2015 ASAHP ELECTION RESULTS

Linda Petrosino (Ithaca College) will serve as President for a two-year term followed by a one-year term as Immediate Past President. Currently serving as President-Elect, she also has held leadership roles with the Council on Academic Accreditation in Audiology and Speech-Language Pathology and the Council of Graduate Programs in Communication Sciences and Disorders.

Ruth Welborn (Texas State University) was elected Secretary for a two-year term. She has participated in many ASAHP activities by making presentations, serving on the Clinical Education Task Force along with several committees, and representing the Association’s membership on the Board of Directors in 2008-2011. ASAHP Fellow recognition was received in 2011.

The following were elected to the Board for a three-year term: Barry Eckert (Long Island University, Brooklyn) has served for two prior terms on the ASAHP Board of Directors, is Treasurer of the Commission on Accreditation of Allied Health Education Programs, and is on the Board of the Association of Specialized and Professional Accreditors.

Peggy Valentine (Winston Salem State University) completes a first three-year term on the Board this year. She serves as Board liaison to the Clinical Education Task Force and was appointed by the Secretary of Health & Human Services to serve on the Health Resources and Services Administration (HRSA) Advisory Committee on Interdisciplinary Community-Based Linkages.

Apart from their service to ASAHP over the years, as academic administrators all four of them have made significant contributions in the broader arenas of higher education and health care in the United States.

The following individuals leave the Board after many years of distinguished service: Secretary Celia Hooper (University of North Carolina Greensboro) and David Shelledy (University of Texas Health Science Center San Antonio).

Elected to the Nominations & Election Committee for a two-year term are: Andrew Butler (Georgia State University), Mitchell Cordova (Florida Gulf Coast University), Carolyn Giordano (Thomas Jefferson University), and Cesarina Thompson (American International College). They will join Patricia Chute (New York Institute of Technology) and Craig Jackson (Loma Linda University). Terms for all newly elected individuals commence at the end of the ASAHP Annual Conference on October 30, 2015.
We are just a few weeks away from our 2015 Annual Conference to be held in Scottsdale, Arizona from October 28-30, 2015. The theme of this year's conference is "Innovations and Entrepreneurship in Health Care Education." Hats off to Kevin Rudeen who chaired the Program Planning Committee composed of Tracy Farnsworth, Kyle Meyer, Julie O’Sullivan Maillet, Mike Perri, David Perrin, and Barbara Wallace. The committee has put together a terrific conference with some outstanding keynote speakers and a wide variety of platform and poster presentations. There is still time to register to attend!

One unique aspect of our meeting will be a book signing at the completion of the keynote address by Jeff Selingo, best-selling author and award-winning columnist whose writings focus on forecasting what changes we can expect to see in higher education in the years to come. He will be available to sign copies of his New York Times best seller, College (Un)Bound: The Future of Higher Education and What It Means for Students. Attendees will be able to purchase copies of this book at the conclusion of the Jeff Selingo keynote address and then get it personalized by the author.

I also want to take this opportunity to thank Celia Hooper and David Shelledy for their faithful service on the ASAHP Board of Directors. Even thought their terms are ending they will remain very actively involved in the work of our organization as well as their other professional associations. Please join me in thanking both of them for their many contributions and service on our board.

We will also be welcoming two new Board members with previous service to ASAHP. Barry Eckert has been elected to the Board and Ruth Welborn will be our new Secretary. Peggy Valentine was also reelected to another term of service on the Board. They bring great insight and experience that will be extremely helpful as the Board revisits the Strategic Plan and explores mechanisms that will facilitate a more timely and responsive committee structure and plan of action for our organization.

I look forward to seeing all of you in Scottsdale.

