098 emergency-room doctors was conducted in March by the American College of Emergency Physicians (ACEP) and the results became available on May 4. One explanation may be that as Medicaid recipients who became newly insured under the health law struggle to obtain appointments or find doctors who will accept their coverage, the emergency room becomes the alternative of first choice.

Cost of health care can have a significant impact on how patients behave. The Affordable Care Act has increased access to health insurance and financial assistance for millions of Americans, but even with the new assistance one-quarter of consumers who buy insurance on their own still have problems being able to afford needed care. A report in May 2015 issued by the organization Families USA examines the portion of adults who went without needed medical care because they could not afford it.

When asked the following three questions pertaining to skipping medication doses to save money, taking less medicine to save money, or delaying to fill a prescription to save money were asked to those who reported having been prescribed medication by a doctor or other health professional during the preceding 12 months, they responded as follows:

In 2013, 12.5% of adults overall who were prescribed medication by a doctor or other health professional did not take their medication as prescribed to save money. Adults aged  $\geq 65$  years were less likely to not take their medication as prescribed (5.3%) than those aged 18–44 years (14.8%) and those aged 45–64 years (15.0%). Women (13.8%) were more likely than men (10.9%) to not take their medication as prescribed, with the largest difference observed between women and men aged 45–64 years (17.2% compared with 12.5%). The results come from household interviews of a sample of the civilian noninstitutionalized population and are derived from the National Health Interview Survey Sample Adult Component at the 95% confidence interval.

### **Bipartisan Support For Repealing Certain Provisions Of The ACA**

Five hundred organizations have written to Congress urging lawmakers to eliminate the Independent Payment Advisory Board (IPAB), an entity created by the ACA that is charged with making cuts to Medicare should program spending exceed a certain threshold. IPAB is required to achieve savings within a one-year timeframe, which opponents view as making the use of long-term structural improvements to the Medicare program's efficiency difficult and making payment cuts to providers far more likely. Members of IPAB are nominated by the President and subject to Senate confirmation. The President has not yet nominated anyone to the board. H.R. 1190 (The Protecting Seniors' Access to Medicare Act of 2015), legislation to repeal IPAB, had 232 bipartisan cosponsors as of May 27, which is enough support necessary to ensure House passage should the legislation receive a floor vote. The Senate companion bill (S. 141) currently has 40 cosponsors, all Republicans.

Eighteen House Democrats sent a letter to Speaker John Boehner (R-OH) and Minority Leader Nancy Pelosi (D-CA) urging advancement of a bill (H.R. 160, the Protect Medical Innovation Act) to repeal the ACA's medical device tax. The letter warns that the 2.3 percent tax on manufacturers and importers of medical devices is causing companies to cut their research and development budgets. Repeal of the tax would cost \$26 billion between 2015 and 2024. The bill has 281 bipartisan cosponsors as of May 27.

---

## DEVELOPMENTS IN HIGHER EDUCATION

### **Education Organizations Comment On Senator Alexander's Accreditation Paper**

Twenty-nine higher education associations, including the American Council on Education (ACE), and regional accreditors submitted comments in a letter about Senator Lamar Alexander's (R-TN) policy paper on accreditation, one of three documents released on March 23 outlining ideas that could find their way into an eventual Higher Education Act (HEA) reauthorization bill. He serves as Chairman of the Committee on Health, Education Labor & Pensions.

Among the issues expressed in the comments is concern over any move to federalize accreditation or to hand authority over academic quality to the states. The letter notes that unfortunately, in recent years the Department of Education has transferred some enforcement functions to accreditors, which has created problems. Accrediting agencies should focus on educational quality and student learning, but they should not be given responsibilities that properly belong to the Department of Education. The impending reauthorization of the Higher Education Act (HEA) will allow for a careful rethinking of ways to preserve the important and proven strengths of accreditation while also ensuring that it adjusts to the rapidly changing world of postsecondary education. In particular, Congress should clarify the responsibilities of accreditors vis-à-vis the Department of Education.

