HEALTH CARE IN TRANSITION

The health care domain regularly undergoes steady modifications at many different levels. Most recently, the election of Donald Trump as President and Republican control of both congressional chambers have considerable potential to produce changes in how health care services will be delivered and financed.

The biotechnology sphere represents just one set of factors that can influence health status. Genetics experimentation reveals how genes of host organisms can affect the shape of the composition of the microbiome and contribute to an organism’s phenotype in ways that induce disease. Microorganisms collectively known as gut microbiota in the gastrointestinal tract are being studied for the impacts they have on host physiology, such as nutrient metabolism, resistance to infection, immune system development, and in orchestrating brain development and behavior.

Molecular psychiatry advances shed light on how the epigenetic modification of gene expression, particularly if differential gene methylation as a function of adversity contributes to the emergence of an individual risk for mental illness. For example, changes in gene methylation associated with lower socioeconomic status (SES) may prove fruitful in predicting changes in risk-related brain function.

The health professions are another key area that signifies important alterations. The presence of medically complex patients who have multiple morbidities makes it necessary for harmonious team-based care to be provided by many different kinds of practitioners. Some examples of professions that commonly are classified under the rubric of allied health provide the following kinds of services.

Clinical/Medical Laboratory Scientists have an ever-expanding role in ensuring appropriate laboratory test utilization. They join in rounds with patients, provide consultation on selecting the most appropriate tests, assist in test interpretation, and provide patient-specific analysis of test results.

Occupational Therapists work in both hospital inpatient and outpatient settings where they treat patients with traumatic brain injury who suffer from both acute and chronic visual conditions. Another set of patients who benefit from occupational therapy interventions consists of individuals who have experienced limb loss.

Physical Therapists increasingly can be found in neonatal and pediatric intensive care units where they are engaged in ensuring the safe handling and positioning of infants, along with furnishing early mobilization services involving sleep hygiene promotion and delirium screening.

Speech-Language Pathologists in a pediatric intensive care unit deal with communication breakdowns between clinicians and patients that can be resolved through augmentative and alternative communication modalities, along with treating medically complex infants with feeding and swallowing problems.
"The single biggest problem in communication is the illusion that it has taken place." - George Bernard Shaw

Over the past decade communication channels have changed from what we used to know and control. In particular, social media channels seem to evolve rapidly around us: texting, tweeting, instagrmas, blogs, video posting, YouTube, Facebook, chat rooms, LinkedIn, listserves, Snap-chat, and many more create an instantaneous, sometimes anonymous way to share various facts or myths and points of view. The many ways to communicate has not necessarily made the art of effective communication better. In many ways, communication has become more complicated and has increased challenges. More than ever, it is important to break through the noise and use elevated communication mechanisms that are intentional, focused on areas of concern and very mission and audience focused.

After finishing a leadership report for our college board of trustees that focused on efforts with intentional communication, I began to reflect on its importance for our work within ASAHP. This reflection produced quite an amazing list of channels used to deliver timely information to the membership, create ways to listen to informed colleagues, and to provide intentional communication opportunities.

This list includes: ASAHP website – a new look is being launched within days and will continue to be a major informational source. Archived on the website are the many publication pieces that include:

- TRENDS (monthly newsletter)
- ASAHP UPDATE (published biweekly)
- ASAHP Newswire (published multiple times a week),
- Association’s Annual Report (yearly)

Annual conferences provide expert speakers on timely topics and face-to-face opportunities for colleagues to engage in our issues of mutual concern. ASAHP Twitter, and emails creates immediate communication.

Along with the above stated ways to push informational pieces, one of the goals within ASAHP’s Strategic Plan (Goal V Alliances and Partnerships) involves: creating relationships with professional and non-professional allied health and other kinds of health organizations. ASAHP has intentionally created linkages by placing ASAHP members as representatives on various important committees and boards. For example, ASAHP members serve on: Interprofessional Education Collaborative (IPEC); The National Academy of Medicine Global Forum on Innovation In Health Professional Education; Association of Specialized & Professional Accreditors (ASPA); Health Professions Network (HPN); Advisory Committee on Interdisciplinary, Community-Based Linkages at the Health Resources and Services Administration (HRSA); Commission on Accreditation of Allied Health Education Programs (CAAHEP); Commission on Accreditation for Respiratory Care (CoARC); and the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). All of the aforementioned stated links establish intentional relationships and dialogues to identify collaborations that advance the work of the Association for the benefit of its members.

In summary, in this era of more spontaneous, rapid ways to communicate, it is rewarding to reflect on the various ways that ASAHP establishes thoughtful, intentional communication that is focused on the message, the relevance, and its audience. Recognizing that listening is an important component of an effective communication chain, please feel free to communicate with any member of the Board so we can listen to what is important to you.

