There once was a time, and what a time it was, when high school students were required to take two years of Latin. Although the benefits of doing so may not have been immediately apparent to them at the time, a subsequent pursuit of studies in the biological sciences and law was facilitated by an easier grasp of the meanings of words rooted in Latin origins. Meanwhile, a rough translation into English of the title of this article is “Anyway, someone has to do it.”

A great deal of the literature on health care has a focus on the various kinds of professionals who furnish it. Yet, there is a dimension that may not be receiving the amount of attention that it deserves and the consequences of not doing so will have serious implications for the health workforce of tomorrow. Health professionals are affected by the increase in the segment of the population age 65 and older. Baby boomers who began turning 65 and aging into Medicare in 2011 at the rate of 10,000 per day will swell the estimated U.S. population aged 65 or older from 39.7 million to 92 million in 2060. In the year 2056, for the first time, the U.S. population 65 and older will outnumber those younger than age 18.

AARP indicates that in 2013, about 40 million family caregivers in the United States provided an estimated 37 billion hours of care to adults with limitations in daily activities. The estimated economic value of their unpaid contributions was approximately $470 billion in 2013, up from an estimated $450 billion in 2009. Thus, a challenge is how to transform a system of long-term services and supports to promote independence among older adults and patients with disabilities, and provide support for the family members who help them.

The share of Medicare beneficiaries with three or more chronic conditions will jump sharply between 2010 and 2030, increasing from 26% to 40%. Women are more likely than men to be affected in this manner, in part because they have longer life expectancies. Many of these individuals are caregivers to other chronically ill persons. Approximately 65% of caregivers are female, and of all caregivers, nearly 40% are 55 years of age and older. With lower incomes than men on average, many women need long-term care services without having the resources to pay for them. Women also are the primary providers of long-term care since the vast majority of both low paid, formal long-term care workers and unpaid, informal caregivers are women.

An adequate supply of competently prepared health professionals is needed to address health care needs. Current personnel shortages help to foster situations in which relatively smaller numbers of individuals find it necessary to perform extra amounts of work, which can hasten the onset of the problem of professional burnout. If some of these workers also must provide informal health and health-related forms of care for loved ones, their daily burdens may become so overwhelming that their own health status will be placed in jeopardy. An important question then becomes, “Who will be left to care for the caregivers?”
I want to dedicate my final column to the memory of John Short, former president and CEO of RehabCare Group. John died earlier this year in a plane crash in central Idaho. John worked with me to create the Allied Health Research Institute (AHRI) in an effort to create better communication and collaboration between academia and industry since at the time this was not a priority within ASAHP. I am very proud that John lived long enough to see the work of AHRI incorporated within ASAHP to include a Board seat dedicated to an industry/employer representative. John was very grateful that ASAHP was open to this new organizational model and pleased to see the work of AHRI embraced and enhanced via this new organizational model. I consider this one of the major and lasting accomplishments that occurred during my two-year term as your president. John Short was a true visionary and he would be extremely pleased to see the many ways in which we are working together to enhance health professions education and clinical practice. To this end, the ASAHP Board of Directors has made leveraging our relationships with our corporate partners one of the top three priorities for the coming year. If John Short was still with us he would be flashing his broad and engaging smile.

In addition to leveraging our corporate relationships, other priorities identified by the ASAHP Board of Directors for the next year include clinical education and state authorization. These priorities came out of a process where the Board revisited and reaffirmed the ASAHP Strategic Plan and current committee structure. Subsets of the three global priorities will be aligned with the appropriate standing committees and ASAHP President Linda Petrosino will appoint committee chairs and also help implement a more focused committee membership structure. An ASAHP Board liaison will also be identified to work with each committee.

Many of us have just returned from our very successful annual meeting in Scottsdale. We were able to reconnect with our many colleagues as well as hear from a wide variety of interesting and engaging speakers. One of the highlights was recognizing those individuals receiving special recognition at our Awards Dinner. Individuals receiving awards included:

* Fellows Award - Cynthia Hughes Harris *(Florida A & M U.), Phyllis King *(U. of Wisconsin-Milwaukee), Lou Loescher-Junge *(U. of Kansas), John Sigg *(Ithaca College), and Teri Stumbo *(Des Moines U.)*

* Elwood Scholar - Schayla Hopkins,* a student at Winston-Salem State U.

