BOARD ACTIONS

The Association’s Board of Directors had a conference call on February 19, 2015. The following actions were among those taken:

- President Richard Oliver reported that he had a good President’s Advisory Council meeting, which he will discuss in Myrtle Beach at the Spring face-to-face Board meeting. The Board needs to look at committee structure and the Strategic Plan at the Spring meeting. Other topics include looking at how to use ASAHP funding in a more strategic way.

- An IPE conference is planned that will be hosted by Rosalind Franklin University in Chicago. The event will be budget neutral. ASAHP can sponsor regional IPE conferences, which may make more sense because not all of ASAHP’s membership is committed to using IPE.

- Treasurer Kevin Rudeen directed attention to two financial statements distributed previously. The statements indicated that ASAHP is in very good financial shape. He highlighted two numbers: SunTrust checking had $645,000 cash available and the Merrill Lynch statement showed $1.2 million in investments. Total assets amount to $1.8 million, including fixed assets. ASAHP liabilities at $68,000 are low. It was noted that investments had grown well this year. The Finance Committee met on January 13th in Washington DC to develop a proposed FY 15-16 budget. The proposal will be presented for discussion at the March 17th Board of Directors meeting in Myrtle Beach, SC.

- President Oliver provided an overview of a meeting with Senator Roy Blunt (R-MO), the new chairman of the Senate Labor-HHS Appropriations Subcommittee. He also met with key Capitol Hill staff to discuss state authorization.

2015 ASAHP ELECTION

Nominations are being accepted for the 2015 ASAHP Election. The following positions will be contested when the election begins on July 15:

- Secretary (two-year term)
- Board of Directors (three-year term)
- Nominations & Elections Committee (two-year term)

The deadline for submitting nominations is March 31, 2015. They can be directed to any of the following individuals who serve on the Nominations & Elections Committee. The same holds true for obtaining information about the election, which is scheduled for next July.

Shelley Mishoe, Chairperson (Old Dominion University)
Tel: 757-683-4960
E-Mail: smishoe@odu.edu

Mitchell Cordova (Florida Gulf Coast University)
Tel: 239-590-7451
E-Mail: mcordova@fgcu.edu

Clay Graybeal (University of New England)
Tel: 207-221-4521
E-Mail: cgraybeal@une.edu

Augustine Agho (Indiana University)
Tel: 317-274-4704
E-Mail: aagho@iupui.edu

Patricia Chute (New York Institute of Technology)
Tel: 516-686-3939
E-Mail: p chute@nyit.edu

Craig Jackson (Loma Linda University)
Tel: 909-558-4545
E-Mail: crjackson@llu.edu

Leslie Portney (MGH Institute of Health Professions)
Tel: 617-726-3170
E-Mail: lportney@mghihp.edu
IS BIG BROTHER WATCHING?

At the Council for Higher Education Accreditation (CHEA) International Quality Group 2015 Annual Meeting on January 28-29, a publication was released that generated considerable interest. Is Big Brother Watching You? The Evolving Role of the State in Regulating and Conducting Quality Assurance addresses government involvement in quality assurance and emerging trends for quality assurance internationally.

Written by Jamil Salmi, former World Bank Tertiary Education Coordinator, this important addition to the CHEA Publication Series underscores the vital role that the international quality group plays in international quality assurance. The document can be accessed at http://www.chea.org/pdf/Salmi_Book.pdf.

FDA OBESITY INITIATIVE

Officials of government agencies at all levels have expressed concerns about the problem of obesity in the United States. An initiative that has garnered interest is to require calorie labeling at eateries. Last November, the Food and Drug Administration (FDA) released a final rule to guide calorie labeling of menu items at chain food service establishments with 20 or more outlets nationally.

Scheduled to take effect on December 1 of this year, the rule applies to fast-food eateries, sit-down restaurants, supermarkets, convenience stores, and movie theaters. Calorie counts will appear for all menu items, including alcoholic beverages, as well as on display tags for items such as bakery goods. A companion to the rule will involve labeling for vending machines, which takes effect one year later.

CONVERSION TO ICD-10

In 2008, the U.S. Department of Health and Human Services (HHS) issued a proposed rule to transition to ICD-10 on October 1, 2011. In the 2009 final rule, HHS established October 1, 2013, as the date for the transition to give providers two additional years to prepare. In 2012, as part of President Obama’s commitment to reducing regulatory burden, HHS moved the ICD-10 compliance date to October 1, 2014. Subsequent legislation prohibited the Secretary from adopting ICD-10 prior to October 1, 2015. CMS has developed multiple tools and resources that are available on the ICD-10 website (http://www.cms.gov/ICD10), including ICD-10 implementation guides.

JOURNAL OF ALLIED HEALTH

The January 15 issue of the ASAHP UPDATE contained a solicitation for new reviewers for the Association’s Journal of Allied Health. The Doisy College of Health Sciences at Saint Louis University is another institution that recently furnished several newcomers to the ranks of reviewers. Gratitude is expressed to all who responded.

The Spring 2015 issue is ready to be distributed to subscribers. Manuscripts address the following topics: Interprofessional Student-Led Health Clinic, Clinical Instructor Online Training Module, and Do Health Professions Graduate Programs Increase Diversity by Not Requiring the Graduate Record Examination for Admission? Other articles focus on the following professions: occupational therapy, physician assistants, physical therapy, and speech-language pathology.

TERMINOLOGY REVISION

It was not so long ago that interventions outside conventional medical practice were called Alternative. Critics of this term pointed out that many health care practices are used in conjunction with mainstream medicine. Instead, they insisted that a more accurate term to employ would be Complementary. Even the use of that word, however, failed to satisfy advocates of a more inclusive term.

Late in 2014, the National Center for Complementary and Alternative Medicine at the National Institutes of Health (NIH) underwent a name change. It is now called the National Center for Complementary and Integrative Health (NCCIH).

It is obvious that patients are not reluctant to shop around if their health fails to benefit from the administration of more conventional practices. A new report from the NCCIH advances knowledge of the use of complementary approaches by children. It can be accessed at http://www.cdc.gov/nchs/data/nhsr/nhsr078.pdf.

MARCH 3 HEALTH WEBCAST

A Webcast on March 3 (12:30 PM to 1:30 PM Eastern) from the Harvard School of Public Health will examine public perceptions of what has an impact on health and what actions can be taken to improve health. For information on how to participate, go to http://theforum.sph.harvard.edu/events/what-shapes-health.