INTERPROFESSIONAL EDUCATION

The Interprofessional Education Collaborative (IPEC), of which ASAHP is a member, will hold a Faculty Development Institute on April 30-May 2, 2018 in Washington, DC at the Association of American Medical Colleges (AAMC). The Institute will emphasize a foundational approach to interprofessional education (IPE) and enable faculty development and team-based learning sessions focused on building strong IPE programs. 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.

Interested parties are encouraged to register their teams early, since enrollment capacity will be reached quickly. More details on institute objectives, team composition, and program format can be obtained at https://www.ipecollaborative.org/institutes---events.html.

IPEC also will host a webinar on Thursday, December 7 at 2:00 PM Eastern Time featuring a panel presentation with Health Professions Accreditors Collaborative (HPAC) members. Health professions faculty, students, and clinicians will discover best practices and exemplars that they can use to assist with IPE efforts at their home institutions. The webinar is open to deans, faculty, staff, and students from IPEC member schools. Information on how to register can be obtained at https://www.ipecollaborative.org/webinars.html.

GOVERNMENT RELATIONS

ASAHP joined forces with colleagues in the Health Professions and Nursing Education Coalition (HPNEC) in sending a letter urging House and Senate leadership to come to a bicameral, bipartisan budget agreement that raises the non-defense discretionary spending cap and enables the $551 million investment in HRSA Title VII and VIII programs approved by the Senate Appropriations Committee earlier this year.

JOURNAL OF ALLIED HEALTH

During the period from October 2016 to October 2017, the Journal attracted a record number 139 new manuscripts from 11 different countries. More articles correlates with an increased number of papers being accepted for publication. The print version of each quarterly issue consists of 64-pages, which means that a backlog has developed resulting in a longer span of time from acceptance to appearance in print. As recently as the Spring 2012 issue, however, there were not enough papers to fill those 64 pages, so the current growth spurt represents a positive development.

A new approach being tested to reduce the present backlog is to see if authors are willing to forgo having their papers in the Journal’s print version. Instead, these items could appear in the very next issue as an e-paper in the online-only edition. The Title of each manuscript would be in the Table of Contents, along with an Abstract in the print edition, but the full paper only would be accessible online. E-papers will be available through open access and be indexed in Medline/PubMed and other indexing services.

Although having a panel of 242 reviewers would seem to suffice, it has become necessary to ask some authors to furnish the names of possible reviewers in their field who are located at other institutions. Still, there is value in obtaining the names of new reviewers from ASAHP member institutions. Ideally, they will possess a doctorate and have some experience in conducting reviews. Newcomers are welcome, especially in these areas: Interprofessional Education, Curriculum Design, Athletic Training, Dental Hygiene, Dietetics/Nutrition, Occupational Therapy, Physical Therapy, Respiratory Therapy, and Clinical Laboratory Science. Please send responses to thomas@asahp.org.

LEADERSHIP DEVELOPMENT PROGRAM

Plans are underway for the Association to offer the next iteration of a Leadership Development Program in 2018. An agenda and a Call for Applicants soon will be made available, with more details being provided in upcoming issues of the ASAHP UPDATE. This program has been highly praised in the past.
HEALTH WORKFORCE SHORTAGE

An article in the November 2017 issue of the journal Mayo Clinic Proceedings indicates that nearly one in five U.S. physicians intends to reduce clinical work hours in the next year and roughly one in 50 intends to leave medicine altogether in the next two years to pursue a different career. If these results materialize, current shortages will worsen.

A steadily growing U.S. population with rapid growth among the oldest cohorts poses a challenge to addressing health care needs. A physician shortage opens up the question of what roles allied health personnel can play in meeting patient needs. The article can be obtained at http://www.mayoclinicproceedings.org/article/S0025-6196(17)30637-7/fulltext.

HEALTH EDUCATION INNOVATION

An ad hoc committee of the Global Forum on Innovation in Health Professional Education will plan and conduct a public workshop on November 16-17 in Washington, DC to explore gaps that impede progress toward the Institute for Healthcare Improvement’s (IHI) expanded triple aim that includes better care for the caretakers themselves. ASAHP Past President Richard Talbott is the Association’s representative to the Global Forum.

Workshop discussions will look at current and future technologies that could bridge identified gaps in order to optimize health and education system performance and access in high-, middle-, and low-income regions. Following the workshop, proceedings of the presentations and discussions will be prepared by a designated rapporteur in accordance with institutional guidelines. The workshop also will be available through webcast and a recording will be archived on the workshop website. Registration for the webcast can be obtained at http://www.nationalacademies.org/hmd/Activities/GlobalInnovationHealthProfEducation/2017-NOV-16.aspx.

SETTING PUBLIC TUITION RATES

According to a new report from the State Higher Education Executive Officers Association (SHEEO), most states lack a single strategy for addressing affordability, with 68% of higher education agencies surveyed having no unified affordability strategy taking tuition, fees, and financial aid into account. The report can be obtained at http://www.sheeo.org/sites/default/files/State_Tuition_Fees_Financial_Assistance_2017.pdf.

TAX CUT LEGISLATION

While Congressional Republicans remain committed to repealing and replacing the Affordable Care Act, their attention has shifted to making significant changes in tax policy. Legislation introduced thus far has the potential to exert a significant effect on higher education.

H.R. 1, the Tax Cuts and Jobs Act, has triggered concerns regarding how this legislation could discourage participation in postsecondary education, make college more expensive for enrollees, and possibly undermine the financial stability of public and private, two-year and four-year colleges and universities. A summary of the bill’s provisions by the House Committee on Ways and Means indicates that the cost to students attending college would increase by more than $65 billion between 2018 and 2027.

In Section 1204 of the bill, the current Student Loan Interest Deduction (SLID) would be repealed. Any individual with income up to $80,000 (or $160,000 on a joint return) repaying student loans can deduct up to $2,500 in student loan interest paid. Eliminating this provision would mean that over the next decade, the cost of student loans for borrowers would increase by roughly $24 billion. Two important provisions to exclude tuition waivers and tuition exemptions from income for campus employees and graduate students also would be repealed.

Section 117(d) permits educational institutions to provide their employees, spouses, or dependents with tuition reductions that are excluded from taxable income, helping them afford a college education and providing an important benefit to many middle- and lower-income college employees. Section 117(d)(5) reduces the cost of graduate education and mitigates the tax liability of graduate students teaching and researching as part of their academic programs. Repeal of this provision would result in thousands of graduate students being subjected to a major tax increase.

HEALTH CEOs FACE CHALLENGES

Turnover among hospital and health system chief executive officers (CEOs) is higher than in other industries. The Deloitte Center for Health Solutions has surveyed CEOs to uncover key issues and trends that affect these individuals. Reports will be issued over the next several months on survey findings. Readers interested in these reports can obtain them at https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/health-care-workforce-hospital-ceo-survey.html.