

Health Policy

NEWSLETTER

Institute Of Medicine Convenes Workshop On The Allied Health Workforce And Services

Allied health professionals make up the majority of the health care workforce in the United States. They are a diverse group of health care professionals, including clinical laboratory personnel, physical therapists, occupational therapists, dietetic services, medical record personnel, radiologic services, speech-language pathologist and audiologists, and respiratory therapists. Physicians, nurses, dentists and podiatrists are not included under the allied health umbrella.

The term allied health emerged in the mid-1960s as a means to identify the kinds of groups eligible to obtain federal grants and contracts to address certain kinds of workforce shortages. By Federal statute, in order to be considered an allied health professional, one must possess a certificate; an associate's, bachelor's, master's, doctoral degree; or post-baccalaureate training in a science related to health care.¹ However, even with the definition there is disagreement as to what professions should be designated as part of allied health. For example, the Federal Government lists over 200 occupations as allied health professions (many with on-the-job training), while the American Medical Association lists 52 verifiable disciplines. This lack of consensus as how to define allied health is a major reason why they are the least studied group of health professions and adds to the difficulties in understanding this workforce and their contributions to health care. It also has serious consequences, since policy makers are often unaware of the impact of their decisions on the services provided by allied health professionals.

Periodically, Congress will mandate the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services to provide information regarding issues in the health care workforce. HRSA will then commission the Institute of Medicine (IOM) of the National Academies of Sciences to impanel a committee of experts to study this issue and make recommendations to Congress.

The first and only IOM Committee report dealing with allied health personnel was published in 1989. *Allied Health Services: Avoiding Crises*² made recommendations regarding the issues identified related to the allied health care workforce. These included the need of a better definition of allied health professionals and their role in health care delivery, the importance of measuring the supply and demand of allied health professionals, the need to recruit students from less traditional pools, issues related to accreditation and the need to advance the scientific base of allied health. In the period since that report, little progress has been made at addressing those recommendations.

On May 9-10, 2011, the IOM, with support from HRSA, convened a workshop on the current allied health workforce. The purpose of the workshop was to consider how the allied health care workforce can contribute to solutions for underserved, rural and other special populations. The intent was to collect information from those knowledgeable about each of the subject areas and to prepare a summary report to HRSA for future action. One possibility of this action would be to impanel another IOM Committee to make recommendations to Congress. The major topics of this workshop were: gauging supply and demand; critical roles of allied health professionals in various environments such as hospitals, urban and rural areas; and accreditation issues and education, particularly the future of team-based care:

Based on the presentations at the workshop, some of the issues identified in the 1989 report remain unresolved.

- For example, with some exceptions, there is still little systematic data collected on the allied health workforce. While some states, such as North Carolina, have a sophisticated data collection system, the systems in many other states are fragmented at best. Although the Bureau of Labor Statistics (BLS)

publishes supply and demand projections yearly, researchers at the workshop questioned the accuracy of data projected more than two or three years in the future because of unforeseen changes in the environment. For example, they claimed that projected demand for pharmacists in the next 5 years was significantly lower than BLS projections.

- HRSA, is renewing its efforts (started in the 1980s) to develop a Minimum Data Set to classify all of the allied health professions in an attempt to arrive at better understanding of the workforce.
- Accreditation continues to be a contentious issue for all allied health professions, with many at universities questioning its expenses and validity.
- The future role of allied health professionals in various settings was discussed, as was the definition of allied health. There was sharp disagreement among the participants at the workshop about whether the definition should be an inclusive or exclusive one. Many were in favor of maintaining the current broad-based federal definition in hopes that this large group could have more influence over health policy. Others were in favor of a more exclusive definition based either on educational level or amount of patient interaction or influence. This debate appeared to be the most contentious of all, resulting in no recommendations from the participants.

The workshop was primarily a fact finding meeting, so no concrete answers emerged. The IOM will make recommendations based on the presentations, which may lead to convening another IOM Study Committee in the near future provided that Congress and HRSA deem the issues identified at this workshop sufficiently important to warrant more in-depth study.

One important feature of the workshop itself is that it provides improved visibility for allied

health and is an indication of their increased importance to HRSA. If HRSA decides that another IOM Study Committee is warranted, it could lead to funding to address some of these important issues. ■

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