Rich Oliver

PERILS OF TUITION DISCOUNTING FOR SOME INSTITUTIONS

The price tag for seeking degrees in higher education is beyond the reach of many families in the U.S. An interesting development from the standpoint of making education more affordable is that some private colleges and universities continue to raise their tuition discount rates, even as many institutions struggle with decreasing enrollment and declining revenue despite this practice. The National Association of College and University Business Officers indicated in a recent report that tuition discount rates are at an all-time high and many institutions are using the strategy to a point that, according a top analyst at that organization, is not sustainable. A demographic shift also is resulting in a decline in the number of high school graduates. Non-traditional students might be able to fill an emerging number of empty classroom seats, but for economic reasons, many of them may elect to enroll in MOOCs and two-year colleges rather than in four-year institutions. Consequently, the possibility exists that some in the latter category may have to shut their doors for financial reasons.
FEDERAL SPENDING AND GOVERNMENT SHUTDOWNS

The new fiscal year begins on October 1, but as September drew to a close a threat was posed of a government shutdown resulting from an inability of Congress to send appropriations bills to President Obama for him to sign. The main culprit this time around is anger by many Republicans in both chambers over the issue of renewed funding for Planned Parenthood, an organization that has been accused of harvesting and selling body parts of aborted embryos for profit. President Obama is on record as stating that he will veto any bill that fails to include funding for Planned Parenthood. The last time that the government was forced to shut down was at the start of the new fiscal year in 2013.

A compromise effort in the form of a continuing resolution (CR) that would have funded the government through December 11, but defund Planned Parenthood for one year, was voted down in the Senate on September 24. The bill would have redirected the mandatory savings to community health centers, unless Planned Parenthood agreed to cease performing abortions. A vote of 47-52 on the CR ended the debate, which was short of the 60 votes necessary to move forward.

The next step could be the production of a clean, short-term CR in the Senate that would enable the government to continue operating. The bill would keep the government operating through December 11, 2015 by providing funds at the annual rate that conforms to the top line discretionary spending limit established by the Budget Control Act (BCA) for fiscal year (FY) 2016, an amount of $1.017 trillion. The President has indicated that he would sign this kind of bill. Yet, many conservatives in the House have expressed strong opposition to such legislation. Eventually, both chambers must agree on whatever funding measure is passed.

Another alternative to defund Planned Parenthood exists in the form of budget reconciliation, a fast-track mechanism that will allow a spending bill to be sent to the President with a simple majority vote in the Senate. Reconciliation legislation would include a provision to defund that organization permanently while allowing for the passage of a stopgap spending bill that continues to direct discretionary funding to the organization for the coming year. A discussion of that nature also is influenced by the extent to which reconciliation could be used to repeal the Affordable Care Act (ACA). Many Republicans are in favor of repealing as much of that law as possible, including various taxes and both individual and employer mandates. The challenge they face is that reconciliation legislation also must reduce the federal deficit. According to a report released by the Congressional Budget Office (CBO) in June 2015, it was revealed that repealing the ACA would increase budget deficits by $353 billion over the next decade.

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2015-2016 ASSOCIATION CALENDAR OF EVENTS

September 8, 2015—Institutional Profile Survey Data Collection Period Opened

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

November 30, 2015—Institutional Profile Survey Data Collection Period Closes

March 17-18, 2016 Spring Meeting in Louisville, KY

October 19-21, 2016—Annual Conference in New Orleans
AFFORDABLE CARE ACT DEVELOPMENTS

Effect On States Of Increasing The Medicare Eligibility Age
Proposals to raise the eligibility age for Medicare may have unintended consequences for state government finances. The medical care of individuals who currently receive both Medicaid and Medicare benefits, also known as “dual eligibles,” could become the sole responsibility of Medicaid. A report from the Urban Institute that was issued in September 2015 estimates the number of such individuals in each state and the amount of current Medicare spending that could be shifted to state Medicaid programs. The actual cost impact of such a policy change for an individual state depends on both the demographic makeup of its population and its decision about Medicaid expansion under the Affordable Care Act.

Employers Shift More Health Costs To Workers
Premiums for job-based medical insurance rose moderately, 4 percent in 2015, but employers continued to shift expenses to workers. The average premium for single coverage rose to $6,251 while the average premium for a family plan increased to $17,545, according to a September 22 report by the Kaiser Family Foundation and the Health Research & Educational Trust. Deductibles, which is what plan members pay for care before the insurance kicks in, have been rising substantially faster than total health costs.

