TECHNOLOGY, HEALTH WORKFORCE, AND CARE GIVING

The Latin expression *alicui tamen faciendem est* roughly translates into “Anyway, somebody has to do it,” which quite aptly sums up the challenge of addressing the health care needs of the rapidly growing number of adults who are both 65 years of age and older as well as other individuals striving to live successfully with disabilities. A confluence of developments in technology, the nature of the health workforce, and a substantial army of informal, unpaid caregivers, is playing an instrumental role in shaping the changing landscape of the health domain.

The workforce consists of a great many professions that come under the rubric of allied health. Depending on the kind of profession and the venues in which representatives of these groups operate, a wide spectrum of services ranging from prevention to rehabilitation care is offered. The nature of the work varies depending on whether the focus is on: (1) healthy individuals with the aim of maintaining present health status, (2) the vast number of patients with some form of disability with the aim of preventing further deterioration of their health, or (3) patients who have reached the last chapter of their lives with the aim of mitigating their suffering. Different skills are necessary to perform satisfactorily in these three situations while an increased emphasis simultaneously is being placed on achieving greater amounts of cooperation and coordination at the interprofessional level.

Meanwhile, overwhelmingly large proportions of patients consistently indicate that they want to remain in their own homes instead of having to reside in an institution during their later years. Unfortunately, not all of them will enjoy being able to obtain care in the home from spouses and other family members. Equally doubtful is whether there will be a sufficient number of health professionals to provide whatever level of care is necessary regardless of setting. Medicine furnishes a good example based on projections showing that not enough physicians across a wide range of professions are being produced. Moreover, cases of burnout may contribute to a depletion in the current ranks by doctors who express a desire to discontinue practicing. The extent to which physician assistants, nurse practitioners, and allied health professionals might fill existing medical gaps will depend not only on the ability to change scope of practice laws, but also on being able to attract enough qualified candidates to enroll in and complete academic programs.

A possible remedy is the role that advances in technology may play as a substitute for direct hands-on care. Smartphones enable individuals to monitor their own health. Devices that are part of watch straps and various apps are capable of aiding in diagnosis. Mobile applications can be used to improve medication adherence while telehealth eliminates the travel necessary to obtain conventional treatment. Remote patient monitoring systems continue to be a promising and growing area of healthcare technology. Socially assistive robotic systems are being developed to aid in providing stroke rehabilitation and mental health care in the home. *Paro, Relay, Pillo*, and *Pepper* are among the different types of robots designed to be at-home companions for patients in their own domestic setting.
In my message in the November 2017 issue, I indicated that I will be asking some of you to send a photo and answer a series of “fun” questions to be shared with our membership so that we can continue our collegiality through our newsletter. The second of many profiles is presented as follows:

Name and Title: Jon Williamson, Dean, UT Southwestern School of Health Professions

Place of birth: Greenville, Texas

University: The University of Texas, Austin

How long have you been in your position? Two years as of September 2017

What’s the value of a university education? A university education can create greater opportunity.

What is the value of ASAHP? ASAHP has the collective expertise to significantly impact healthcare through the quality of education and interprofessional training of future providers.

Your philosophy on education in seven words: Education is gift to be shared.

Before I retire I want to: Have enough money to retire.

In college, I was known for: Not being in class very often (but still passing…)

What music is playing in my car/office? Mix of rock, pop, rap, country, classical and alternative

The last book I read for fun was: Outliers, Malcom Gladwell

My favorite trip was: With my family to Puerto Rico

If I could travel anywhere it would be: Somewhere I have not been.

The best advice I ever received was: To stay in school.

My hobby is: Trying to golf, after a very long hiatus.

My passion is: Trying to make things a little better every day.

My pet peeve is: Being surprised.

A perfect day is: Still on my bucket list

Cats or dogs? Dogs, cats just won’t listen to me.

E-book or hardback? Actually, listening to an audio book.

Beach or mountains? No strong preference, all vacations are good.

I wish I could: Control time.

Only my friends know I: Could win a gold medal for snoring.

My favorite saying is: “You can change people, or you can change people.”
ADMINISTRATION’S FY 2019 BUDGET RELEASED

The Trump Administration’s legislative priorities are outlined in a proposed federal budget for fiscal year 2019 that was released earlier this month. Central aspects of the plan call for reducing the deficit by $3.6 trillion over the next decade, including the imposition of $1.7 trillion in cuts to mandatory spending and receipts, along with a 2% yearly reduction in non-defense discretionary spending after 2019.

