



EAB

Developing Health Profession Programs in an Era of Disruption

Resources for Evaluating Opportunities
in the Health Professions

COE Forum
Industry Futures Series





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Resources for Evaluating Opportunities
in the Health Professions

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Toolkit Overview

This toolkit accompanies the full EAB study *Health Professions: Capitalizing on Creative Disruption*.

The study pinpoints long-term program opportunities in the health professions—also known as allied health professions—for COE units. The resulting Health Professions Growth Portfolio consists of the following programs: Health Informatics, Mental Health Counseling, and Physical Therapy and Occupational Therapy.

This toolkit is designed for deans and program directors to help assess the opportunity within the growth portfolio. The toolkit's resources are based on EAB research and interviews with deans and program directors from health professions academic programs.

While the toolkit focuses on opportunities in the programs listed below, the guidelines used to evaluate them may be applied to a wide range of health care programs.

Health Professions Growth Portfolio: Key Program Opportunities



Health informatics—a key part of a COE health care portfolio, but existing programs need to evolve given push for new accreditation standards and professional certifications. Health care has ever-expanding data integration, system interoperability, and reporting needs that informaticists are well-positioned to serve. The proliferation of health informatics programs, the lack of common standards due to the absence of accreditation requirements, and employer confusion over graduates' skill sets has prompted standardization initiatives. CAHIIM, the accrediting body, is adopting new competency-based standards and the two professional associations have introduced new informatics professional certifications.



Mental Health Counseling—growing demand for mental health creates a lasting market that can be served via two distinct programs. Bipartisan health care legislation has increased access to mental health care. The resulting demand for mental health counselors may be served by two degree programs: the Master of Clinical Mental Health Counseling and the Master of Social Work. Both programs are viable options, but different curricula and accreditation requirements can make one program a better fit for a given institution.



Physical Therapy and Occupational Therapy—for those that can overcome the barriers to launching either program, high returns are likely. There is a dramatic shortage of physical therapists and occupational therapists, with at least 15 job postings per new graduate. Programs are net revenue-generating, with high tuition and more than 100 required credits. However, the supply gap persists because launching a program and meeting robust accreditation standards can incur start-up costs between \$1 and \$4 million.

The Health Professions Growth Portfolio: At a Glance

EAB analyzed more than 65 health professions to identify the following five programs as sustainable opportunities for COE units. The table below summarizes EAB’s advice and key program characteristics. The health professions landscape and demand drivers are discussed in detail in the study accompanying this toolkit, [Health Professions: Capitalizing on Creative Disruption](#). Access this study online or order a hard copy at eab.com.

Program	EAB Portfolio Advice	Clinical/ Administrative	Accreditation	Degrees	Modalities	Credits	Average Enrollment
Health Informatics	Hold and Reposition Evolve the program given impetus for standardization	Administrative	Not required, CAHIIM	Typically Master	Any	30-60	<10–300+
Clinical Mental Health Counseling	Long-Term Bet Develop now for long-term growth	Clinical	Required, CACREP	Master	Typically face-to-face, hybrid	60+	40–50
Social Work	Long-Term Bet Develop now for long-term growth	Clinical/ Administrative	Required, CSWE	Master	Any	60+	60–80
Physical Therapy	Blue Chip High barriers to entry, high returns	Clinical	Required, CAPTE	Doctorate	Typically face-to-face	90+	110–130
Occupational Therapy	Blue Chip High barriers to entry, high returns	Clinical	Required, ACOTE	Master (until 2025), Doctorate	Typically face-to-face	60-90+	60–80

Source: Accreditation requirements from the respective accreditors; EAB interviews and analysis.

The Health Professions Glossary

Like education, medicine and health policy has its own industry-specific terminology. This glossary defines health care terms used in this toolkit.

21st Century Cures Act of 2016: a bill funding nearly \$5B of biomedical research, streamlining the FDA approvals process, reducing restrictions on access to mental health care, and providing funding for treating and researching mental health illness and substance abuse

ACA: see Patient Protection and Affordable Care Act of 2010

ACOTE: Accreditation Council for Occupational Therapy Education—the accrediting body for occupational therapy programs

Acute care: health services provided to address a specific health emergency

AHIMA: American Health Information Management Association

Alternative Payment Models: any number of health reimbursement programs that **do not** directly pay the provider per service provided; these could include lump payments for the treatment of an illness or a payment adjustment based on patient or population outcomes

AMIA: American Medical Informatics Association

CACREP (Council for Accreditation of Counseling & Related Educational Programs): the accrediting body for counseling programs

CAHIIM (Kay-Him): Commission on Accreditation for Health Informatics and Information Management Education

CAPTE (Commission on Accreditation in Physical Therapy Education): the accrediting body for physical therapy programs

Certification: third-party verification of the skills or competencies possessed by a person

Clinical Mental Health Counseling: the academic discipline that focuses on the intrapersonal development of the self and on the treatment of mental disorders

Clinical Placement: apprenticeship-style training with practitioner for students pursuing careers in health professions, often required by accreditors or licensing bodies

CMHC: see Clinical Mental Health Counseling

CSWE (Council on Social Work Education): the accrediting body for social work programs