Best to all,
Linda
SIGNALING ACA CONGRESSIONAL INTENT

In mid February 2017, Republican House leaders produced a policy blueprint to indicate how the Affordable Care Act could be repealed and replaced. Prominent features of their intention to achieve this major legislative objective include: expanding health savings accounts (HSAs) and financing high risk patient pools. As a means of making it possible for beneficiaries to purchase health insurance coverage, tax policy would be employed to provide individuals with a refundable, advanceable tax credit that is indexed by age. Also, reductions in payments made to disproportionate share hospitals (DSH) would be reversed.

The Medicaid program is a major candidate for undergoing fundamental alterations. States would be able to continue opening their programs to newly eligible beneficiaries, but additional federal money would not be available to cover the cost of doing so. Other proposed changes entail placing limits on federal payments to the states and repealing program expansion over time.

An important step in repealing and replacing the ACA involves marking up reconciliation instructions. Created by the Congressional Budget Act of 1974, reconciliation offers a way of eliminating selected portions of the health reform law, but is limited to expedited consideration of certain tax, spending, and debt limit legislation. In the Senate, reconciliation bills are not subject to filibuster and the scope of amendments is limited, providing advantages for enacting controversial budget and tax measures. Without filibustering, the Senate can consider and pass reconciliation bills relatively quickly with only a simple majority, rather than the three-fifths majority often needed for controversial legislation. For a reconciliation bill, the Congressional Budget Act limits Senate debate to 20 hours and limits debate on any subsequent compromise between the two chambers to 10 hours. Meanwhile, committees responsible for crafting reconciliation legislation have been waiting for the Congressional Budget Office (CBO) to score the legislative text.

Apart from the ACA, a key ingredient in meeting the health care needs of the U.S. population is to have an adequate number of competently-prepared health professionals, but this topic rarely is high on the agenda of legislative action. What is worrisome is that proposed budget cuts threaten to reverse progress made in mitigating the nation’s health care workforce challenges. Relatively modest investments can produce a disproportionately positive return by strengthening the health care workforce. As an example, continued funding for the Title VII Health Careers Opportunity Program (HCOP) would ensure that more than 12,000 trainees, including underrepresented minorities, veterans, and other individuals from disadvantaged backgrounds receive training to pursue a health professions career.

2017 ASSOCIATION CALENDAR OF EVENTS

February 2017—2016 ASAHP Annual Report in Final Stage of Publication

October 18-20, 2017—ASAHP Annual Conference in San Antonio, TX

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

A report issued this month by the National Center for Health Statistics that is based on estimates from the National Health Interview Survey, January–September 2016 reveals that approximately 8.8% of individuals in the U.S. were uninsured in the first nine months of 2016. That figure represents a decrease of 20.4 million from 2010 when about 16% or 48.6 million of Americans were uninsured. The percentage of adults ages 18-64 who had private insurance coverage, including through the health insurance exchanges, grew from 64.2% in 2013 to 69.0% in the first nine months of 2016. In 2015 for beneficiaries under the age of 65, 36.7% were enrolled in high-deductible health plans, which grew to 39.1% by the first nine months of 2016.

Potential Impact Of Proposed ACA Repeal and Replace Policies
The American Academy of Actuaries has examined the potential impact that proposed ACA repeal and replace policies could have on the individual market. The most significant perceived threat is continued low enrollment of health individuals. (As an aside, it is worth noting that in the June 2016 issue of the Association’s newsletter TRENDS, data showed 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. Permitting individuals to remain on their parents’ health plan until age 26 provides a disincentive to purchase insurance coverage for themselves.)

The Academy indicates that low enrollment of healthy individuals is the greatest threat to the viability of the individual market long term. Enrollment in the individual market is highest during the annual open period, but declines as the year progresses because some beneficiaries either seek other kinds of coverage or they become uninsured during the year as some of them transition to different coverage sources (including employer-sponsored insurance) or become uninsured. The Academy indicated that in 2015, of the 11.6 million individuals who enrolled in exchange plans, only 8.8 million still were enrolled by the end of the year. Moreover, those enrollees tended to be less healthy and generate higher amounts of health spending. Another concern is that special enrollment periods (SEPs) also can skew the risk pool. That mechanism was created to allow individuals who experience a qualifying life event, such as losing coverage from an employer, to enroll outside of open enrollment. It also becomes possible for them to enroll after they experience poor health.