* J Warren Perry Distinguished Author Award - Timmerie Cohen and Jeffrey Legg* *(Virginia Commonwealth U.)*

* Cultural Pluralism Award - Andrea Hunter* *(U. of North Carolina Greensboro)*

* Distinguished Service & Achievement Award - Thomas Elwood* *(ASAHP Publications)*

* Darrel C. Mase Presidential Citation - Linda Petrosino* *(Ithaca College)*

* Outstanding Member Award - Celia Hooper* *(U. of North Carolina Greensboro)*

* Alpha Eta Awards: Lee Holder Award for Excellence in Graduate Allied Health Education - Rebecca MacMeill and the Sidney D. Rodenberg Memorial Scholastic Award - Lauren Duffy*

I will close this column by thanking everyone for supporting me and ASAHP over the two years of my presidency and for the wonderful gift presented to me at the Awards Dinner. I am extremely pleased to pass the gavel to our new president, Linda Petrosino. She has worked with the ASAHP Board of Directors to lay out an exciting plan of action and a committee restructuring process that will yield great outcomes for the organization and for our membership. My very best wishes go to Linda as she begins her term of office. Once again thanks to everyone for making ASAHP a leading interprofessional voice for better health and health care. I hope you have a very Happy Thanksgiving!

Rich Oliver
FEDERAL BUDGET AGREEMENT REACHED

The Senate approved by a vote of 64-35 a two-year budget agreement (H.R. 1314) on October 29 that would raise the caps on discretionary spending above sequestration levels in fiscal years 2016 and 2017 and extend the statutory limit on the federal debt until early 2017. The House passed the measure earlier by a vote of 269-167. The Bipartisan Budget Act of 2015 increases discretionary spending caps by $50 billion in FY 2016 and $30 billion in FY 2017, which will be split evenly between defense and non-defense discretionary programs.

The budget agreement suspends the statutory limit on public debt until mid-March 2017, at which point the limit will be increased by the amount of debt that has been accumulated. A provision was included to prevent a significant premium increase for many Medicare enrollees. One-third of beneficiaries are not protected by a “hold harmless” provision that prevents their premiums from rising more than their Social Security paychecks. These individuals would have been subject to a 52% premium hike in 2016 without the budget measure, which includes a loan from the federal government paid for by future premium hikes. The budget measures are partially offset by extending the sequester on Medicare and other mandatory spending programs by one year through FY 2025.

As one means of offsetting the cost of the agreement, the bill authorizes the sale of 58 million barrels of oil over ten years, worth an estimated $5 billion, from the Strategic Petroleum Reserve. This proposal is of some concern because the 21st Century Cures Act (H.R. 6) proposed the sale of 80 million barrels of oil to help offset the cost of the National Institutes of Health Innovation Fund created by the legislation. The budget deal also will be paid in part through repeal of an Affordable Care Act (ACA) requirement that would have forced large employers to enroll new employees in health plans automatically.

Now that legislators have revised top line spending amounts, they can begin to use the extra discretionary money to advance either 12 individual spending bills or a single omnibus package. The House is expected to produce an omnibus spending package to complete the FY 2016 appropriation bills. The current continuing resolution that enables the government to maintain operations expires on December 11.

2015-2016 ASSOCIATION CALENDAR OF EVENTS

September 8, 2015—Institutional Profile Survey Data Collection Period Opened

November 30, 2015—Institutional Profile Survey Data Collection Period Closes

March 15-16, 2016—Leadership Development Program in Louisville, KY—Part I

March 17-18, 2016—Spring Meeting in Louisville, KY

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

October 19-21, 2016—Annual Conference in New Orleans
AFFORDABLE CARE ACT DEVELOPMENTS

Health Insurance Exchange (HIX) Premium Costs In 2016
Average premiums for silver-level benchmark plans sold in the federally-facilitated health insurance exchanges (HIX) will increase by 7.5% in 2016, according to a recent analysis from the U.S. Department of Health and Human Services (HHS). Premiums vary across states based on population density, the concentration of HIX enrollees, changes in the number of participating health plans in each market, and other market dynamics. Approximately eight in 10 returning customers will be able to purchase a plan with a monthly premium of less than $100 after tax credits while seven out of 10 will be able to purchase a plan with a premium of less than $75 a month. Silver plans cover nearly 70% of total HIX enrollees. HHS uses the second-lowest cost silver plan as the benchmark plan to calculate advanced premium tax credits for consumers.

