TERRA INCOGNITA: THE U.S. HEALTH WORKFORCE

Compared to concerns about increasing the number of individuals who have health insurance and lowering health care costs, the health workforce does not receive sufficient attention. A proper distribution of health professionals by specialty and geographical location is essential to maintaining a well-functioning service delivery capability. Important prerequisites are having an educational system able to produce graduates who possess necessary knowledge and skills, along with making such education affordable, especially for members of economically disadvantaged groups. A related consideration is having enough faculty members to educate future practitioners.

The composition of the health workforce is important from a demographic perspective. The proportion of Caucasians in the U.S. who are descended from European countries will continue to decline. A prediction from the Census Bureau estimates that by 2044, non-Hispanic whites in this nation will be less than 50% of the population.

Growth in the population, especially in the portion consisting of older individuals, will contribute to increased morbidity and mortality. The Census Bureau indicated that in the year 2056, for the first time, the population 65 and older in this nation will outnumber those younger than age 18. Rapid growth in the elderly segment of the population has not been matched by comparable increases in the number of allied health professionals specially trained in the care of older adults.

The ability to deliver health services effectively will depend on being able to attract students to the health professions and to keep them from departing prematurely to other careers. Chronic workforce shortages that result in too few personnel carrying out heavy workloads can lead to the problem of burnout, further exacerbating early departures. It becomes increasingly worthwhile to explore whether some realignment can occur that will enable members of one profession to serve as substitutes for members of another profession in providing health care services. Meanwhile, ongoing scope of practice disputes in states around the nation that entail attempts to resolve conflicts regarding which practitioners are able to provide care to patients safely may inhibit opportunities to obtain full use of the capabilities of members of different professions. A related aspect is whether any cost savings can be achieved by using one kind of practitioner in place of another.

Developments in technology are helping to transfer health care from in-patient treatment facilities to other settings in the community through mobile technology and wearable devices by patients. Remote monitoring of patients and advances in robotics also have the potential to make useful contributions. Older individuals who live alone are at risk of experiencing bouts of loneliness, which is associated with increased morbidity arising from factors such as elevated blood pressure and diminished immunity. Robots may help to decrease loneliness, but there is a risk that they might dehumanize patients by reducing the amount of human contact.
This month’s message from the President’s Corner comes to you from an invited guest writer who is familiar to the ASAHP membership and professionals across the allied health professions. Dr. Rick Talbott is currently the Dean of the College of Allied Health Professions at the University of South Alabama and a Past President of ASAHP. Among Dr. Talbott’s continuing contributions to ASAHP is his serving as the ASAHP representative to the National Academy of Medicine. As such, I have asked Dr. Talbott to provide us with a snapshot of the Academy’s activities to demonstrate the importance of ASAHP’s presence at the NAM table.

Dr. Talbott:
Consistent with our goal of keeping you informed about the activities that your ASAHP membership supports, I am pleased to provide the following report on our membership and participation in the Institute of Medicine’s (now called the National Academy of Medicine-NAM) Global Forum on Innovation in Health Professional Education. As many of you are aware, the IOM/NAM is one of the four members of the National Academies along with the National Academy of Sciences, The National Academy of Engineering, and the National Research Council. As an independent, nonprofit organization based in Washington, D.C. the Institute works outside of government “to provide unbiased, evidence-based, and authoritative information and recommendations to decision makers” (IOM). One way the Institute achieves its mission is through the establishment of roundtables and forums to identify, illuminate, and research issues pertaining to critical topics of national and international scope that will advise the nation toward improving health and healthcare.

Forum membership invitations are based on the areas of expertise that an organization’s representative might bring to a given forum topic and are typically selected by the IOM Executive Office. The Global Forum on Innovation In Health Professional Education was established in 2012 with the guiding principles for forum activities emphasizing engaging students, being patient-and person-centered, and creating an environment of learning with and from partners outside of the United States. Members gather twice a year to attend forum-sponsored events that consider these principles and the forum topics that have been selected and developed by the Forum members. The Forum currently has 54 appointed members who are academic experts and health professionals representing 19 different disciplines from 9 countries. It is co-chaired by Malcolm Cox, former Chief Academic Affiliations Officer for the Department of Veterans Affairs and Susan Scrimshaw, President of The Sage Colleges. There are presently 44 sponsors of the Forum that provide the financial support to run the activities of the Forum. ASAHP has been a member for the past four years and participated in both the planning meetings and the forum deliberations leading to the publication of reports flowing from these meetings. Over sixty health related professionals representing a cross section of the health professions in the United States and abroad constitute the membership. The format for discussion at each of the meetings includes expert presentations, open discussions and debate, as well as small group analysis and summary presentations to the entire group.