Federally Qualified Health Centers As Patient-Centered Medical Homes
According to a Brief from The Commonwealth Fund, by expanding access to affordable insurance coverage for millions of Americans, the Affordable Care Act will likely increase demand for the services provided by federally qualified health centers (FQHCs), which provide an important source of care in low-income communities. A pair of Commonwealth Fund surveys asked health center leaders about their ability to function as medical homes. Survey findings show that between 2009 and 2013, the percentage of centers exhibiting medium or high levels of medical home capability almost doubled, from 32 percent to 62 percent. The greatest improvement was reported in patient tracking and care management. Despite this increased capability, health centers reported diminished ability to coordinate care with providers outside of the practice, particularly specialists. Ongoing federal funding and technical support for medical home transformation will be needed to ensure that FQHCs can fulfill their mission of providing high-quality, comprehensive care to low-income and minority populations.

Patient-Centered Medical Homes And Access To Services For New Primary Care Patients
Recent efforts to revitalize primary care have centered on the patient-centered medical home (PCMH). Although enhanced access is an integral component of the PCMH model, the effect of PCMHs on access to primary care services is understudied. A study reported in the October 2015 issue of the journal *Medical Care* was conducted to determine whether PCMH practices are associated with better access to new appointments for nonelderly adults by direct measurement. Data were generated from 11,347 simulated patient calls to 7,266 primary care practices across 10 U.S. states. Trained field staff posed as patients (age younger than 65 years) seeking a new primary care appointment with varying insurance status (private, Medicaid, or self-pay). The primary predictor was practice PCMH status and the primary outcome was the ability of simulated patients to schedule a new appointment. Secondary outcomes included the number of days to that appointment, availability of after-hour appointments, and an appointment with an ongoing primary care provider. Of the 7,266 practices contacted for an appointment, 397 (5.5 percent) were National Committee for Quality Assurance-recognized PCMHs. In adjusted analyses, callers to PCMH practices compared with non-PCMH practices were more likely to schedule a new appointment and be offered after-hour appointments. A conclusion is that PCMH practices may be associated with better access to new primary care appointments for nonelderly adults, those most likely to gain insurance under the Affordable Care Act.
Higher Education Act (HEA) Background
The Higher Education Act (HEA) of 1965 (P.L. 89-329) aimed to strengthen the educational resources of academic institutions and provide financial assistance for students in postsecondary and higher education. It was reauthorized in 1968, 1971, 1972, 1976, 1980, 1986, 1992, 1998, and 2008. Current authorization for programs expired at the end of 2013. It is uncertain whether or not there will be enough time to reauthorize the HEA in 2015. Meanwhile, hearings have been held in both the Senate and the House as a means of providing a foundation for what should be included in this key piece of legislation.

The most recent legislation to reauthorize the Higher Education Act (HEA) was signed into law by President George Bush in 2008. The 1,158-page bill, which itself entailed a five-year period of development, was designed to have a significant impact on higher education by holding academic institutions and the states accountable for soaring tuition increases and for curbing highly publicized abuses in the student-loan program. Along with disputes over accreditation, these aspects of the law continue to be the source of controversy.

Accreditation In The HEA
Some Congressional hearings have focused on: (1) reform of traditional accreditation, (2) the importance of encouraging innovation in higher education and assuring quality, perhaps through a new or alternative accreditation model, especially for emerging extra-institutional offerings such as massive open online courses (MOOCs) or other online offerings from non-institutional providers, and (3) reauthorization of the HEA as an opportunity to strengthen accreditation. Worth noting is that between 1952 and 1992, the mechanism of postsecondary education accountability at the federal level evolved into an affiliation among the federal government, states, and national and regional accreditation agencies under the name of the Triad. Each member had designated oversight responsibilities.

A long standing contentious issue is whether accreditation should be the main gatekeeper for institutions to gain access to federal financial aid funds. Related controversy pertains to whether the responsibility for evaluating how well an institution is accomplishing its educational work can and should rest exclusively with the institutions and accrediting bodies as opposed to more aggressive federal and state roles in judging institutional/educational quality. The current state of affairs is characterized by confusion and incomplete overlapping about compliance with regulations versus accreditation via peer review. Tension exists between conceptions of gate-keeping for student aid eligibility and notions of accreditation as a broader quality improvement and assurance process. The extent to which Congress will seek to make improvements through the mechanism of the HEA remains an open question.