The number of companies and organizations that plan to offer health insurance on the federal marketplace has remained fairly stable. Consumers will have 47 different plan options on average in 2016, down from 55 in 2015, and will have the choice of plans offered by five different insurance companies, the same as the previous year. The third open enrollment period for the exchanges opens on November 1. Consumers in 37 states will use the Healthcare.gov platform in 2015.

Adequacy Of Outpatient Specialty Care Access In Marketplace Plans
According to a Research Letter published in the October 27, 2015 issue of the Journal of the American Medical Association, as many as 14% of health plans sold on the federal government’s health insurance marketplace lack at least one common specialty in their networks. Physician directories of 135 health plans across the 34 states that sold insurance through the federal exchange during the 2015 open enrollment period were examined, with 19 plans lacking in-network specialists. Providers in psychiatry, rheumatology, and endocrinology were the specialists most likely to be left out of network. The study also found that while some plans included these specialists in network, providers could be located as far as 50 to 100 miles outside of the most populous city where each plan was offered. Five of the 19 plans do not cover any of the expenses for out-of-network visits, while 11 plans require the patient to pay at least half of the cost of the visit.

Nearly Half of Federal Spending in 2015 Will Be for Major Entitlement Programs
Split Almost Evenly Between Social Security and Health Spending

Federal Revenues
($3.19T, excluding borrowing)

- Other Revenue: 8.2%
- Payroll Taxes: 28.2%
- Corporate Income Taxes: 4.9%
- Individual Income Taxes: 61.0%
- Borrowing (Deficit): 12.3%

Federal Spending
($3.67T, net offsetting receipts)

- Net Interest: 6.2%
- Non-Defense Discretionary: 16.1%
- Defense Discretionary: 15.9%
- Other Discretionary: 13.3%
- Other Mandatory Spending: 23.6%
- Social Security: 10.7%
- Medicare, CHIP & ACA Subsidies: 14.3%

Source: Congressional Budget Office, "Updated Budget Projections: 2015 to 2025," March 2015. Other Mandatory Spending includes income security programs such as the EITC, TANF, SNAP (food stamps), school lunches, Supplemental Security Income, and unemployment compensation. Federal civilian and military retirement benefits; other income security and education benefits for veterans; and other programs such as student loans and Pell grants. Non-defense discretionary spending includes education, training, employment, and social services activities; disaster relief; transportation; certain non-mandatory income security programs and veterans’ benefits; various health programs; international affairs; and law enforcement. Most defense spending is discretionary and covers costs for military personnel, operations and maintenance, and procurements.
The Association conducted its Business Meeting on October 28, 2015 during the Annual Conference in Scottsdale, AZ. President Richard Oliver provided a summary of work undertaken by the Board of Directors, including:

- Based on a concern about the availability of a sufficient number of clinical education slots, the Board is looking at new models to prevent future problems for ASAHP members.

- Partnerships with corporate members are beginning to flourish. In Spring 2016, ASAHP will meet in Louisville, home of Kindred and several other major health care corporations. The Spring Meeting will have a strong emphasis on strengthening relationships with employers who hire graduates of ASAHP member institutions.

- Past President Richard Talbott continues to represent ASAHP in the National Academy of Medicine’s *Global Forum on Innovation in Health Professional Education*.

- Board Member Peggy Valentine is participating on the Advisory Committee on Interdisciplinary, Community-Based Linkages of the Health Resources and Services Administration (HRSA), which is expected to recommend to Congress that funding should be restored for allied health.

- Governmental advocacy efforts have focused most recently on the detrimental impact of the Department of Education’s state authorization regulation.

- During the Board Meeting on October 27, half the day was spent editing the Association’s *Strategic Plan* and discussing it in a SWOT analysis, focusing on structural changes for it to become more effective. The focus was on clinical education, state authorization, and corporate engagement. Ample funds are available to carry out key initiatives.

- The Board also discussed working with students in a new organization sponsored by ASAHP. President-Elect Linda Petrosino indicated that the five strategic areas of the Plan remain the same, but will be addressed through smaller groups, allowing ASAHP to make progress and measure outcomes. A Board Member has been assigned to each of these areas.

Treasurer Kevin Rudeen reviewed data from the October 27 Board meeting regarding the budget. The Association has $1.66 million in investments (including nearly $500,000 in cash for operating expenses), as of September 30, 2015. In total, there are more than $2 million in assets.

Secretary Celia Hooper presented Minutes from a previous Business Meeting held during the 2015 Spring Meeting in Myrtle Beach, SC. They were accepted as presented.