Forum sponsored workshops include: Establishing Transdisciplinary Professionalism for Health (2013); Assessing Health Professional Education (HPE) (2013); Scaling up Best Practices in Community-based HPE (2014); Empowering Women and Strengthening Health Systems and Services through Nursing and Midwifery Enterprise (2014); Envisioning the Future of HPE (2015); and The Role of Accreditation in Enhancing Quality and Innovation in Health Professions Education (2016). The next workshop of the Forum, Future Financing of HPE, will be held October 6-7, 2016.

Access to all of the reports/videos of the Global Forum is available on the Forum website. To receive monthly emails from the Global Forum about upcoming events, new report releases, and Forum updates, sign up for the listserv at nationalacademies.org/ihpeglobalforum. If you have any questions or would like to discuss our involvement in the IOM/NAM Global Forum please contact me at rtalbott@southalabama.edu.

Best wishes--- Rick Talbott
REAUTHORIZING THE HIGHER EDUCATION ACT

A major piece of legislation awaiting reauthorization is the Higher Education Act (HEA). The House Committee on Education and the Workforce took a step in that direction on June 22, 2016 when it considered a package of bills aimed at improving the financial aid process, enhancing consumer information, and strengthening federal programs that support the work of minority serving institutions, such as Historically Black Colleges and Universities (HBCU) and Hispanic-Serving Institutions.

In particular, the HBCU Capital Financing Improvement Act (H.R. 5530) would make targeted changes to improve a program that is critical to these institutions and their historically underserved students.

The Accessing Higher Education Opportunities Act (H.R. 5529) would expand allowable uses for HEA Title V funds to assist Hispanic and other low-income and first generation students’ ability to access post baccalaureate programs that require advanced or terminal degrees in a number of health care related fields.

The Simplifying the Application for Student Aid Act (H.R. 5528) features several adjustments to the application process, allowing students to have a clear idea of aid for which they may be eligible much earlier in the process, without imposing additional burden on institutions. The bill also includes strong consumer testing provisions, ensuring that the application forms are clearly understandable to prospective users.

Two other bills that would have an impact on both students and institutions, which are of considerable interest to the higher education community, are Empowering Students Through Enhanced Financial Counseling Act (H.R. 3179) and the Strengthening Transparency in Higher Education Act (H.R. 3178).

Apart from higher education, given the enormous size of the Medicare program (55.3 million beneficiaries and total expenditures of $648 billion in 2015), Congress frequently is called upon to make structural improvements in the law governing it. In June 2016, the Medicare Payment Advisory Commission (MedPAC) indicated that it wants to alter how penalties are assessed on hospitals for excessive readmission rates. The intent is to adjust overall readmission penalties such that they could decline if hospitals’ collective performance improves. MedPAC suggested that members of Congress pass legislation to allow the Centers for Medicare and Medicaid Services (CMS) to use an all-condition readmission measure with a fixed target.

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**2016 ASSOCIATION CALENDAR OF EVENTS**

**September 12, 2016**—Institutional Profile Survey Data Collection Opens

**October 17-18, 2016**—Leadership Development Program in New Orleans, LA—Part II

**October 19-21, 2016**—Annual Conference in New Orleans, LA

**November 30, 2016**—Institutional Profile Survey Data Collection Ends

Note: Efforts are underway to identify future conference locations
AFFORDABLE CARE ACT DEVELOPMENTS

Millions of lives and a vast array of health professionals and facilities that serve patients are affected by the Affordable Care Act that became law six years ago last March. The importance of the ACA is such that this newsletter regularly has included descriptions of various developments that may be of interest to readers. Not a single Republican in either the U.S. House and Senate voted in favor of this massive piece of health reform legislation. Apart from some initiatives by the Obama Administration to delay the implementation of controversial aspects of the law, Republicans in Congress continue in their efforts to repeal the ACA either partly or entirely and replace it with features that they believe would be more effective.