EHBs: see Essential Health Benefits

EHR: see Electronic Health Record

Electronic Health Record: a digital patient record that stores many types of patient data, can be mined, and is transferable across systems

Essential Health Benefits: the set of ten health benefits that the ACA mandated be covered in insurance plans, such as mental health services, rehabilitative care, and maternity and newborn care

Fee-for-Service: a health care reimbursement model that pays providers for all services provided

Health Care Marketplace: the system for expanding private health care access established by the ACA

Health Informatics: the interdisciplinary field that pursues the effective uses of biomedical data, information, and knowledge for scientific inquiry, problem solving and decision making, motivated by efforts to improve human health

Health Professionals: workers who deliver services including the identification, evaluation, and prevention of diseases and disorders; nutrition, rehabilitation, and therapy; health systems management; and support care directly for a patient at the request of a medical provider

Informaticist: a professional whose focus is on information processing, systems integration, and human-computer interaction

Internship: see Clinical Placement

Licensed Clinical Social Worker: the licensure awarded by a US state to a social worker who provides counseling services; exact names vary by state

Licensed Professional Counselor: the licensure awarded by a US state to a mental health counselor; exact names in each state vary

Licensure: a government authorization for a person to practice a skill or trade

MACRA: see Medicare Access and CHIP Reauthorization Act of 2015

Medicaid: the US state entitlement programs offering insurance to Americans in poverty or near-poverty

Medicare: the US federal government entitlement program offering insurance for the elderly

Medicare Access and CHIP Reauthorization Act of 2015: a law passed to deepen the provisions of the Patient Protection and Affordable Care Act, with an emphasis on advanced payment models

Mental Health Counseling: the evaluation and treatment of psychological disorders

MSW: see Social Work

Occupational Therapy: the treatment of injury or disease through rehabilitation and exercise with an emphasis on daily tasks

Patient Protection and Affordable Care Act of 2010: the health care reform law with three primary goals: improving health care access, replacing fee-for-service payments, and improving health care quality

Physical Therapy: the treatment of injury or disease through rehabilitation and exercise with an emphasis on mobility

Population Health: an approach to health that aims to improve health outcomes for entire groups of people, taking into account social determinants of health

Practicum: see Clinical Placement

Social Work: the academic discipline with a foundation in social welfare and justice that connects people to solutions in their local communities

Value-Based Care: a care delivery model that aims to deliver care across the patient lifecycle, emphasizing treatment and preventative care to keep costs down

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Health Informatics: Program Resources

SECTION

- Meeting Curricular Standards
- Aligning with Professional Certification Standards
- Launching a Health Informatics Program

1

Determining Program Fit with Emerging Standards

The proliferation of health informatics degree programs, the lack of common standards due to the absence of accreditation requirements, and employer confusion over skill sets has prompted standardization initiatives.

CAHIIM (the Commission on Accreditation for Health Informatics and Information Management Education), the health informatics accreditation body, has instituted an overhaul of curricular standards based on competencies. The professional organizations, the American Medical Informatics Association (AMIA) and the American Health Information Management Association (AHIMA), have concurrently opted to launch new certifications.

Greater numbers of programs are increasing competition and driving interest in differentiation. It is recommended that program directors assess their program's compatibility with the new standards. The three resources referenced on the page are designed to help deans and program directors to evolve an existing health informatics program or to launch a new one in line with these emerging curricula and professional certification standards.

Resources to Understand New Accreditation and Certification Standards



Resource 1: Meeting Curricular Standards (pg. 11)

CAHIIM, the health informatics accrediting body, in collaboration with the American Medical Informatics Association (AMIA), a professional organization, is revising its accreditation standards and emphasizing curricula build on core competencies. These key foundations are listed in this resource.



Resource 2: Aligning with Professional Certification Standards (pg. 12)

The two health informatics professional associations—AMIA and the American Health Information Management Association (AHIMA)—have launched or are in the process of launching certifications. Standards for both certifications generally align with proposed accreditation standards, and are compared in detail here.



Resource 3: Launching a Health Informatics Program (pg. 13)