Financing Higher Education Costs
Several organizations have proposed that the HEA should be rewritten to address: (1) college access, persistence, and completion; (2) better information for consumers; (3) student loan programs, and (4) college affordability and cost reduction. Legislative items that appeal to many legislators are to enhance provisions that (1) empower students as consumers in higher education; (2) simplify and improve student aid and loan programs; (3) increase college accessibility, affordability, and completion; (4) encourage institutions to reduce costs; (5) promote innovation to improve access to and delivery of higher education; and (6) balance the need for accountability with the burden of federal requirements. Recent initiatives proposed by President Obama involving rating colleges and financing the cost of a community college education could be additional topics to include in the HEA. President Obama also has proposed making community college tuition-free nationwide and creating a new College Scorecard to provide reliable and unbiased information about college performance.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Aging And Chronic Illness
According to the 2016 American Hospital Association (AHA) Environmental Scan, effectively managing the care of patients with chronic illnesses is critical to bending downward the curve of health care spending in the United States. Nearly half of all Americans have at least one chronic illness or more. For those age 65 or older, the figure is 85 percent. Patients with chronic illnesses cost the health care system $1.5 trillion, or about 75 percent of total health care expenditures. Individuals with mental illness are among the highest-need, costliest patients in the U.S. health care system, yet they receive inadequate behavioral health care. Researchers have proposed various models that integrate behavioral health with primary care, but the limited availability of behavioral health providers has been a major implementation obstacle.

Long-Term Care Insurance Coverage (LTCI) For The Aged
A report issued by the National Bureau of Economic Research (NBER) in September 2015 indicates that one of the biggest financial risks for the elderly is long-term care, yet only 13 percent of 65-year-olds have insurance for it, resulting in $49.3 billion spent out-of-pocket in 2012 on long-term care. Many families do not purchase LTCI because of the intra-family moral hazard it produces. Parents often feel that it is the responsibility of their children to provide care, which if removed through the purchase of LTCI, could result in behavior changes for adult children such as lower rates of co-residence and higher commitment to a profession.

HEALTH TECHNOLOGY CORNER

Apps For Predicting Thoughts Or Attempts Of Suicide
An online study published August 18, 2015 in the journal Molecular Psychiatry shows that a combination of blood tests and mobile applications are more than 90 percent accurate at predicting thoughts or attempts of suicide. Researchers at Indiana University School of Medicine developed two apps for different purposes. One app examines an individual’s affective state (how an individual feels and experiences emotions) and one looks at suicide risk factors. The apps ask questions about an individual’s physical energy level, personal feelings and accomplishments, and level of uncertainty about things. Integrating the blood test and the clinical information from the app raised the prediction of suicidal ideation across psychiatric diagnoses to 92 percent accuracy. These findings are important in part because the biomarkers and clinical information apps do not require asking the individual if they have suicidal thoughts. Individuals who are suicidal often do not share that information with their care team.

Using Motion Studies To Diagnose Neurological Conditions
An article in the September 3, 2015 issue of the journal Nature describes MouseWalker, a system built to analyse automatically changes in a mouse’s gait. An analytical technology called machine vision allows the MouseWalker software to discern details such as the position of each step relative to the mouse's body. This information can be used to detect when something goes wrong with gait, as can happen with the onset of neurological illnesses such as Parkinson's disease. MouseWalker is open source. The desire to share tools is common to many developers, so motion-tracking software is finding applications in a number of fields, sometimes in unexpected ways. Jennifer Hicks, an engineer at Stanford University who spoke in a plenary session at the 2012 ASAHP Annual Conference, helps to manage OpenSim, an open-source software package that allows users to model joints, muscles, and how they move. OpenSim has more than 20,000 users. Part of her job is to organize workshops and tutorials to guide this growing community.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Advancing Meaningful Patient Engagement

A new analysis from the National Health Council (NHC) and Genetic Alliance, with research and analytic support from Avalere Health, identifies critical barriers hindering the advancement of meaningful patient engagement and outlines tactical next steps for actionable solutions. Three primary barriers to meaningful patient engagement were identified: uncertainty regarding how the Food & Drug Administration (FDA) will evaluate patient-provided data during the product approval process, cultural divide among stakeholders over the use of patient information, and lack of communication among stakeholders and the general public on patient engagement methods, best practices and successes. The report can be accessed at http://avalere-health-production.s3.amazonaws.com/uploads/pdfs/1442947297_Embargoed_NHC_PatientEngagement_WhitePaper_.pdf.