Republican Proposal To Replace The Affordable Care Act

House Republicans on June 22, 2016 released a 37-page healthcare proposal that consolidates their ideas regarding how to replace the Affordable Care Act. The following core principles are involved: Repeal the ACA; Provide Americans with more choice, lower costs, and greater flexibility in healthcare; Protect the most "vulnerable" patients, such as those with pre-existing conditions and complex medical conditions; Promote medical innovation; and Preserve Medicare. More specifically, the proposal contains some of the following elements:

- "Universal advanceable, refundable" tax credits for individuals and families that do not have employer-based insurance, Medicare, or Medicaid
- A one-time open enrollment period
- Provision of a minimum of $25 billion for State Innovation Grants as a reward for developing effective reforms to reduce premiums and the number of uninsured by a certain amount
- Permit the sale of health insurance across state lines
- Convert Medicaid into a state-based block grant program
- Expand health savings accounts
- Repeal the Center for Medicare and Medicaid Innovation
- Combine Medicare Parts A and B
- Gradually increase the Medicare retirement age to match that of Social Security

Attracting More “Young Invincibles” To Purchase Health Insurance

Data show that only 28% of exchange members in 2014 were in the coveted 18-34 age range and that percentage stayed level for 2016, which is below the 40% level many actuaries claim is needed to create a more stable rate environment. When consumers without health insurance file their taxes, they either must pay a fee for not having health insurance, or claim an exemption from the fee. In 2014, 7.9 million filers paid the fee, and millions more claimed an exemption, including some who could be eligible for substantial financial assistance through the exchanges. About 45% of taxpayers paying a penalty or claiming an exemption were under age 35, compared to about 30% percent of all taxpayers in 2014.

As a way of increasing the representation of members of this age group among the insured portion of the population, the Centers for Medicare and Medicaid Services (CMS) will conduct outreach to individuals and families who paid the fee for being uninsured, or claimed an exemption from that fee for 2015. Young adults are overrepresented among those who paid the fee and healthier individuals of all ages presumably are as well.

This new outreach strategy will make it possible to reach millions of individuals directly who were uninsured recently and who may newly appreciate the value of coverage through the insurance exchanges that have been established through the ACA. Older patients with multiple morbidities create financial strains on the provision of health care services. Enlarging the base of younger, healthier individuals represents an important way of strengthening health reform efforts overall.
DEVELOPMENTS IN HIGHER EDUCATION

The federal government plays a significant role in furnishing the financial means needed by students to pursue higher education. A major concern of the Obama Administration has been to crack down on poor-performing for-profit institutions. Much recent action has been triggered by the collapse of Corinthian Colleges, a controversial for-profit chain that enrolled 72,000 students when it ceased operations. Since then, the Department of Education has received debt-forgiveness claims from thousands of former Corinthian students and from students who attended other troubled for-profit institutions.

Accreditation is aimed at ensuring that academic institutions provide high quality education for students, another important area in which the federal government is involved. A recent development that occurred in June 2016 was a decision by the National Advisory Committee on Institutional Quality and Integrity (NACIQI) to remove the recognition of the Accrediting Council for Independent Colleges and Schools (ACICS). Shown below is information about both student debt forgiveness and accreditation.

Draft Regulations Released For Student Debt Forgiveness
The U.S. Department of Education on June 13, 2016 released a broad set of draft regulations designed to clarify and strengthen the process for federal student loan borrowers to seek debt forgiveness when they have been misled or defrauded by a college. The proposed regulations apply only to the for-profit sector and would require that institutions issue warnings to prospective students about poor loan-repayment rates. Financially troubled institutions would have to set aside money to pay for loan-forgiveness claims. The 530-page document includes widely varying estimates on the cost of debt forgiveness to the federal government, with a range of $199 million to $4.23 billion annually.

Initially, a negotiated rule-making panel convened by the Department of Education was unable to arrive at new standards. Consequently, Department officials developed them. The public comment period for the draft rules ends August 1, 2016. The plan is to publish a final version by November 1, 2016.

Performance Of Accreditation Agencies
Also in June 2016, the Department issued reports designed to help measure the performance of accrediting agencies, with metrics such as graduation rates, debt, earnings, and loan repayment rates of students who attended colleges that accreditors oversee. The reports were sent to accreditors prior to a scheduled meeting of the National Advisory Committee on Institutional Quality and Integrity (NACIQI).

The NACIQI agreed to remove the recognition of the Accrediting Council for Independent Colleges and Schools (ACICS). Commenting on this development, Judith Eaton (President of the Council for Higher Education Accreditation), indicated that the message is clear. While the role for government in relation to quality assurance is quite common throughout the world, for U.S. accreditors it is a profound change and poses a significant challenge. The bedrock of U.S. accreditation is self-regulation and peer review in the service of institutional autonomy driven by mission and academic freedom. It is now clear that this bedrock has given way because there is no longer any way for accreditors to be both gatekeepers and thus managed and judged by the Department, yet retain an adequate measure of self-determination in judging quality.