Selling Health Insurance Across State Lines
During the campaign and after being elected, President Trump has touted the advisability of making it possible to purchase health insurance across state lines. Although this idea has some intuitive appeal, it has not escaped critical scrutiny. For example, the National Academy for State Health Policy (NASHP) indicated that while insurers often provide products in multiple states, it is not the same as selling across state lines, which involves meeting the requirements of plans sold in a home state and selling it to states that may have different regulations. Although many states have introduced such legislation, only five have enacted laws, but none has sold plans across state lines.

Critics have raised other pertinent issues that can influence the ability to sell health insurance products across state boundaries. An example could be the high cost of creating provider networks in new markets. Factors that also need to be taken into account are: benefit mandates, regulations, health care practice patterns, provider supply, consolidation, market power, pricing, and consumer demand.

Proposed Updates To ACA Regulations
The Centers for Medicare and Medicaid Services (CMS) on February 17, 2017 proposed updates to the regulations implementing the Affordable Care Act (ACA) to increase choice and improve the risk pool in the public health insurance exchanges. This rule proposes changes that would help stabilize the individual and small group markets. It would amend standards relating to special enrollment periods, guaranteed availability, and the timing of the annual open enrollment period in the individual market for the 2018 plan year; standards related to network adequacy and essential community providers for qualified health plans; and the rules around actuarial value requirements.
DEVELOPMENTS IN HIGHER EDUCATION

The U.S. Senate on February 7, 2017 confirmed Betsy DeVos, a Republican advocate and donor to K-12 charter schools and voucher programs, as the new Secretary of Education on a tied vote that was broken by Vice President Michael Pence.

**Streamlining And Focusing Federal Regulations On Higher Education**

Testimony at a House Committee on Education and the Workforce hearing on February 7, 2017 was provided by William E. “Brit” Kirwan, Chancellor Emeritus of the University System of Maryland and Co-Chairperson of the Senate Task Force on Federal Regulation of Higher Education. He addressed the need to streamline and refocus federal regulations that have an impact on higher education. He stated that the charge of the Senate Task Force was to study and recommend ways to reduce the federal regulatory burden on colleges and universities, while maintaining important protections for students, families, and taxpayers. Although many regulations are well developed, address critically important issues, and provide appropriate measures of institutional accountability, too many of them are poorly framed, confusing, overly complex, ill conceived, or poorly executed. Some are even wholly unrelated to the mission of higher education. Costs associated with compliance are one of the factors that drives rising tuitions and harming affordability efforts. The reality is that these costs almost always are passed on to consumers in the form of higher prices.

The task force report highlighted 10 of the most problematic regulations. For example, regulations can stifle innovations in distance education unnecessarily. Historically, the federal requirements for state authorization of distance education programs were limited to the state where the institution physically was located. The Department fundamentally altered that landscape by notifying institutions that they would need to meet the state authorization laws of every state in which even just one of their students was physically located. Congress should clarify the historical and long-standing interpretation of the HEA state authorization provisions so that resources can be redirected to target access, affordability, and educational innovations. Since issuing the task force report, the Department has continued regulatory efforts by releasing a new distance education rule on December 19, 2016 that underwent an expansion from two sentences in the 2010 regulation to nearly two pages, along with 30 more pages of explanatory text. The Department also found it necessary to issue a letter “clarifying” the rule, even though it is not set to take effect until July 2018.

**Role Of Accreditation In Combating Fraud, Waste, And Abuse In Higher Education**

The annual conference of the Council for Higher Education Accreditation (CHEA) that was held in Washington, DC on February 1, 2017 featured a presentation by Senator Elizabeth Warren (D-MA) who called for accrediting agencies to play a more active role in fighting fraud, waste, and abuse in higher education. She believes that accrediting agencies should be more aggressive and work with the federal government to share information and determine if schools are cheating students. Her aim is to reintroduce in the current 115th Congress a revised version of her proposed Accreditation Reform and Enhanced Accountability Act (S. 3380), which she and Senators Dick Durban (D-IL) and Brian Schatz (D-HI) originally introduced last year as part of the reauthorization of the Higher Education Act. The proposed law would have accreditors focus on metrics such as graduation rates, loan repayment rates, loan default rates, and job placement rates as they evaluate schools.