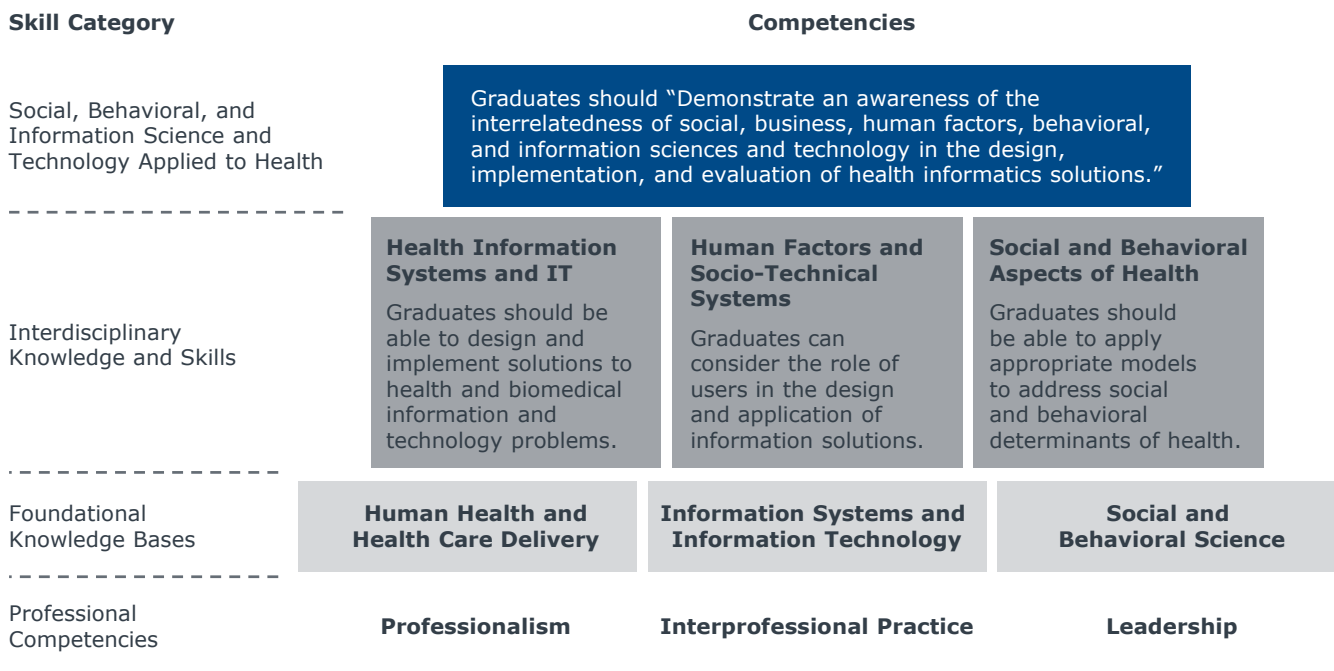
This resource summarizes the advice for launching a new health informatics program derived from EAB analysis and research interviews.

Meeting Curricular Standards

CAHIIM, the health informatics accrediting body, in collaboration with the American Medical Informatics Association (AMIA), is reworking its standards to focus on concrete competencies. Accreditation has become more popular in the last year; while only seven programs were accredited from 2011–2016, CAHIIM projects approximately 18 accredited programs by the end of 2017.

While the accreditation standards are not final as of completing this toolkit, CAHIIM and AMIA have released the core competencies that inform curricular standards. These competencies serve as a guide for refreshing your curriculum.

Curricular Core Competencies



Source AMIA, Health Informatics Core Competencies, Bethesda, MD, <http://www.cahiim.org/documents/FINAL%20AMIA%20Health%20Informatics%20Core%20Competencies%20for%20CAHIIM.pdf>; EAB interviews and analysis.

Aligning with Professional Certification Standards

Two leading health informatics professional associations—the American Medical Informatics Association (AMIA) and the American Health Information Management Association (AHIMA)—have launched, or are in the process of launching, certifications. The certifications are a reaction to employer confusion about potential hires' skills and are focused on competencies. Both certifications generally align with curricular standards.

The exact competencies for AMIA's certification have not been announced, but AMIA notes that they will match those stipulated in a 2009 AMIA paper. AMIA intends to require graduation from an accredited program for eligibility.

Certification	Advanced Health Informatics Certification	Certified Professional in Health Informatics
Issuing Professional Association	American Medical Informatics Association (AMIA)	American Health Information Management Association (AHIMA)
Launch Date	2017 (expected)	December 2016
Practitioner Eligibility	<p>Must meet <i>all</i> criteria:</p> <ol style="list-style-type: none"> 1. Be a health informatics practitioner with a focus on information and knowledge that directly impacts health care practice, public health, or personal health 2. Have earned a graduate degree in a health profession and an accredited master's degree or higher in health informatics OR have earned a doctoral degree in health informatics 3. Have at least 18 months of health informatics experience in the last five years 	<p>Must meet <i>one</i> criterion:</p> <ol style="list-style-type: none"> 1. Have a bachelor's degree and two years of health informatics experience 2. Have a master's degree or higher and one year of health informatics experience 3. Have a master's degree from an accredited health informatics program
Required Competencies	<p>Foundations of Health Informatics Clinical informatics, Health care delivery, Quality and compliance, Ethics and law</p> <p>Clinical Decision Making and Process Improvement Decision science, Knowledge development, Evidence-based Care, Clinical workflow analysis</p> <p>Health Information Systems IT and system architecture, Human factors, Health information systems and clinical standards</p> <p>Leadership and Management Leading teams, Communication, Project management, Change management</p>	<ol style="list-style-type: none"> 1. Data management, privacy, and security 2. Management of health information systems and processes 3. Data reporting 4. Data analysis and utilization 5. Database management 6. Informatics training 7. Project management

Source: Gardner, RM et al, "Core Content for the Subspecialty of Clinical Informatics," *Journal of American Medical Informatics Association*, 2009; AHIMA "Certified Professional in Health Informatics," <http://www.ahima.org/certification/CPHI>; EAB interviews and analysis.

Launching a Health Informatics Program

EAB research and interviews identified advice for COE deans interested in launching new health informatics programs. This advice is coupled with a representative curriculum for a health informatics program below.

