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## REPORT ON THE ASILOMAR ALLIED HEALTH CONFERENCE

The Asilomar Allied Health Conference Committee presents this report so that the Council might be informed on the proceedings and recommendations of the Allied Health Conference held at the Asilomar Conference Center, Pacific Grove, California in April 1969. The Committee wishes to express its appreciation to Dr. Stanley Olson for his interest and cooperation and to the California RMP for its sponsorship of the Conference.

The purpose of the Asilomar Conference was to provide a forum for discussions of ways and means through which the Allied Health Professions can make their maximum contribution to Regional Medical Programs. The initial suggestion for this Conference came from the Committee of staff nurse coordinators of the California RMP. This Committee of nurses meets periodically to discuss coordinated planning and development for nursing among the eight Area programs in the California Region. In its communications with other Regions, the Committee discovered that there were many shared experiences and concerns among the core staff nurses and other allied health personnel in many regions. A very real need for an interregional conference became apparent. With Dr. Olson's expression of accord for such a conference, the Asilomar Conference Committee was formed. The program was planned around five major issues which were identified on the basis of responses to questionnaires sent to all regions.

The four-day conference attracted one hundred and thirty participants from 44 regions. Thirteen different health professions were represented. Dr. Philip Lee presented the keynote address of the Conference. Drs. Anne Pascasio, Warren Perry, Luther Christman and Myrtle Aydelotte presented formal papers. The major portion of the program was devoted to task force discussions around the five Conference issues. The summary of Task Force Recommendations follows.

### Task Force I -- Participation of Allied Health Professionals in the Development of Health Care Service Systems

1. That health care systems be based on community need and that prevention and rehabilitation be stressed.
2. That allied health personnel be involved in the planning and decision-making levels of the RMPs as well as in the implementation and evaluation of programs. Representation by allied health personnel on appropriate Councils and Committees is essential.

Task Force II -- Development of Curriculum and Continuing Education for Allied Health Professionals

1. That continuing education be based on health care and patient care needs rather than on the needs of the health professionals.
2. That whenever appropriate and possible, continuing education for health care personnel be multiprofessional in nature and that the focus be on patient care and health care services.
3. That continuing education be encouraged and provided for RMP core staff so that staff may be kept current on trends and developments in education.
4. The planning and implementation of continuing education programs should involve appropriate educators, health professionals and appropriate community members.

Task Force III -- Provision of Appropriate Legislation and Licensure for Allied Health Professionals

1. That RMP be active in promoting changes in the licensure systems to permit cross-state reciprocity, equivalency examinations, role expansion in different care settings, and career mobility.
2. That licensure boards include health professionals, consumers and representatives of public health care programs.
3. That licensure requirements respond to manpower needs rather than to pressures from established health professional organizations.
4. That the requirements for licensure include valid and reliable tests of performance, i.e. skill capability and professional judgement as well as a requirement for continuing education.

Task Force IV -- Coordination of RMP with Other State and Federal Programs

1. That Regional Advisory Groups, their executive committees and advisory and supporting groups be so organized as to provide for active involvement and liaison with the Region's related governmental and voluntary programs.
2. That RMP core staff serve as catalysts for coordination of regional planning with other federal and local health programs. An understanding of the areas of responsibility and emphasis of the many agencies must be determined in order to prevent fragmentation and duplication and to provide for continuity of care.
3. That Division and Regions concentrate on ways to meet Regional needs through funding "packages" with other public and private agencies.
4. That the Regions should actively seek out involvement with other economic, urban, and related welfare planning programs in the Region in order to anticipate and provide for health considerations in these emerging programs.

Task Force V -- Assurance of Effective Community Involvement in RMP's Projects and Programs

1. That community resources such as professional, educational and service agencies with maximal outreach be identified and involved to enhance the possibility of continuation of programs after RMP sponsorship ends.
2. That the present time lag between project submittal and actual funding be minimized in order to maintain community involvement and support of RMP.
3. That community needs be identified through an inverted hierarchal structure, i.e. by those most familiar with local needs such as local RMP staff and other community resources.

CONCLUSIONS AND RECOMMENDATIONS

The Asilomar Conference Committee has carefully studied the proceedings and recommendations of the meeting. Its members actively participated in the formal as well as the informal gatherings at the Conference so as to obtain a full measure of the substance of the Conference and the significance of its recommendations. The Committee was singularly impressed with the high level of commitment to RMP among the participants and the absence of the "spectre of professionalism" in the discussions, considerations and recommendations. The Committee was further impressed that there is allied health concern that RMP not be diverted from its focus on the patient; that allied health firmly believes that the involvement of the right people at the right time in RMP activities is the most economical and effective way of accomplishing goals; and that there is allied health determination to maintain professional excellence so that the expected leadership can be provided. With these observations in mind, the Asilomar Conference Committee proposes that the following ACTIONS be taken to promote the maximum effectiveness of the allied health professions in Regional Medical Programs.

1. Provision of allied health participation at all levels, i.e. planning, policy and review. For instance, there should be allied health participation in local task forces, categorical, manpower, continuing education and training and evaluation committees, etc.
2. Development of a National Ad Hoc Advisory Committee on Allied Health.
3. Provision for regular Regional and National Interregional allied health conferences.
4. Provision of increased allied health consultation by DRMP to the Regions.

ADDENDUM BY THE STAFF OF THE DIVISION OF REGIONAL MEDICAL PROGRAMS

A careful study of the proceedings and recommendations of the Asilomar Conference reveals implications which extend beyond the immediate concerns of the conference. In the prepared speeches, the panel discussions, and in the task forces, manpower issues were persistently raised. However, the structure of the conference around five previously defined issues, prevented any prolonged discussion of specific manpower concerns which were not central to the program's objectives.

The following are examples of manpower issues which were mentioned and discussed briefly: 1. The manpower log jam caused by restrictive licensure laws and professionalism 2. The untapped reservoir of human resources which could provide supportive bases for comprehensive health programs 3. The potential influence of collective bargaining on the overall health care system 4. The needed reforms in professional education to provide for career mobility, core curriculum and the like 5. The ultimate effect on the health care system of increased multi-professional education at the basic and continuing education levels.

These are concerns which Regional Medical Programs share with many other federal and non-federal agencies. Many of these agencies, like Regional Medical Programs, have unique contributions to make in discussions of Manpower issues. However, the Division of Regional Medical Programs has a special and practical concern because of the high priority given to manpower problems in the Regions which has led to many requests from the Regions to the Division for assistance in this area. The suggestions is made therefore that the Division of Regional Medical Programs assume a leadership role in initiating contacts with other interested federal agencies for the purpose of discussing the possibilities of a combined approach to the overall manpower problem.

8/14/69