Over time, the Department has increasingly come to view accreditors as a regulatory extension of the federal agency and has significantly increased their responsibilities as a condition of approving them. The Department has the ultimate authority and responsibility to make and enforce institutional eligibility requirements under the HEA and those responsibilities include Title IV compliance. Outsourcing functions for which the Department has primary responsibility is an inappropriate use of the knowledge and skill set of accrediting agencies and diverts accreditors from their primary mission. In short, accreditors ought to focus on student learning and educational quality and the Department of Education should focus on enforcing the Title IV eligibility requirements.

The Council for Higher Education Accreditation (CHEA) was one of many other groups that commented separately. It strongly agrees that there is a need to roll back unnecessary regulatory oversight of accreditation. While the accreditation paper addresses the important issue of gatekeeping and leaves open whether or not to sustain this function, CHEA assumes that it would be retained as part of the reauthorization of the HEA. That the public policy role of accreditation be centered on the primary task of confirming that institutions are operating at a level of performance is essential to meet expectations of educational quality as judged by what happens to students. Specifically, if an institution is accredited, it must meet basic expectations about the skills students have gained and the capacities they demonstrate. It means there needs to be some agreement about what constitutes acceptable and unacceptable levels of performance.

### **U.S. Senate Hearings On The Higher Education Act**

On May 20, the Committee conducted a hearing on *Reauthorizing the Higher Education Act: Exploring Institutional Risk-Sharing*. Testimony can be accessed at <http://www.help.senate.gov/hearings/reauthorizing-the-higher-education-act-exploring-institutional-risk-sharing>.

On May 6, the Committee also conducted a hearing on *Reauthorizing the Higher Education Act: The Role of Consumer Information in College Choice*. Testimony can be accessed at <http://www.help.senate.gov/hearings/reauthorizing-the-higher-education-act-the-role-of-consumer-information-in-college-choice>.

---

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

### **World Health Organization Opposes Name Blaming**

The World Health Organization (WHO) has issued guidelines for naming new diseases. The rules were released on May 8, 2015. The purpose is to recommend naming diseases according to what they do rather than after the individual, region, or species in which they were found. The rationale for doing so is based on the stigmatization that can occur from affixing inappropriate labels. For example, the name swine flu is viewed as damaging the pork industry even though the virus is not specific to pigs. Similarly, officials in Middle Eastern countries have been concerned that the name of the viral infection Middle East Respiratory Syndrome (MERS) may affect the decisions of travelers who are considering going to these places. Researchers also are advised to avoid names that include frightening words such as “fatal.” Concerns of this nature are not new. Gay-related immune deficiency (GRID) was the name first proposed in 1982 in what subsequently was called AIDS (acquired immune deficiency syndrome). The change was warranted because the term “gay-related” did not fully encompass the demographics of the disease.

### **Costliest Health Conditions**

According to a Medical Expenditure Panel Survey Statistical Brief (#470) from the Agency for Healthcare Research and Quality (AHRQ), among the five costliest health conditions in both 2002 and 2012 – heart conditions, cancer, trauma-related disorders, mental disorders, and chronic obstructive pulmonary disease and asthma – mental health conditions showed the biggest increase in the number of patients treated. About 45 million Americans received mental health care services totaling \$84 billion in 2012, an increase from 2002, when 31 million Americans received services for mental health care totaling \$59 billion. Patients receiving mental health care paid the highest out-of-pocket share of expenses (roughly 20 percent) while those treated for cancer paid the lowest out-of-pocket share (about 6 percent) in 2002 and 2012.

### **Health Sector Employment Growth**

Based on data from the Bureau of Labor Statistics (BLS), healthcare employment hit a new milestone in April 2015 when the sector surpassed 15 million jobs, with 390,000 new jobs created in the past 12 months. That month, healthcare resulted in the generation of 45,000 jobs, including 25,000 in ambulatory care, 12,000 in hospitals, and 8,000 in nursing homes and residential care. It was outpaced only by employment in professional and business services, where 62,000 new positions were created.