Warren said lax oversight permeates the accrediting field, citing a 2014 U.S. Government Accountability Office (GAO) report, which found that accreditors terminated the accreditation of less than 1% of their member schools. The report also noted how accreditors were no more likely to issue terminations or probations to schools with weaker student outcomes compared to schools with stronger student outcomes.
**QUICK STAT (SHORT, TIMELY, AND TOPICAL)**

**Federal “Meaningful Use” Program Leads To Reduction In Adverse Drug Events**
Adverse drug events fell by 67,000 between 2010 and 2013 as the result of the federal “meaningful use” program that offered financial incentives to hospitals for using certified electronic health records, according to a new Agency for Healthcare Research and Quality (AHRQ) study that was published on February 16, 2017 in the *Journal of the American Informatics Association*. Adverse drug events are harms experienced by a patient as a result of exposure to a medication, which affects nearly 5% of hospitalized patients and can be deadly. To minimize such harms, the Centers for Medicare & Medicaid Services (CMS) initiated the meaningful use program in 2010, awarding financial incentives to hospitals and physicians adopting specific information technology (IT) capabilities, such as computerized prescriber order entry. Growth in meaningful use-related IT explained 22% of the observed reduction in adverse drug events in the first three years of the program.

**Emergency Department Visits Resulting From Injury And Illness In Older Patients**
The emergency department (ED) plays a critical role in treating acute medical problems in older adults where injury visits make up an important subset of this care. The percentage of the U.S. population aged 65 and over has grown and it is projected to continue rising from 14% in 2012 to 20% in 2030. Nationally representative data from the *National Hospital Ambulatory Medical Care Survey (NHAMCS)* published in February 2017 indicate that during 2012–2013, this age group had an emergency department (ED) visit rate of 12 per 100 persons for injury and 36 per 100 persons for illness. Women had a higher ED visit rate for injury (14 per 100 women) compared with men (10 per 100 men), but there was no difference between women and men in the visit rate for illness. The percentage of injury visits resulting in hospital admission (17%) was lower than for illness visits (32%). The same pattern held for critical care admissions (2% compared with 5%).

**HEALTH TECHNOLOGY CORNER**

**Dietary Prebiotics May Improve Sleep And Buffer Impacts Of Stress**
Research has shed light on the health benefits of probiotics, the "good bacteria" found in fermented foods and dietary supplements. Results of a first-of-its kind study published on January 10, 2017 in the journal *Frontiers in Behavioral Neuroscience* suggest that lesser-known gut-health promoters called prebiotics - which serve as food for good bacteria inside the gut -- also can have an impact, improving sleep and buffering the physiological impacts of stress. Prebiotics are dietary fibers found naturally in foods, such as chicory, artichokes, raw garlic, leeks, and onions. When beneficial bacteria digest prebiotic fiber, they not only multiply, improving overall gut health, but they also release metabolic byproducts. Some research suggests these byproducts also can influence brain function.

**Using Spinal Motor Neurons To Improve Prosthetic Arm Function**
Sensor technology for a robotic prosthetic arm detects signals from nerves in the spinal cord. Robotic arm prosthetics currently on the market are controlled by users twitching the remnant muscles in their shoulder or arm, which often are damaged. Fairly basic in its functionality, only one or two grasping commands can be performed, meaning that globally around 40-50% of users discard this type of robotic prosthetic. As reported in a study published February 6, 2017 online in the journal *Nature Biomedical Engineering*, detecting signals from spinal motor neurons in parts of the body undamaged by amputation, instead of remnant muscle fiber, means that more signals can be detected by the sensors connected to the prosthetic. It also means that ultimately more commands could be programmed into the robotic prosthetic, making it more functional. This technology can detect and decode signals more clearly, opening up the possibility of robotic prosthetics that could be far more intuitive and useful for patients.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

What Trump Voters Want In A Health Care Plan

Throughout the 2016 election season, candidate Donald Trump campaigned heavily on a pledge to repeal and replace the Affordable Care Act (ACA), a program that he called a “complete and total disaster.” Now that he has taken office, President Trump and Republicans in Congress are moving to follow through on their pledge. Yet, what remains unclear is the extent to which the various repeal and replacement proposals that currently are under discussion accord with what the ordinary citizens who voted for Trump actually want. The Kaiser Family Foundation conducted a listening session to find out what Trump desire the new administration and Congressional Republicans to include in an Affordable Care Act replacement plan. As shown in an Issue Brief, researchers found that among Trump voters enrolled in the ACA marketplace, the number one issue was affordability. The Issue Brief can be obtained at http://files.kff.org/attachment/Issue-Brief-Listening-to-Trump-Voters-with-ACA-Coverage-What-They-Want-in-a-Health-Care-Plan.

Health Care Data Breaches

The number of U.S. data breaches tracked in 2016 hit a record 1,093, including 377 incidents in the health care and medical field that involved 15,942,053 records, according to a report by the Identity Theft Resource Center. Hacking/skimming/phishing attacks were the leading cause of data breach incidents for the eighth consecutive year, accounting for more than half of breaches reported in the business, educational, health care, government/military, and financial sectors. The company defines a breach as an event in which an individual’s name plus social security and driver’s license numbers, medical or financial record, or credit/debit card is potentially placed at risk, either in electronic or paper formats. The report can be obtained at http://www.idtheftcenter.org/images/breach/2016/DataBreachReport_2016.pdf.

