CALL FOR ABSTRACTS

On October 10-12, the Association of Schools of Allied Health Professions will hold its 2018 Annual Conference at the Vinoy Renaissance in St. Petersburg, FL. This year's conference theme is “Allied Health Education on the Front Lines -- Expanding Access to Better Health and Health Care.” Interested parties are invited to contribute to the program by submitting abstracts to be presented in one of two formats:

- **Paper presentation**: a 35-minute Concurrent Session, or
- **Poster presentation**: during the conference-wide Poster Session

All abstract submissions are due no later than **June 15, 2018** via the Abstract Submission Website at [https://www.event.com/c/abstracts/720de1d2-a388-4702-b019-50a3f1de64b92](https://www.event.com/c/abstracts/720de1d2-a388-4702-b019-50a3f1de64b92). A new account will need to be created this year to submit abstracts. Additional information also is available at [http://www.asahp.org/call-for-abstracts](http://www.asahp.org/call-for-abstracts).

JOURNAL OF ALLIED HEALTH

According to a report from a company in Oxford, England that tracks the number of downloads from 19,200 periodicals, the Association’s *Journal of Allied Health* was among the top 70 in each of the first three months of 2018. March had the best showing with a mark of being ranked at 56th.

Although the Journal is fortunate to have the services of 240 reviewers, emphasis continues to be placed on obtaining new reviewers from ASAHP member institutions who possess a doctorate and have experience in conducting reviews. Since January 1 of this year, 48 manuscripts have been submitted. Thus, newcomers always are a welcome addition, 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](mailto:thomas@asahp.org).

STUDENT SCHOLARSHIP AWARDS

Each year, the Association sponsors the Scholarship of Excellence Program for allied health students enrolled in its member institutions. The purpose is to recognize outstanding individuals who excel in their academic programs and have significant potential to assume future leadership roles in the allied health professions. Each student chosen for an award will receive a $1,000 scholarship.

In 2017, ASAHP gave scholarships to 12 students. Five of these awards were provided by the firm of CertifiedBackground.com, a company that offers criminal background check and immunization status check services to member institutions.

The year 2013 marked the inauguration of the Elwood Scholar Award. Created by the Board of Directors and named for ASAHP’s former Executive Director Thomas W. Elwood who retired from that position in 2012, at the conclusion of the selection of the Scholarship of Excellence Award recipients, an additional review process will commence to identify the most outstanding applicant. That individual will receive an additional $1,000 scholarship and a complimentary registration to the 2018 ASAHP Annual Conference in St. Petersburg, FL where he or she will be recognized formally as the award recipient. All travel and rooming costs will be paid by ASAHP.

Only one candidate from each member institution can be nominated. All degree levels are eligible. An application form and additional information about criteria can be obtained at [https://asahp.squarespace.com/scholarship/](https://asahp.squarespace.com/scholarship/)

A key point to observe is that each application must include a letter endorsed by the dean or director who serves as the official ASAHP Institutional Representative that supports the nomination and describes qualities of the candidate. Each cycle, some applications fail to include this important item. A letter from a chairperson or faculty member also may be included. The deadline is **June 11, 2018**.
Several opportunities exist for participation in the 2018 ASAHP Annual Conference in St. Petersburg, Florida on October 10-12 as a Sponsor, Exhibitor, or Advertiser. A description of the different types and fees for each of these activities can be obtained at: http://www.event.com/events/2018-asahp-annual-conference-support/custom-17-d79969acdfb54b6fa3cb31dc3f3f195e.aspx.

HEALTH REFORM

The U.S. continues to be confronted with health care costs, quality, and access challenges subsumed under the heading of health reform. Examples of initiatives launched at both state and federal levels to deal with these challenges are:

Vermont is undertaking an ambitious effort to move away from traditional fee-for-service health care and to a value-based payment system that rewards hospitals, physicians, and other providers for controlling costs and improving health outcomes. Medicaid, Medicare, and Blue Cross and Blue Shield of Vermont each have agreed to enter into contracts that require providers to assume risk for meeting financial targets and performance benchmarks. A case study of a key player in the state’s plan can be obtained at http://www.commonwealthfund.org/publications/case-studies/2018/may/onecare-vermont?omnicid=EALERT1401246&mid=thomas@asahp.org.

Researchers, comparing IRS data with data obtained through the “Current Population Survey,” found evidence suggesting that health insurance premiums among employer-sponsored plans are higher than previously thought. They suggest that increasing fringe benefits, like health insurance, could be a driving factor behind wage stagnation, particularly for middle-income workers. A paper offering additional information can be obtained at https://www.federalreserve.gov/econres/feds/files/2018030pap.pdf.

Another group of investigators, using private claims data, found evidence that private insurers pay different prices for the same procedures in the same hospital, accounting for roughly one-fifth of price variation observed in the United States. A paper dealing with this this topic can be obtained at http://www.healthcarepricingproject.org/sites/default/files/20180507_variationmanuscript_0.pdf.

SCOPE OF PRACTICE

Among all the challenges that must be addressed to improve health care in the U.S., health workforce issues do not always attract as much attention as they should. The federal government plays an important role in financing health professions education, but the essential work of determining which professions can perform functions pertaining to the care of patients is left to the states where policies can differ quite substantially from one jurisdiction to the next.

Professional organizations compete with one another to restrict broadening the scope of practice of any other professions. Opposition typically is expressed in the name of preserving safety by avoiding injury to patients. For example, as a growing opioid epidemic has made patients leery of continued use of drugs, the Florida Board of Physical Therapy has proposed a rule that would authorize certain physical therapists to treat patients with a “dry needling” technique. The move is opposed by acupuncturists.

A bill in the Massachusetts legislature proposes to authorize the licensure of dental therapists, who after a period of education and training would be allowed to perform certain oral health functions – such as oral health screenings, mouthguard fabrications and radiograph readings -- on their own. More complex procedures, such as non-surgical tooth extractions would require onsite oversight by a dentist. Under the bill, dental therapists would be required to graduate from an accredited dental program that awards master’s degrees in the field, pass a board approved clinical evaluation, and complete 2,500 hours (or two years) of practice under the direct supervision of a dentist. The Board of Registration in Dentistry would have until 2020 to approve a clinical exam. Once dental therapists completed those requirements, they would be authorized to practice under “general supervision” without an onsite dentist, but some procedures such as placement of a tooth crown, capping, or extractions would require onsite supervision.

In Washington D.C., regulations now allow scope of practice to be determined in the doctor’s practice, following a general trend of the last decade when nine states changed laws or regulations to allow scope of practice to be determined at the practice. In all, 38 states and the District of Columbia allow physician assistant scope of practice to be determined at the practice site. PAs and lawmakers passing such legislation say they are essentially granting physician assistants the ability to do what they are trained to do.