Keys to Success

▶ Explore Accreditation

This provides an opportunity to differentiate given growth in the number of programs

▶ Design the Program for Working Professionals

Because many students are practicing clinicians and mid-career health information managers, evening and online programs fit best with their schedules

▶ Leverage University Resources in the Creation of the Program

- Enlist existing faculty and coursework to teach informatics' interdisciplinary content areas, such as project management, public health, and user experience design
- Incorporate access to health information systems at the university or through university partners to provide students with real health data

▶ Build Data Analytics into the Program

The importance of health care analytics means that informaticists with foundational analytics skills have a job market advantage

▶ Assess Market Demand for Skills, not Just Jobs

- Informatics programs attract three primary groups of health care professionals: clinicians, IT staff, and hospital administrators. Many students from these professional backgrounds want to add informatics to their skill sets, not specialize in it
- Therefore, evaluating potential demand for health informatics programs should use labour market analyses that include postings for both informaticists and roles incorporating some informatics abilities

Sample Curriculum

Required Courses

1. Introduction to Health Informatics
2. Health Care Delivery Systems
3. Health Information Policy and Ethics
4. Introduction to Data Analytics
5. Project Management
6. Health Information Systems Strategy
7. Health Care Database Design and Application
8. Elective
9. Elective
10. Capstone

Elective Options

- Health Economics
- Public Health Informatics
- Population Health
- Introduction to User Experience Design
- Advanced Health Data Analytics
- Data Visualizations
- Health Information Security
- Basic Computer Programming

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Mental Health Counseling: Program Tools and Resources

SECTION

2

- Counseling Program Opportunity Evaluation Guide
- Counseling Program Accreditation Analysis
- Clinical Mental Health Counseling Programs by State
- Master of Social Work Programs by State

Assess Two Program Opportunities

Improving access to mental health services has been a consistent facet of recent health care legislation. Need is growing across the United States as is access. Consequently, demand for mental health counselors has grown considerably.

To address the market opportunity, institutions can choose between two master degree programs: the Master in Clinical Mental Health Counseling (CMHC) and the Master of Social Work (MSW).

The two programs have different curricular foundations, but similar accreditation requirements. State licensure and employers make little distinction between graduates of both programs in terms of providing mental health counselling.

Program Launch Decision Support Resources



Tool 1: Counseling Program Opportunity Evaluation Guide (pg. 17–18)

This is a self-scored evaluation guide to help determine which counseling program to launch. The content is informed by EAB interviews with deans and program directors who have launched clinical mental health counseling and social work programs.



Resource 1: Counseling Program Accreditation Analysis (pg. 19)

The accrediting bodies for CMHC and MSW programs mandate similar structures despite curricular differences. The document provides a comparative analysis of key accreditation requirements for both programs.



Resource 2: Clinical Mental Health Counseling Programs by State (pg. 20)

This table shows the number of existing CMHC programs in your state. Helping assess local competition for students, clinical placements and post-graduation employment.



Resource 3: Master of Social Work Programs by State (pg. 21)

This table shows the number of competing MSW programs in your state. Helping assess local competition for students, clinical placements and post-graduation employment.

Counseling Program Opportunity Evaluation Guide

The Opportunity Evaluation Guide on the following page reflects the insights of deans and program directors who have launched either a Master of Clinical Mental Health Counseling (CMHC) or a Master of Social Work (MSW) program. It is designed to help deans and program directors decide which counseling program is most appropriate for your institution.

Instructions

1. Use the table on the following page to evaluate the viability of a mental health counseling or social work program for your program portfolio.
2. For each question, record the appropriate score in the rating column and then calculate the total score.
3. If one or both programs score an 80 or greater, conduct a full market assessment on the highest-scoring program. COE Members may commission custom market demand briefs to validate demand in advance of program launch at no additional cost.



Key Considerations	Questions	Responses	CMHC Rating	MSW Rating
Local Market Conditions				
State licensure requirements sometimes indicate a preference for one of the licensures.	Do local employers prefer a Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW)?	LPC: 15 points to CMHC LCSW: 15 points to MSW No preference: 15 points to both		
Medicaid expansions increase access to mental health care to high-need populations.	Has the state expanded Medicaid?	Yes: 15 points to both No: 0 points to both		
Finding partners for clinical placements and internships can be difficult. It is advantageous to have few program competitors and numerous counseling practices nearby.	How many other CMHC and MSW programs are in a 50-mile radius? (pgs. 20–21)	0-1: 10 points to both 2-3: 5 points to both 4+: 0 points to both		
	Are there numerous clinical placement sites in a 50-mile radius?	Yes: 10 points to both No: 0 points to both		
Cost and Revenue				
CACREP allows CMHC programs to share core faculty with other counseling programs.	Does the university have, or plan to launch, other counseling programs like school counseling or marriage and family counseling?	Yes: 10 points to CMHC No: 10 points to MSW		
MSW programs require a minimum of six faculty and CMHC programs require three. Fewer faculty means a lower breakeven point.	How many full-time faculty can we support with our expected enrollment?	6+: 10 points to both 3-5: 10 points to CMHC 0-2: 0 points to both		
Undergraduate psychology programs are typical feeders of CMHC programs. Bachelor of social work programs are MSW feeders.	Does the university have an undergraduate psychology or social work program?	Psychology: 10 points to CMHC Social Work: 10 points to MSW Neither: 0 points to both		
Some states allow graduates of unaccredited CMHC programs to seek counseling licensure. Programs in these states can launch slower, spreading investment over time and reaching breakeven sooner.	Does the state allow unaccredited CMHC graduates to earn licensure?	Yes: 10 points to CMHC No: 0 points to both		
Modality and Leadership				
Online CMHC programs are permissible, but contentious. Online MSW programs are more accepted by the profession.	Can the university offer a hybrid or face-to-face format?	Yes: 10 points to both No: 5 points to MSW		
Faculty leadership and community outreach is important for improving the program's profile and creating placement and job opportunities.	Can the university hire an experienced director with a history of community involvement?	Yes: 10 points to both No: 0 points to both		
			TOTAL (out of 110)	