Health Expenditure Variations Across The U.S. Population

According to the Peterson-Kaiser Health System Tracker, a small portion of the population accounts for a large share of health care spending in a year. Patients with serious or chronic illnesses require more and higher-cost health services than those who are younger or otherwise typically in need of fewer and less costly services. In 2014, half of the population accounted for 97% of health spending. The 5% of patients who spend the most on health care spend an average of around $47,000 annually; individuals in the top 1% have average spending of over $107,000. At the other end of the spectrum, the 50% of the population with the lowest spending accounted for 3% of all total health spending. Average spending for this group was $264. The tracker can be obtained at http://www.healthsystemtracker.org/chart-collection/how-do-health-expenditures-vary-across-the-population/.

Hospitals Effectively Containing Health Care Costs

Hospitals and health systems have been leaders in controlling costs in the health care sector, with hospital price growth in 2015 at the slowest annual rate since 1998 and Medicare spending growth for hospital services at its lowest level in 17 years, according to a data Brief from the American Hospital Association (AHA). The Brief can be obtained at http://www.aha.org/content/17/costofcaringfactsheet.pdf.
Trends

COMPARISON OF U.S. STUDENTS WITH INTERNATIONAL PEERS

A compilation of findings developed by the Pew Research Center enables a comparison to be made between U.S. students and their peers from other nations. The findings have implications for the health professions because students who wish to enroll in health sciences academic programs will need an adequate foundation in those areas.

One of the largest cross-national tests is the Programme for International Student Assessment (PISA), which every three years measures reading ability, mathematics, science literacy, and other key skills among 15-year-olds in dozens of developed and developing countries. The most recent PISA results, from 2015, placed the U.S. in 38th place of 71 countries in mathematics and 24th in science. Among the 35 members of the Organization for Economic Cooperation and Development (OECD), which sponsors the PISA initiative, the U.S. ranked 30th in mathematics and 19th in science.

Younger American students fare somewhat better on a similar cross-national assessment, the Trends in International Mathematics and Science Study known as TIMMS. It has tested students in grades four and eight every four years since 1995. In most recent tests from 2015, out of 48 countries, 10 had statistically higher average fourth-grade mathematics scores than the U.S. while seven countries had higher average science scores. In the eighth-grade tests, seven out of 37 countries had statistically higher average mathematics scores than the U.S., and seven had higher science scores.

A U.S. Department of Education testing effort is the National Assessment of Educational Progress (NAEP). The most recent findings are from 2015, showing that average mathematics scores for fourth- and eighth-graders fell for the first time since 1990. The average fourth-grade NAEP mathematics score in 2015 was 240 (on a scale of 0 to 500), the same level as in 2009 and down from 242 in 2013. The average eighth-grade score was 282 in 2015, compared with 285 in 2013, the lowest since 2007. NAEP rated 40% of fourth-graders, 33% of eighth-graders and 25% of 12th-graders as “proficient” or “advanced” in mathematics.

NAEP also tests U.S. students on science, though not as regularly, and the limited results available indicate some improvement. Between 2009 and 2015, the average scores of both fourth- and eighth-graders improved from 150 to 154 (on a 0-to-300 scale), although for 12th-graders the average score remained at 150. In 2015, 38% of fourth-graders, 34% of eighth-graders and 22% of 12th-graders were rated proficient or better in science while 40% of 12th-graders were rated “below basic.” These results do not generate much surprise. A survey of members of the American Association for the Advancement of Science found that just 16% called U.S. K-12 STEM (science technology, engineering, mathematics) education the best or above average while 46% said it was below average.

LOCATION, LOCATION, LOCATION

The importance of location does not apply exclusively to real estate. A Population Reference Bureau report in February 2017 indicated that social, economic, demographic, and physical characteristics of communities may influence older residents’ health and well-being. Older residents of economically disadvantaged neighborhoods are more likely to have chronic health and mobility issues and die at younger ages compared with older residents in more affluent communities. Neighborhood conditions can affect the likelihood of older adults having functional limitations, such as difficulty walking. The stress of living in disorderly neighborhoods (measured by the presence of trash, vandalism, safety problems, and broken curbs and sidewalks) appears to take a toll on the cognitive functioning of residents. Neighborhoods with more resources—parks, recreation centers, community centers, libraries—may buffer residents’ cognitive decline by creating greater opportunities for social interaction and physical activity.