She added that for NACIQI and the Department, the role of politics cannot be ignored in the determination of the fate of ACICS. Just as accreditation has been federalized, the ACICS decision makes clear the extent to which both NACIQI and accreditation have been politicized.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Prevalence Of Adult Obesity In The U.S.
As reported in the June 7, 2016 issue of the Journal of the American Medical Association, in a nationally representative survey of adults in the United States, the age-adjusted prevalence of obesity in 2013-2014 was 35.0% among men and 40.4% among women. The corresponding values for class 3 obesity were 5.5% for men and 9.9% for women. For women, the prevalence of overall obesity and of class 3 obesity showed significant linear trends for increase between 2005 and 2014. There were no significant trends for men. Other studies are needed to determine the reasons for these trends. Here observations were extended by providing sex-specific estimates for overall obesity (body mass index [BMI] ≥30) and class 3 obesity (BMI ≥40) (BMI is calculated as weight in kilograms divided by height in meters squared).

Young Adults Experiencing Serious Doubts Of Committing Suicide
An estimated 2.6 million adults aged 18 to 25 in the United States—roughly 1 in 13 young adults—reported experiencing serious thoughts of committing suicide in the past year, according to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA). The rates of young adults with serious thoughts of suicide over the past year ranged from 6.2% in Texas to 10.3% in New Hampshire. Other states with the highest rates of past-year suicidal thoughts among young adults included Utah, Montana, Michigan, and Ohio. Lowest rates were reported in the District of Columbia, Kansas, Mississippi, and Arkansas.

HEALTH TECHNOLOGY CORNER

Crowdsourcing Advancements In Health Care
The Mayo Clinic hosted an online competition where more than 500 teams of data scientists from all over the world analyzed hundreds of hours of brain activity in two humans and five dogs before and during epileptic seizures. The results of the 2014 competition, published in May 2016 in the journal Brain, showed that the crowd created a reliable prediction of epileptic seizures. The Mayo Clinic’s competition enlisted several data scientists and encouraged them to share data and work together to develop a reliable algorithm while competing for a $15,000 prize. Many participants had little or no experience with electroencephalography (EEG) to measure brain activity or epilepsy. The teams tested algorithms on nearly 350 seizures over more than 1,500 days and the winners agreed to share their computer code for free. During the contest, over half of the crowdsourced algorithms outperformed random predictions. The best performing algorithms accurately predicted more than 70% of seizures when tested on unseen portions of the canine data. Crowdsourcing can allow organizations to source specialized skills dynamically from anyone, anywhere. Companies can use this knowledge to help with simple tasks, such as data entry and coding, and more specialized activities like advanced analytics and product development.

Global Health Care Wearable Devices
The global health care wearable devices market earned revenues of $5.1 billion in 2015 and is forecast to reach $18.9 billion in 2020, at a compound annual growth rate (CAGR) of 29.9%, according to the research analyst firm Frost & Sullivan. Meanwhile, consumer health wearables medical and clinical-grade wearables are expected to grow at a CAGR of 27.8%, and 32.9%, respectively. Wearables dedicated to chronic disease monitoring and other clinical applications are expected to transform care provision models. Clinical grade wearables technologies enable care anywhere, anytime support paradigms. Despite this tremendous opportunity, however, many wearable launches have struggled or failed to achieve expected traction.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Two ONC Reports On Health Information Technology Safety

The U.S. Department of Health and Human Services (HHS) Office of National Coordinator for Health Information Technology (ONC) released two reports on use of health information technology (IT). Both reports are part of a larger effort to help organizations meet health IT safety priorities as defined by the Institute of Medicine and HHS. Although health IT can improve the quality and safety of health care, health care organizations still need to address potential safety concerns related to usability, interoperability, ambulatory care, alerts, patient identification, communication, and trigger tools. The first report – Report of the Evidence on Health IT Safety and Interventions – highlights how the correct use of electronic prescribing and/or electronic health records (EHRs) can reduce diagnostic and medication errors in ambulatory care settings. Unintended consequences from e-prescribing or EHRs can result from a wrong algorithm or even a copy/paste error. The report can be accessed at https://www.healthit.gov/sites/default/files/task_8_1_final_508.pdf.

To assist health care organizations interested in addressing these challenges, the second report – Goals and Priorities for Health Care Organizations to Improve Safety Using Health IT – explores how organizations can prioritize health IT adoption, implementation, and practice. The report can be accessed at https://www.healthit.gov/sites/default/files/task_9_report.pdf.