Counseling Program Accreditation Analysis

This table compares structural accreditation requirements between Clinical Mental Health Counseling and Master of Social Work programs. It is designed to support the Counseling Program Opportunity Evaluation Guide.

	Clinical Mental Health Counseling	Master of Social Work
Accreditation		
Accrediting Organization	CACREP – Council for Accreditation of Counseling & Related Educational Programs	CSWE – Council on Social Work Education
Timeline to Accreditation	1-2 years. Programs in some states can launch and graduate students before seeking accreditation. Students from those unaccredited programs can attain licensure.	1 year. Most states require graduation from a CSWE accredited program before gaining licensure.
Faculty Requirements		
Number of Faculty	3 full-time faculty	6 full-time faculty with principal assignment to the master's program
Student to Faculty Ratio	12:1	12:1
Faculty Training	"Core" must have doctorate, "non-core" must have masters and licensure	All faculty must have a MSW; 50% of faculty must have a doctorate
Director Experience	1 core faculty with a counselor education background	1 full-time faculty, master/doctorate, 50% of time dedicated to administration
Field Supervisor Experience	1 core or non-core faculty or administrator	1 full-time employee with two years' experience, master degree, 50% of time dedicated to administration
Curriculum Requirements		
Minimum Degree	Master's	Master's
Placement Hours	700, 280 of which must be direct patient interactions	900
Credits	60	Not specified, though 60+ is typical
Unique Core Curriculum Topics	<ul style="list-style-type: none"> • Human and career development • Counseling theory, techniques, and practice • Clinical patient assessment 	<ul style="list-style-type: none"> • Human rights and social justice • Human and societal behavior • Client assessment and interventions

Source: CACREP Accreditation Standards; CSWE Accreditation Standards; EAB interviews and analysis.

Clinical Mental Health Counseling Programs by State

This table supports the Counseling Program Opportunity Evaluation Guide by showing the number of accredited Clinical Mental Health Counseling programs by state as of November 2016. It helps assess local competition for students, clinical placements and post-graduation employment.

For an up-to-date accreditation listing, visit CACREP at <http://www.cacrep.org/directory>.

State	Number of Programs	State	Number of Programs	State	Number of Programs
Alabama	11	Louisiana	10	Oklahoma	3
Alaska	0	Maine	2	Oregon	6
Arkansas	2	Maryland	2	Pennsylvania	14
Arizona	4	Massachusetts	2	Puerto Rico	0
California	3	Michigan	3	Rhode Island	1
Colorado	8	Minnesota	2	South Carolina	4
Connecticut	3	Mississippi	3	South Dakota	1
Delaware	1	Missouri	5	Tennessee	13
District of Columbia	2	Montana	2	Texas	15
Florida	12	Nebraska	3	Utah	0
Georgia	8	Nevada	0	Vermont	1
Hawaii	0	New Hampshire	1	Virginia	13
Idaho	1	New Jersey	9	Washington	5
Illinois	15	New Mexico	2	West Virginia	1
Indiana	6	New York	11	Wisconsin	6
Iowa	3	North Carolina	12	Wyoming	1
Kansas	2	North Dakota	1		
Kentucky	8	Ohio	16		

Total Programs = 258

Master of Social Work Programs by State

This table supports the Counseling Program Opportunity Evaluation Guide. It shows the number of accredited Master of Social Work programs by state as of November 2016. It helps assess local competition for students, clinical placements and post-graduation employment.

For an up-to-date accreditation listing, visit CSWE:

<http://www.cswe.org/Accreditation/Accredited-Programs.aspx>.

State	Number of Programs	State	Number of Programs	State	Number of Programs
Alabama	5	Louisiana	4	Oklahoma	1
Alaska	1	Maine	3	Oregon	3
Arkansas	3	Maryland	3	Pennsylvania	11
Arizona	1	Massachusetts	9	Puerto Rico	5
California	23	Michigan	9	Rhode Island	1
Colorado	3	Minnesota	9	South Carolina	2
Connecticut	4	Mississippi	4	South Dakota	1
Delaware	1	Missouri	7	Tennessee	6
District of Columbia	3	Montana	1	Texas	15
Florida	10	Nebraska	1	Utah	3
Georgia	7	Nevada	2	Vermont	1
Hawaii	2	New Hampshire	1	Virginia	4
Idaho	2	New Jersey	6	Washington	3
Illinois	14	New Mexico	2	West Virginia	2
Indiana	3	New York	20	Wisconsin	4
Iowa	4	North Carolina	12	Wyoming	1
Kansas	4	North Dakota	1		
Kentucky	7	Ohio	9		
				Total Programs = 264	

Source: CSWE Program Directory,
<http://www.cswe.org/Accreditation/Accredited-Programs.aspx>.

