2016 ASAHP ANNUAL CONFERENCE

The Association’s 2016 Annual Conference will be held at the Royal Sonesta Hotel in New Orleans, LA on October 19-21. The theme for this event is Looking Out On The Horizon: Emerging Issues In Allied Health Education And Practice.

Readers of the ASAHP UPDATE are requested to mark their calendars and plan on attending this important event. The program will feature plenary session addresses by prominent speakers, along with presentations in both a series of concurrent sessions and a poster session. As in the past, ASAHP members will have an opportunity to sponsor various sessions. Sponsor, Exhibitor, and Advertiser Forms can be accessed at http://www.asahp.org/asahp-in-action/upcoming-national-conferences/2016-annual-conference/.

INSTITUTIONAL PROFILE SURVEY

Data collection for the 2016 study opens on September 12. Now is a good time to determine who will be assigned responsibility for collecting data. A User’s Guide is online at www.asahp.org in the section of the homepage labeled “Members.” It has proved to be immensely valuable for newcomers to the study.

Last year, there were 85 participants in the survey and a major objective this year is to exceed that number. Salary data, along with student application and enrollment data are important features. The survey consistently is viewed by institutional members as an exceptionally valuable benefit of belonging to ASAHP.

ALLIED HEALTH PROFESSIONS WEEK

Allied Health Professions Week in 2016 will be celebrated on November 6-12 to honor educators and providers. Many activities may be undertaken that week on campuses at ASAHP member institutions to highlight the allied health professions and achievements undertaken at each school. Several examples will be listed in an upcoming issue of the ASAHP UPDATE.

2016 ASAHP ELECTION

The Association’s Nominations and Elections Committee has prepared the following slate of candidates for the 2016 ASAHP election:

Treasurer (two-year term)
Andrew Balas (Augusta University)
Gregory Frazer (Duquesne University)

Board of Directors (three-year term)
Kenneth Johnson (Weber State University)
Shelley Mishoe (Old Dominion University)

Nominations & Elections Committee (two-year term)
Ron Cisler (University of Wisconsin)
Teresa Conner-Kerr (University of North Georgia)
Fred Romano (Midwestern University)
Dale Scalise-Smith (Northern Kentucky University)

The election will be conducted electronically between mid-July and mid-August. Membership dues must be paid by September 1, 2016 in order for one’s vote to be included in the final tally.

IPEC INSTITUTE

The Interprofessional Education Collaborative (IPEC) announces the next Faculty Development Institute focused on Interprofessional Education: Building a Framework for Collaboration on October 5-7 at the Hyatt Regency Dulles in Herndon, VA. Faculty teams are invited to come together for a guided learning experience, team-based planning activities, and dedicated time to create actionable plans for implementing projects that advance interprofessional curricula, clinical training and population health experiences, and student assessment. Information about Institute objectives, team composition, and program format can be accessed at https://ipecollaborative.org/2016_Fall_Institute.html.

Teams are encouraged to register early. Enrollment capacity will be reached quickly. Registration can be done at www.ipecollaborative.org. For more information, contact Ms. Shelley McKearney, IPEC associate director, at smckearney@aacn.nche.edu.
FUNDING OPPORTUNITY

The Board of Directors of the Patient-Centered Outcomes Research Institute (PCORI) approved three new topics for comparative clinical effectiveness research (CER) funding at its meeting on May 23. PCORI will offer up to $30 million to support studies investigating the effectiveness of strategies to prevent unsafe opioid prescribing in primary care. It also will furnish up to $48 million for CER studies on community-based palliative care delivery for adult patients with advanced illnesses and for their caregivers. It will provide up to $25 million for research on improving care for sickle cell disease. Pre-announcements providing initial details can be accessed at http://www.pcori.org/funding-opportunities?qt-funding_opportunities=1.

HEALTH INNOVATION

The Network for Excellence in Health Innovation (NEHI) report, Maximizing the Potential of Real World Evidence to Support Health Care Innovation, provides recommendations for “real world evidence” (RWE) to accelerate health care innovation and transform patient care. RWE – or, evidence developed from “real world” practice and utilization – offers the promise of using new and quickly available sources of data to advance medicine and personalize care for patients rapidly. Reaching this full potential will require a cross-sector change in culture. Aspects of the cultural shift will include the following:

Use of Consensus-backed standards: Scientific and statistically sound standards must be developed, with broad professional endorsement, for collecting and analyzing real world data through observational studies.

Transparency: Analysis of real world data should be based on high standards of transparency regarding the sources and quality of data, as well as study design and analytical methods, and dissemination of findings.

Shared norms for application of RWE: Users of RWE, such as health plans, clinical guidelines developers, or formulary committees, also have responsibilities to be transparent and rigorous in how they apply the evidence to their decision making.


HEALTH DISPARITIES

A new chartpack from the Kaiser Family Foundation provides data on demographics, health access and utilization, health status and outcomes, and health coverage by race and ethnicity to provide greater insight into the current status of disparities. Where data are available, it examines measures by six groups: White, Asian, Hispanic, Black, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander. The majority of measures are for the nonelderly population. (A separate chartpack provides data for elderly individuals.) The analysis is based on the most recent year of data available from different national data sets.


PATIENT ENGAGEMENT

The Department of Health and Human Services’ Office of the National Coordinator for Health Information Technology (ONC) has released a “Patient Engagement Playbook” to help health care practices, hospital administrators, and others to use patient portals to engage patients in their health and care. A patient portal doesn’t automatically increase patient engagement. To reap the benefits, practices must set up and use the portal in a thoughtful way. In collaboration with HHS’ Office for Civil Rights, ONC also released a series of consumer-oriented videos to help patients understand their right to access their health information under the Health Insurance Portability and Accountability Act.

The Playbook can be accessed at https://www.healthit.gov/playbook/pe/

HEALTH SPENDING CATEGORIES

Estimates of annual health spending for a comprehensive set of medical conditions are presented in the journal Health Affairs for the entire U.S. population and with totals benchmarked to the National Health Expenditure Accounts. In 2013, mental disorders topped the list of most costly conditions, with spending at $201 billion, topping heart conditions, trauma, cancer, and pulmonary conditions.

The article can be accessed at http://content.healthaffairs.org.proxy.libraries.rutgers.edu/content/35/6/1130.full.pdf+html