Slow Movement Toward Meeting Goal Of Value-Based Payments

Few hospitals and health systems are meeting goals of the Centers for Medicare and Medicaid Services (CMS) for value-based payments, according to a recent Health Catalyst survey. In early 2015, CMS set targets to link Medicare fee-for-service (FFS) payments to quality and move stakeholders toward alternative payment models (APMs). CMS set a target of 85% of FFS payments linked to quality by 2016 and 90% by 2018. CMS also set the target of 30% of Medicare payments be part of APMs by the end of 2016 and 50% by the end of 2018. Despite the slower-than-hoped-for adoption, most respondents (99%) say they plan to engage in value-based care in some capacity over the next three years. Respondents reported that analytics and cultural alignment on quality (52% and 24% respectively) are the most important contributing factors to help their organizations move toward risk-based contracting. Survey results can be accessed at https://www.healthcatalyst.com/wp-content/uploads/2016/06/Risk-Based-Contracting.pdf.

Health Spending Patterns In The Last Year Of Life

According to the Medicare Payment Advisory Commission, end-of-life care in the United States accounts for some 30% of Medicare spending. A new study released by the journal Health Affairs, looked at 2012 Medicare administrative claims data and identified four unique spending trajectories. Nearly half (48.7%) of older Medicare beneficiaries were classified as “high persistent,” maintaining high spending throughout the year, which was associated with having multiple chronic conditions, but not any specific diseases. These findings suggest that spending at the end of life is a marker of general spending patterns often set in motion long before death. The article can be accessed at http://content.healthaffairs.org/content/early/2016/06/13/hlthaff.2015.1419.full.pdf+html.
The article on page one of this issue of the newsletter is on the topic of the health workforce. Many discussions in the health domain have an exclusive focus on the contributions made by allied health professionals, physicians, nurses, and pharmacists to name just a few major categories of personnel. Yet, a vast amount of activity occurs beyond these boundaries as shown in the following accounts.

**Complementary Health Approaches**
A report newly released from the National Center for Health Statistics (NCHS) presents estimates of expenditures on complementary health approach use among the U.S. population as of 2012. An estimated 59 million individuals aged four years and over had at least one expenditure for some type of complementary health approach, resulting in total out-of-pocket expenditures of $30.2 billion. More money was spent on visits to complementary practitioners ($14.7 billion) than for purchases of natural product supplements ($12.8 billion) or self-care approaches ($2.7 billion).

From the standpoint of context, the $30.2 billion equates to 1.1% of total health care expenditures in the United States ($2.82 trillion) and to 9.2% of out-of-pocket health care expenditures ($328.8 billion). The $12.8 billion in out-of-pocket expenditures for the purchase of natural product supplements is approximately 24% of the amount the public had in out-of-pocket expenditures for prescription drugs in 2012 ($54.1 billion). The $14.7 billion in out-of-pocket expenditures on visits to complementary practitioners is 29.6% of the amount in out-of-pocket expenditures for conventional physician services ($49.6 billion).

**Loneliness In Older Adults**
The article on page one of this newsletter mentions the use of robots to combat loneliness, a problem that results from a mismatch between an individual’s social needs and what is available to address such needs. Robots may help to decrease loneliness, but they are accompanied by the risk of infantilizing patients. Although robots may become capable of human-like behavior, their interaction with humans is not the same in producing genuine personal relationships.

Loneliness is prevalent among older adults in developed countries, although prevalence differs widely across countries. When asked directly, over 8% of older adults in the Netherlands and Germany, 10% in Sweden, and almost 16% in Greece, Spain, and the U.S. endorsed feeling lonely according to information provided in a NORD University of Chicago Working Paper entitled, *Loneliness in Older Adults in the USA and Germany: Measurement Invariance and Validation*.

**Health Care And The Comics**
The existence of the Internet has enabled patients and consumers to access a cornucopia of information viewed as having relevance to their wants, needs, and interests. Among the many resources that can be obtained, there is a graphic medicine site that explores the interaction between the medium of comics and the discourse of healthcare (http://www.graphicmedicine.org/). Viewed from an anthropological perspective, the graphic narrative covers a wide range of physical and mental ailments. It does so by providing creative license to use imagery to retell stories about illness in more compelling, personal ways. Not only can a particular disease wreak havoc on a patient’s life, proposed remedies can produce devastating side effects that cannot be imagined simply by reading pharmaceutical descriptions that accompany prescribed medications. Instead, using a graphic narrative through comics, patients make it possible for others to learn in more comprehensive ways what kinds of hardships can be experienced in the pursuit of improved health status.