## HEALTH TECHNOLOGY CORNER

### **Health Apps Development**

*Purple Binder* is an app that matches individuals with community services, and everything from health clinics to food pantries and from homeless shelters to park district programs that keep them healthy. Purple Binder allows governments and health systems to leverage existing networks of community services (e.g., subsidized housing and low-cost behavioral health services).

### **National Environmental Public Health Tracking Network**

A Tracking Network developed by the Centers for Disease Control and Prevention (CDC) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources. Maps, tables, and charts can be viewed with data about chemicals and other substances found in the environment, along with some chronic diseases and conditions in geographical areas. An example is a set of interactive maps for individuals to identify cooling centers during heat waves.

## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### Importance Of Medical Device Surveillance

Although a broad range of efforts is available to understand better the potential benefits and risks of prescription drugs, no such initiative exists for medical devices. A new report from the Brookings Institution contains a clinician's perspective about the important role of medical device surveillance and its role in improving patient care. The report can be accessed at <http://www.brookings.edu/blogs/health360/posts/2015/05/13-medical-device-surveillance-wynne>.

### Policies To Promote Child Health

Unhealthy children grow up to be unhealthy adults, poor health and low income go hand in hand, and both poverty and poor health make large demands on public coffers, according to a new report co-published by the Brookings Institution and Princeton University. In the latest edition, "Policies to Promote Child Health," experts review how effectively U.S. policies promote child health. The report can be accessed at <http://www.princeton.edu/futureofchildren/publications/docs/FOC-spring-2015.pdf>.

### Delivering Interprofessional Education And Teaching Teamwork

A new Issue Brief from the Josiah Macy, Jr. Foundation outlines how to overcome some of the emerging challenges health professions schools face in providing and expanding IPE. The Brief shares promising models for learning purposes. It can be accessed at [http://macyfoundation.org/docs/macy\\_pubs/Macy\\_Brief\\_IPE.pdf?utm\\_source=Macy+Mailing+List&utm\\_campaign=daf6bd678a-Issue\\_Brief\\_4\\_Promotion\\_IPE4\\_29\\_2015&utm\\_medium=email&utm\\_term=0\\_bb739c7123-daf6bd678a-336687629](http://macyfoundation.org/docs/macy_pubs/Macy_Brief_IPE.pdf?utm_source=Macy+Mailing+List&utm_campaign=daf6bd678a-Issue_Brief_4_Promotion_IPE4_29_2015&utm_medium=email&utm_term=0_bb739c7123-daf6bd678a-336687629).