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Physical Therapy and Occupational Therapy: Program Tools and Resources

SECTION

- Therapy Program Opportunity Evaluation Guide
- Therapy Program Accreditation Analysis
- Physical Therapy Program Map
- Occupational Therapy Program Map

3

Navigating High-ROI and Accreditation Hurdles

Physical therapy (PT) and occupational therapy (OT) programs are expensive to stand up, but promise a high return on investment. There is an enduring gap between the demand for physical therapists and occupational therapists and the supply of PT and OT graduates.

These labor market imbalances are due to exacting accreditation standards for both programs. Upcredentialing augments this challenge.

The tool and resources provided here are designed to help deans and program directors investigate the opportunity-fit for their institution regarding PT and OT programs.

Program Launch Decision Support Resources



Tool 1: Therapy Program Opportunity Evaluation Guide (pg. 25–26)

This is a self-scored evaluation guide to help determine which therapy program to launch. The content is informed by EAB interviews with deans and program directors who have launched physical therapy and occupational therapy programs.



Resource 1: Therapy Program Accreditation Analysis (pg. 27)

The accrediting bodies for PT and OT programs mandate a similar administrative structure despite curricular differences. The document provides a comparative analysis of key accreditation requirements for both programs.



Resource 2: Physical Therapy Program Map (pg. 28)

Local competition for students, clinical placements, and post-graduation employment can inhibit the growth potential of a new program. This map shows the locations of PT programs across the United States.



Resource 3: Occupational Therapy Program Map (pg. 29)

Local competition for students, clinical placements, and post-graduation employment can inhibit the growth potential of a new program. This map shows the locations of OT programs across the United States.

When considering a program launch, consult the accrediting bodies' aggregate program data:

Physical Therapy: <http://www.capteonline.org/AggregateProgramData/>

Occupational Therapy: <http://www.aota.org/Education-Careers/Educators.aspx>

Therapy Program Opportunity Evaluation Guide

Securing clinical placements, hiring faculty, obtaining laboratory space require a large upfront investment to launch either a Physical Therapy (PT) or Occupational Therapy (OT) program. The Therapy Program Opportunity Evaluation Guide on the following page reflects the insights of deans and program directors who have launched therapy programs. It is designed to help deans and program directors decide which therapy program is most appropriate for your institution.

Instructions

1. Before using the guide, determine if a physical therapy program or occupational therapy program fits better with your portfolio.
2. Having selected physical therapy or occupational therapy for consideration, answer each question in the table and assign the listed score, then calculate the total.
3. If the total is 95 or greater, conduct a full market assessment to determine the feasibility of a program launch. COE Members may commission custom market demand briefs to validate demand in advance of program launch at no additional cost.



Key Considerations	Questions	Responses	Rating
Resources			
Investment estimates range from \$1 million to \$4 million dollars before earning accreditation, depending on resources and classroom spaces. Physical and occupational therapy programs can share resources and expertise with each other.	Is the university willing and able to make the investment necessary to meet accreditation standards?	Yes: 30 points Partially: 15 points No: 0 points	_____
	Does the university have, or plan to launch, another therapy program?	Yes: 10 points No: 0 points	_____
Local Market Opportunity			
Due to the need for clinical placements and internships, new programs benefit from having few local/regional competitors and many local health care providers, such as hospitals and clinics.	How many other programs are within a 50-mile radius of the university? (pgs. 28–29)	0: 15 points 1: 10 points 2: 5 points 3+: 0 points	_____
	Are there hospital systems, VA hospitals, or major health care providers within a 50-mile radius of the university that can commit to clinical placements?	Yes: 10 points No: 0 points	_____
	Is there a local health system willing to host part or all of a program with its facilities or resources?	Yes: 10 points No: 0 points	_____
Faculty			
Directors with leadership experience in therapy education are often more able to develop an innovative curriculum and build relationships with the local community, accelerating a program's initial growth.	Can we recruit a director with administrative experience, an interest in innovative education delivery, a history of scholarship, and a desire to engage with local partners?	Yes: 10 points No: 0 points	_____
Clinical placements are hard to secure due to competition and a lack of incentive for providers to take students.	Can we recruit an experienced field work director with a track record of success in this role?	Yes: 10 points No: 0 points	_____
Faculty can be hard to find due to higher private practice salaries.	Does the director have a robust network to recruit faculty to the program?	Yes: 5 points No: 0 points	_____
Facilities			
State-of-the-art facilities, such as a mobility lab, are important to recruit faculty and students.	Do we have funding to acquire state-of-the-art facilities and equipment?	Yes: 10 points No: 0 points	_____
Community Relations			
PT and OT students benefit from integrating with the local clinical community and other academic departments as this creates additional placements, access to facilities, networking and learning from practitioners, and service learning opportunities.	Does the university have a good reputation for initial relationship building?	Yes: 5 points No: 0 points	_____
	Are other health science programs and nearby universities with health science programs willing to serve as partners for sharing teaching, research, and facilities?	Yes: 5 points No: 0 points	_____
	Can the university build buy-in with the local community for the launch of your program?	Yes: 5 points No: 0 points	_____
			TOTAL (out of 125)

Therapy Program Accreditation Analysis

This table compares structural accreditation requirements between Physical Therapy (PT) and Occupational Therapy (OT) programs. It is designed to support the Therapy Program Opportunity Evaluation Guide.