Executive Director John Colbert mentioned that the *Leadership Development Program* will begin in the spring. ASAHP members are encouraged to nominate candidates. During the past summer, Richard Oliver and Linda Petrosino met with members of the Department of Education to discuss state authorization. Efforts will continue to press this issue, but the problem can only be resolved in the reauthorization of the Higher Education Act. The challenge is philosophical. The Republican leadership in Congress believes strongly in states’ rights and is reluctant to dictate what measures states can take to determine whether an out-of-state institution has a “physical presence” in a state triggering state authorization.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

**Extent Of Marijuana Usage In The U.S.**
About one in 10 Americans reported using marijuana in 2012-2013, more than double the share in 2001-2002, according to a study published October 21, 2015 online by *JAMA Psychiatry*. The prevalence of marijuana use disorders nearly doubled over the period to about 3%. Adults under age 30 had the highest risk for marijuana use and use disorders in 2012-2013, at about 21% and 8%, respectively. The findings are based on surveys by the National Institute on Alcohol Abuse and Alcoholism, part of the National Institutes of Health. The results show that marijuana use in the United States has risen rapidly over the past decade, with about 3 in 10 individuals who use this substance meeting the criteria for addiction. According to the agency, 23 states now have medical marijuana laws, while four states and the District of Columbia have legalized marijuana for recreational use.

**Hispanics In The Nation’s Fastest Growing Occupational Fields**
According to a new paper from the Center on Education and the Workforce at Georgetown University, over the next 10 years 55 million new jobs will be created in the United States. Of those newly created jobs, 65% will require education beyond high school. The fastest-growing fields in the U.S are: Health Care, STEM (Science, Technology, Engineering, and Mathematics), Consulting, Marketing, and Finance. Even though Hispanics represent 17% of the total population, they have low concentrations of degree holders in those growing fields. For example, in the Health Care field (or major grouping), 6.5% are Hispanic. In STEM, Hispanics are represented as follows: General Engineering (11%), Computer and Information Systems (9%), and Mathematics (6%). In the Business field, Hispanics are represented at 7% in Finance and 6% in Marketing. Hispanics who majored in Pharmacy and Pharmaceutical Sciences and Administration have the highest median earnings at $90,000. Surprisingly, one major profession located near the bottom is engineering. Hispanics who majored in biomedical engineering earn a median of $43,000 per year because a large portion end up working in lower paying occupations.

HEALTH TECHNOLOGY CORNER

**Synthetic Skin Developed For Prosthetic Limbs**
The development of prosthetic limbs has made it possible to restore some degree of function to patients who have undergone amputations. Inadequate tactile feedback that makes it possible to send information to the brain has been a main shortcoming of prosthetic limbs. According to an article in the October 16, 2015 issue of the journal *Science* entitled, “A Skin-Inspired Organic Digital Mechanoreceptor,” scientists at Stanford University have developed a synthetic skin that responds to touch and can transmit signals. Miniscule transmitters distributed in layers below the layer of the skin can send signals without having to rely on a computer microprocessor.

**Using “Digital Pills” To Increase Medication Adherence**
Non-adherence to medication can result in poor outcomes and increase health care costs because of avoidable follow-up treatments, visits to the emergency room, and treatment failure. Researchers at the University of Massachusetts Medical School launched a pilot study to explore this challenge through the use of an ingestible sensor or “digital pill,” making it possible to monitor patients taking oral medications. Described in the online October 6, 2015 issue of the *Journal of Medical Toxicology*, the study will explore the use of a gelatin capsule with an embedded wireless sensor designed to hold medicine. Patients in the study will take the medicine as they normally would and the capsule will dissolve in the body. Once ingested, stomach acid will activate the transmitter-containing pill and a small hip-mounted device then would download critical information to the Web.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Educating Health Professionals To Address The Social Determinants Of Health

An open session meeting of the National Academy of Medicine Board on Global Health consensus study committee was held at the National Academy of Sciences in Washington, DC on September 15, 2015 to discuss “Educating Health Professionals to Address the Social Determinants of Health.”

