

Allied Health Research Institute Annual Meeting Summary October 1-2, 2009

The Allied Health Research Institute's annual meeting was held October 1-2, 2009 in Kansas City, Missouri. Members as well as non-members were hosted by our friends from Children's Mercy Hospitals and Clinics and the University of Kansas, School of Allied Health.

The title of the meeting - *Health Care Reform—Addressing the Allied Health Workforce* was an apt description of the focus for the two day event. Topics explored were future workforce supply/demand, personalized medicine, the national healthcare debate and models to improve the allied health supply.

The keynote speaker Karen Miller, PhD, Senior Vice Chancellor for Academic and Student Affairs at the University of Kansas Medical Center, and Dean and Professor of the KU Schools of Nursing and Allied Health, led off with generational oddities and numbers. Even though there is a 28% increase in students entering AH programs, we need a 34% increase in workforce just to maintain levels of care and here comes the 72M baby boomers. She talked about/challenged us to find different ways to deliver care, how do we leverage expertise, can we use industry data to move faster and are we developing succession plans for the next generation of AH leaders.

Some of the barrier issues we talked about on Friday are noted in the book, *Out of Order, Out of Time - The State of the Nation's Health Workforce*. Dr. Miller served on the advisory committee for the writing of this publication.

The AHRI tagline "meeting demands of tomorrow through tangible solutions today" teed up the talks on Friday that tangible and logical approaches to address access and need are often not easy and take time, energy and resources to overcome existing barriers.

Dr. Rich Oliver, Dean of Health Profession at the University of Missouri and Barbara Wallace, AVP, Campus Relations at RehabCare talked about a scalable solution for needs-based programs. Using a consortium approach involving community colleges and with industry support, PTA and OTA programs were initiated in rural Missouri. They challenged us on how AHRI could foster workforce development (other industry/academic relationships) and discussed future opportunities including distance delivery upgrades like telepresence.

Michael Scandrett, a health care lawyer from Minnesota, then discussed the process by which a new mid-level dental practitioner was begun. The years and complexity to ultimately do what was right and necessary was startling and it almost never came to pass (for political reasons—1 vote).

The end results of both of the lectures were solutions to a limited supply of allied health practitioners in rural America. Both achieved the end through different means.

John Lantos, MD, theorized why health care reform is so hard. If you are afraid, nothing happens. Dr. Lantos's reflections on his experiences truly noted all of the "incompatible and conflicting" expectations. There are lots of "kinds" of medicine to incorporate into a health care reform model. Reform is very complex, maybe we already have "what we want"---it appears we might be "frightened".

This year, the research committee evaluated five applications for the AHRI Fellowship Program. The first fellowship award winner was Martha Acosta, PhD, PT from the University of Texas Health Center at San Antonio. The title of her research project was: *Health Service Demographics and Service Utilization Among the Older Old*. The second award winner was Patricia S. Pohl, PhD from the University of Kansas Medical Center, Kansas City, Ks. The title of

her research project: *The Influence of Gender and Marital Status on Outcomes and Placement Following Stroke*.

Stephen Spielberg, MD, PhD, talked about one of those “kinds of medicine” that Dr. Lantos alluded to—personalized medicine. Pharmacogenetics---personalized and rational therapeutics. It is ironic that in population based medicine we use terms “sensitivity” and “specificity”—particularly in epidemiology. However, listening to Dr. Spielberg reminded us of individual differences –phenotype and environmental concerns requiring “thinking” practitioners—one size does not fit all. A move from playing odds to improving odds to personalized odds---an integration of “ologies”---think of the workforce implications (types of providers and numbers of providers) plus inventions/research—overnight transformation—we own it/we prove it—lots of food for thought for AH researchers.

Justin Moore, PT, DPT, VP Government Affairs, Payment Policy and Advocacy for the APTA, did a superb job of updating the membership on the latest information emanating from Washington DC regarding the Healthcare Reform Bill. He simplified the very complex process but also noted that the “devil is in the detail”. Workforce demand issues were lost in bills initially but have caught up somewhat. There are distribution and aggregate workforce problems now but the future is critical. Rural and geographic health care disparities are notable. Prevention and wellness has been “touched” in one bill. Payment reforms might be through “bundling” (mentioned by many speakers)—who will “unbundle” and how.

The coverage on reform and workforce implications was vast and provided much opportunity for research at many levels. As a result, AHRI will be refining its research agenda and will be providing phased research opportunities in the next 360 days.

To keep the ball rolling and keep these initiatives alive and pertinent to our membership, the AHRI Board has scheduled the next annual meeting to be held in St. Louis, Missouri, April 8-9, 2010. Details will be forth coming on the website- www.theahri.org .