ACOs Improve Health Care And Slow Down Cost Growth

The Centers for Medicare & Medicaid Services issued 2014 quality and financial performance results showing that Medicare Accountable Care Organizations (ACOs) continue to improve the quality of care for Medicare beneficiaries, while generating financial savings. As the number of Medicare beneficiaries served by ACOs continues to grow, these results suggest that ACOs are delivering higher quality care to more and more Medicare beneficiaries each year. Results can be accessed at https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-08-25.html.

Unlocking Value-Based Care Through Health System Analytics

As health systems continue to face shrinking margins, tightening budgets, and evolving payment models, analytics are being touted as the missing key to unlock new sources of value. But, do adoption and investment match the hype? Findings from the Deloitte Center for Health Solutions 2015 US Hospital and Health System Analytics Survey indicate mixed results. The report can be accessed at http://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-dchs-health-system-analytics.pdf.

Intended College Attendance

A report from the Federal Reserve Bank of New York indicates that despite a robust college premium, college attendance rates in the United States have remained stagnant and exhibit a substantial socioeconomic gradient. An information experiment about college returns and costs embedded within a representative survey of U.S. household heads was conducted. The results show that, at the baseline, perceptions of college costs and benefits are severely and systematically biased: 75 percent of respondents underestimate college returns (defined as the average earnings of a college graduate relative to a non-college worker in the population), while 61 percent report net public college costs that exceed actual net costs. There is substantial heterogeneity in beliefs, with evidence of larger biases among lower-income and non-college households. The researchers also elicited respondents’ intended likelihood of their pre-college-age children attending college, and the likelihood of respondents recommending college for a friend’s child, the two main behavioral outcomes of interest. The report can be accessed at http://www.newyorkfed.org/research/staff_reports/sr739.pdf.
2015 ASAHP ANNUAL CONFERENCE

The Association will hold its 2015 Annual Conference at the Scottsdale Plaza Resort in Scottsdale, AZ on October 28-30. The theme of the conference is: “Innovations and Entrepreneurship in Health Care Education and Practice.” The event will provide an opportunity to examine the future of higher education and learn how to use some creative approaches in health care to ensure that a well-educated and trained allied health workforce is able to meet 21st century demands. This year’s event features presentations by top speakers at plenary sessions.

Ted Epperly is President and CEO of Family Medicine Residency of Idaho, a large Federally Qualified Teaching Health Center comprised of seven clinics, three family medicine residency programs, and three fellowships. He will present the Opening Plenary Session Address at the Annual Conference on October 28. A graduate of the University of Washington School of Medicine, he served as the past President and Board Chairperson of the American Academy of Family Physicians. He currently serves as the Governor-appointed Chairman of the Board for the Idaho Healthcare Coalition that is in charge of helping transform healthcare for the State of Idaho. He is a member of multiple other Boards of Directors and the President of several non-profit organizations.

Robin Jones, Director of the Great Lakes ADA and Accessible IT Center and an Instructor at the University of Illinois at Chicago, will present the Mary E. Switzer Lecture on October 29. She has served as director since the Center’s inception more than 14 years ago. Formerly, she served as director of an independent living center in the Chicago area and as an occupational therapy practitioner at the Rehabilitation Institute of Chicago. She has experience as a trainer regarding ADA for business, government, and disability organizations. She also has been involved in assisting business and government to meet their obligations under the ADA and is recognized as a key resource regarding ADA compliance and how it interfaces with other federal legislation.

SHARED DECISION MAKING TO ENGAGE PATIENTS

Shared decision making (SDM) increasingly is advocated as the preferred model to engage patients in the process of deciding about diagnosis, treatment, or follow-up when more than one medically reasonable option is available. Yet, according to an article that appears in the October 2015 issue of the journal Patient Education and Counselling, despite professionals indicating that they consider it important to share decisions with patients, SDM seems to be applied in daily practice to a limited extent only. The plea for SDM originated almost simultaneously in medical ethics and health services research. Four steps can be distinguished: (1) the professional informs the patient that a decision is to be made and that the patient's opinion is important; (2) the professional explains the options and their pros and cons; (3) the professional and the patient discuss the patient's preferences and the professional supports the patient in deliberation; (4) the professional and patient discuss the patient’s wish to make the decision, they make or defer the decision, and discuss follow-up.

Various strategies can encourage SDM, as proposed. Importantly, educational efforts should not only focus on skills training, but also on knowledge and attitudes.