Health Care Cost And Utilization


Solutions For Filling Gaps In Accountable Care Measure Sets

Medicare’s Shared Savings Program (MSSP) contracts with accountable care organizations (ACOs) and provides financial rewards to ACOs that provide high-quality, low-cost care. One question is whether or not the MSSP program does a good job of defining quality. A paper examines what constitutes high-quality of care for 20 high-cost and highly prevalent diseases. The authors used quality of care recommendations from medical specialty societies and patient advocacy groups. They found measure gaps across all 20 conditions, including those conditions that are commonly addressed in current measure sets. Many gaps could not be filled by existing measures. Quality measurement is a good thing, but as CMS transitions more and more to value-based purchasing, it may be useful to wonder whether tying 90% of reimbursement to value-based metrics is too much of a good thing. The paper can be accessed at [http://www.ajmc.com/journals/issue/2015/2015-vol21-n910/Solutions-for-Filling-Gaps-in-Accountable-Care-Measure-Sets](http://www.ajmc.com/journals/issue/2015/2015-vol21-n910/Solutions-for-Filling-Gaps-in-Accountable-Care-Measure-Sets).

U.S. Obesity Rates & Trends

According to the most recent data released, rates of obesity now exceed 35% in three states (Arkansas, West Virginia and Mississippi), 22 states have rates above 30%, 45 states are above 25%, and every state is above 20%. Arkansas has the highest adult obesity rate at 35.9%, while Colorado has the lowest at 21.3%. More than a third of adults (34.9%) were obese as of 2011 to 2012. More than two-thirds of adults were overweight or obese (68.6%). Approximately 17% of children and teenagers (ages 2 to 19) were obese from 2011 to 2012, and 31.8% were either overweight or obese. Reports can be accessed at [http://stateofobesity.org/adult-obesity/](http://stateofobesity.org/adult-obesity/) and [http://stateofobesity.org/obesity-rates-trends-overview/](http://stateofobesity.org/obesity-rates-trends-overview/).
2016 ASAHP LEADERSHIP DEVELOPMENT PROGRAM

As described more fully in the October 15 and November 1 issues of the biweekly ASAHP UPDATE, the Association will conduct its next Leadership Development Program in 2016. The first session will occur on March 15-16 immediately prior to the start of the ASAHP Spring Meeting in Louisville, KY. The second session will occur on October 17-18 immediately prior to the ASAHP Annual Conference in New Orleans, LA. Participants will work on group and individual projects between those two sets of dates.

No fewer than 10 and not more than 15 participants will be selected. Normally, no more than one individual will be chosen from any single member institution. Priority will be given to department chairpersons/directors, associate/assistant deans, and new deans (appointed within the previous 24 months at the time of applying). Self-nominations are permissible.

Depending on the nature of group projects, two of them from earlier iterations of this program were used as a basis for preparing articles that were published in the Journal of Allied Health. Also of interest is that several individuals who participated in the program eventually became deans. Although ASAHP’s offering cannot be considered as the direct cause of those career elevations (post hoc ergo propter hoc), there is some degree of satisfaction in believing that the program may have contributed to this outcome in some way, no matter how minor.

2015 NATIONAL ALLIED HEALTH WEEK

National Allied Health Week this year is being observed on November 1-7. The College of Allied Health at the University of Oklahoma Health Sciences Center will present a series of lectures to mark the occasion. The following speakers are featured:

- **Bryan Beckedahl**, a 29-year cancer survivor who has taken his misfortune of being diagnosed with a rare form of cancer and turned it to a positive experience, will discuss the two sides of being handicapped. He will share stories of his experiences in the working world with humor, philosophy, and thought-provoking ideas and how patient care should be approached in a compassionate and humane manner for those with and without handicaps.

- **Maria Petzel**, a Senior Clinical Dietitian at the University of Texas M. D. Anderson Cancer Center who is certified in both oncology nutrition and nutrition support, will discuss the development and implementation of a multidisciplinary study of preoperative rehabilitation for patients who will undergo surgery for pancreatic cancer. This home-based, provider-supervised preoperative rehab program includes exercise and nutrition interventions.

- **Julie M. Fritz**, a Professor in the Department of Physical Therapy and Associate Dean for Research in the College of Health at the University of Utah in Salt Lake City, will focus on how continually escalating costs have increased the focus on obtaining value from health care services and how improvements will require maximizing the improvement in patient-centered outcomes relative to the resources used to provide treatment.

- **Tracy Lynn Grammer** is a speech language pathologist with twenty-four years of experience working with adults experiencing a variety of cognitive-communication disorders that include cognitive dysfunction, aphasia, dysarthria, dysphasia, and apraxia. Her presentation will examine interprofessional approaches to treating adults with traumatic brain injury. She served for five years as the president of the Brain Injury Association of Oklahoma.