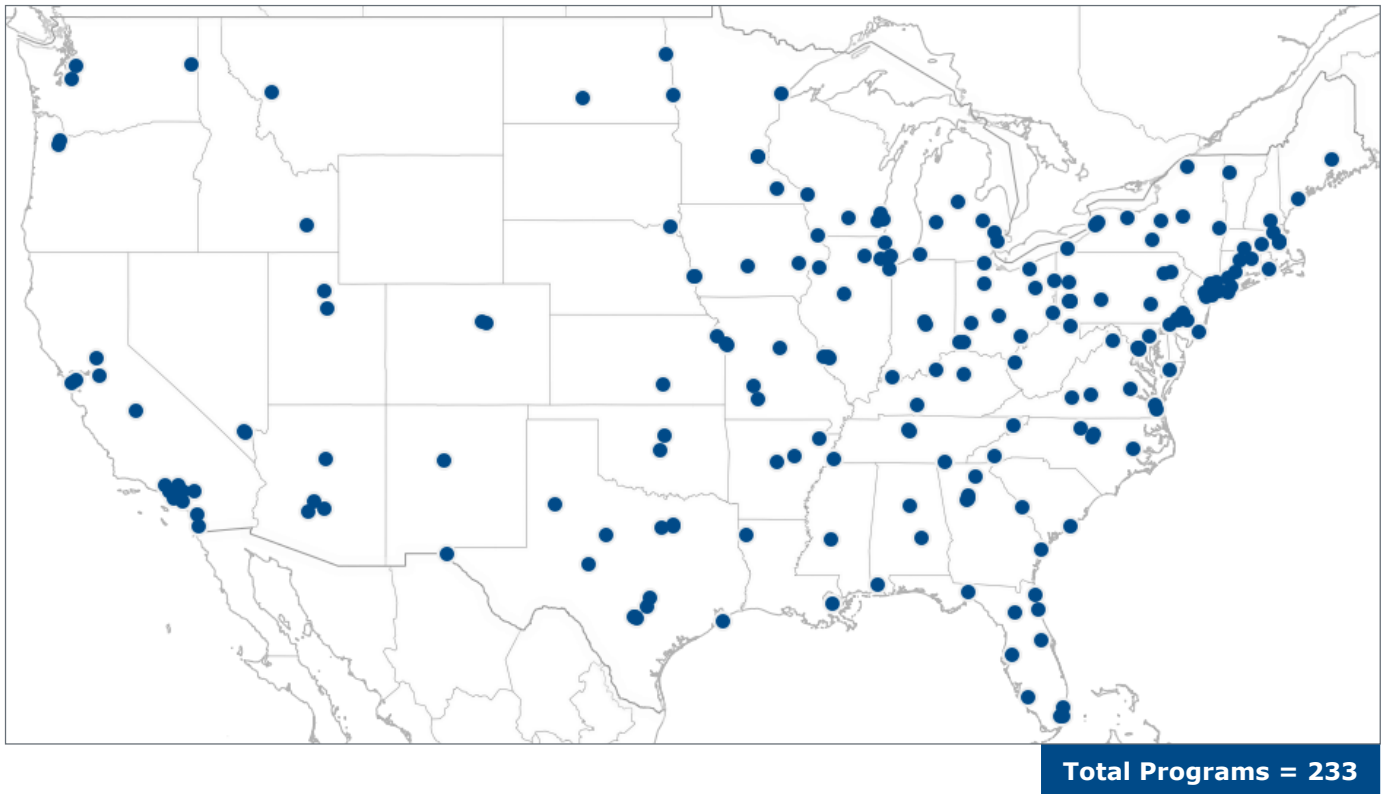
	Physical Therapy	Occupational Therapy
Accreditation		
Accrediting Organization	Commission on Accreditation in Physical Therapy Education	Accreditation Council for Occupational Therapy Education
Number of Applications Considered	18/year (PT and PT Assistant total)	18/year (Doctor of OT, Master of OT, and OT Assistant total)
Next Open Application Cycle	December 2017 (program launch Summer 2018)	March 2018 (program launch January 2019)
Ongoing Fees	\$4,000/year/cohort	\$3,700/year
Enrollment Limitations	1 cohort/year, unless additional approval. Cannot permanently increase enrollment by 10% without approval.	1 cohort/year, unless additional approval. Cannot permanently increase enrollment by 25% without approval.
Faculty and Facility Requirements		
Student to Faculty Ratio	16:1	"Sufficient"
Faculty Background	"Core" faculty must have a doctorate and a scholarly pursuit; 50% of all faculty must be core faculty	All full time faculty must have a doctorate degree
Program Director Experience	Doctorate degree, six years higher education experience, three years physical therapy education experience	Doctorate degree, eight years occupational therapy experience, three of which must be teaching experience
Field Experience Director Experience	Three years physical therapy practice experience, two years experience with field education	Doctorate degree and active practitioner
Facilities and Equipment	"Sufficient for contemporary practice" with access outside of class hours	Equipment and resources "must be sufficient to meet the program's educational objectives"
Curriculum Requirements		
Modalities	Laboratory education must be onsite; part-time possible except final clinical placement	Laboratory education must be onsite; part-time possible except final clinical placement
Minimum Credits	90	Unspecified, 60-90+ typical
Unique Core Curriculum Topics	Content and learning experience in the biological, physical, behavioral, and movement sciences.	Content must cover the structure and function of the human body and its interaction with its environments.
Success Rates	At least 80% graduation, 85% licensure, and 90% employment rates	At least 80% of graduates must achieve licensure