### Geography And Life Expectancy

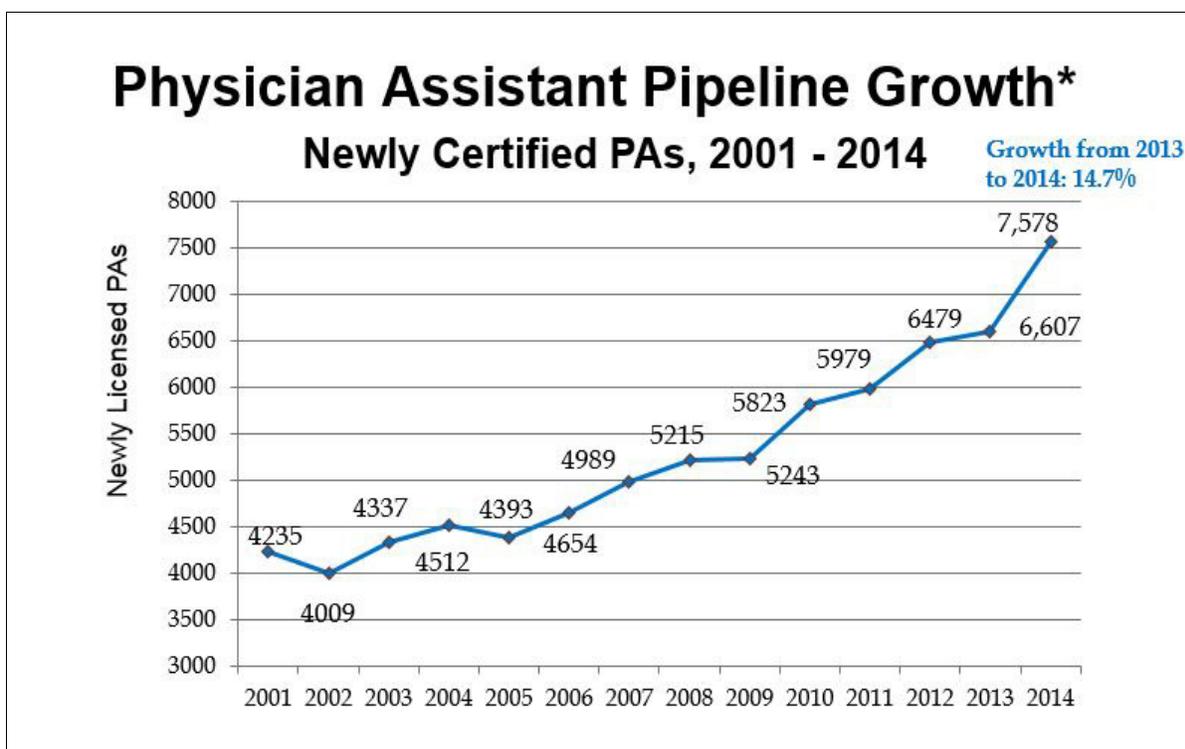
Recently released maps, which show life expectancy at birth, illustrate that opportunities to lead a long and healthy life can vary dramatically by neighborhood in cities across the United States. Created at the Virginia Commonwealth University (VCU) Center on Society and Health, they were developed to raise public awareness of the many factors that shape health, particularly social and economic factors. The maps can be accessed at [http://www.rwjf.org/en/library/infographics/life-expectancy-maps.html?cq\\_ck=1430250973426](http://www.rwjf.org/en/library/infographics/life-expectancy-maps.html?cq_ck=1430250973426).

### Open Textbooks: The Current State Of Play

According to the latest installment of the *Quick Hit* series by the American Council on Education (ACE), the use of open textbooks is gaining in popularity across different types of colleges and universities, but how extensively are they being used? Open textbooks are a subset of a broad category that includes courses, assessments, articles, case studies, and many other types of educational materials. The principle is that materials produced by one party can be used freely by others. This particular Quick Hit can be accessed at <http://www.acenet.edu/news-room/Documents/Quick-Hits-Open-Textbooks.pdf>.

## ADDRESSING HEALTH WORKFORCE CONCERNS

As the population of the United States continues to grow steadily, with the most rapid rates occurring among the oldest cohorts, the health workforce will find it necessary to adapt accordingly. Projections of physician shortages over the short- and long-term have been made. Physician assistant (PA) programs are located in many institutions belonging to the Association of Schools of Allied Health Professions (ASAHP). Graduates of these programs are among the groups that will fill necessary workforce gaps in primary care. The figures shown below reflect how that profession has responded to the challenge.



\*Counts include PAs passing the Physician Assistant National Certifying Exam (PANCE)  
 Source: National Commission on Certification of Physician Assistants "Certified Physician Assistant Population Trends"

## EMERGING SOCIAL TRENDS

Beginning with this issue of TRENDS, a new addition called *Emerging Social Trends* will describe events of a different kind of nature that may help to shape in the not-too-distant future how health care is delivered and how health professionals will be educated and trained.

According to an article in the April 19, 2015 issue of the journal *Science Translational Medicine*, in the past two decades 36 new medical schools (17 allopathic and 19 osteopathic) have opened across the U.S. This growth has been accompanied by a shift toward new models of medical education in which research plays a minimal role. A reduction in emphasis on research is viewed as a threat to the quality of education received by the future biomedical workforce as well as the pipeline of physician-scientists. It is worth pondering to what extent the creation of new schools that focus on the allied health professions are confronted with the situation of having instruction provided by a community of educators who conduct little or no basic, clinical, or translational research.