Source: CACREP Accreditation Standards; CSWE Accreditation Standards; EAB interviews and analysis.

Physical Therapy Program Map

This map supports the Therapy Program Opportunity Evaluation Guide. It shows the location of accredited Physical Therapy programs as of November 2016 and helps assess local competition for students, clinical placements, and post-graduation employment.

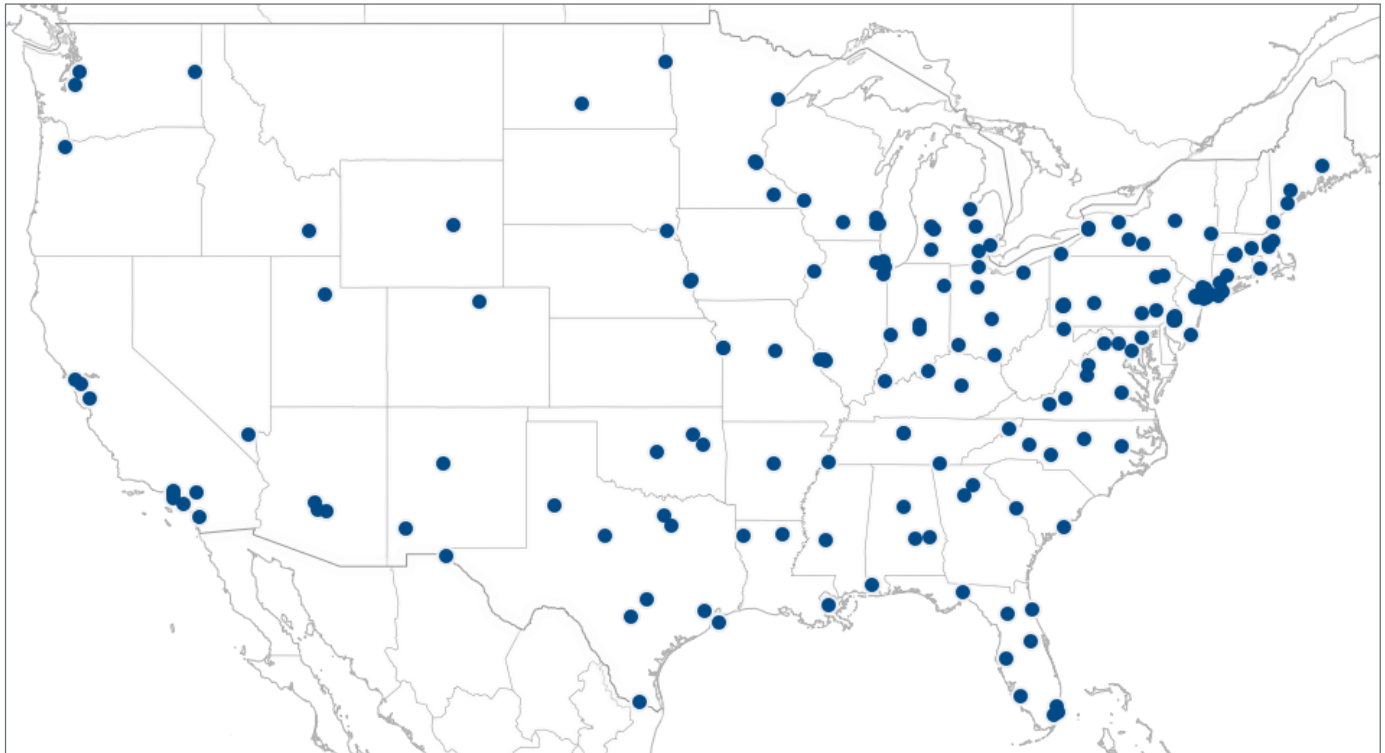
For an up-to-date accreditation listing, visit CAPTE: <http://www.capteonline.org/Programs>.



Occupational Therapy Program Map

This map supports the Therapy Program Opportunity Evaluation Guide. It shows the location of accredited Occupational Therapy programs as of November 2016, and It helps assess local competition for students, clinical placements, and post-graduation employment.

For an up-to-date accreditation listing, visit ACOTE:
<http://www.aota.org/Education-Careers/Find-School.aspx>.



Total Programs = 182

The best
practices are
the ones that
work for **you.**SM



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