President Trump’s budget for the coming fiscal year represents an important delineation of his major policy goals, including changes he would like to see that involve repealing the Affordable Care Act (ACA), combating the opioid epidemic, addressing the problem of high-priced pharmaceutical products, and reforming both Medicare and Medicaid. The extent to which his version of the budget will be implemented must be decided by Congress where opposition traditionally can be expected.

An example of how the ACA would be affected is a call to replace subsidies on the exchanges with block grants to the states, a move estimated to produce $675 billion in savings over the next decade. Medicaid would be altered by requiring beneficiaries to prove their immigration status prior to receiving benefits and by increasing co-payments for unnecessary emergency department visits. Medicare would be modified by establishing an out-of-pocket spending cap for Part D beneficiaries and giving Part D plans greater range for negotiating with drug manufacturers by limiting formularies.

The National Institutes of Health (NIH) would be funded at the current level of $33.4 billion in FY 2019, a figure that does not include an additional $750 million for the agency’s role in addressing serious mental illnesses and combating the opioid abuse epidemic. Nevertheless, the proposal represents a funding reduction for NIH as a whole and 21 of its 27 institutes. On the administrative side of proposed changes, the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention’s (CDC) occupational safety center, and the Administration for Community Living’s National Institute on Disability, Independent Living, and Rehabilitation would be consolidated into the NIH. Shifts of that nature would entail additional Congressional action in the form of a reorganization because the NIH statutorily is restricted to having a total of only 27 institutes and centers.

The budget would eliminate all Title VII health professions and Title VIII nursing workforce programs under the Health Resources and Services Administration (HRSA) with the exception of flat funding for the National Center for Health Workforce Analysis ($5 million) and the Nurse Corps Scholarship and Loan Repayment programs ($83 million).

2018-2019 ASSOCIATION CALENDAR OF EVENTS

March 14, 2018—ASAHP Board Spring Meeting in Charleston, SC

March 14-15, 2018—Part One of Leadership Development Program in Charleston, SC

October 8-9, 2018—Part Two of Leadership Development Program in St. Petersburg, FL

October 10-12, 2018—ASAHP Annual Conference in St. Petersburg, FL

Fall 2018—Institutional Profile Survey Conducted

October 16-18, 2019—ASAHP Annual Conference in Charleston, SC
AFFORDABLE CARE ACT DEVELOPMENTS

Although Republicans in both the U.S. House and Senate have vowed repeatedly since 2010 when the Affordable Care Act became law that they wanted to repeal and replace it, divisions within their own ranks have prevented any comprehensive overhaul. Instead, they are compelled to rely on piecemeal alterations. As recently as December 2017 when tax reform legislation was enacted, they were successful in having the individual mandate eliminated. Another victory occurred on February 12 when President Trump signed the latest continuing resolution (CR) to maintain government funding at current levels through March 23 of this year. The agreement reached on Capitol Hill meant that the Independent Advisory Board (IPAB), a measure designed to help keep Medicare spending growth from rising above a set level, was eliminated. Unlike most aspects of the ACA, which Democrats wholeheartedly support and Republicans oppose, some Democrats agreed that it was time to jettison the IPAB. Currently, House Republicans are discussing the possibility of repealing the employer mandate, a provision that requires businesses with 50 or more employees to offer health coverage for their workers or face a financial penalty. Whether this effort will be met with success remains to be seen.

Worth pondering is that apart from what the federal government attempts to do to make high quality and affordable health care available for the population, events in the private sector will continue to have an impact on what eventually unfolds. Earlier this month, Amazon.com, Inc., Berkshire Hathaway, Inc. and JPMorgan Chase & Company announced that they would form a new organization to reduce health care costs and improve satisfaction among their more than one million employees. The ways in which they plan to accomplish these aims will be followed with considerable interest in the health care industry.

Funding Cost-Sharing Reductions And the Risk-Corridor Program
The previous page of this month’s issue of TRENDS describes some features of President Trump’s federal budget proposal for fiscal year 2019, which begins next October 1. Regarding the Affordable Care Act, he has signaled an interest in taking marketplace subsidies and Medicaid-expansion spending and converting them into a block grant program for the states. Coupling this proposed change with a request to fund cost-sharing reductions and the risk-corridor program fully has upset some Congressional members of his party. Last year, his Administration cut off the cost-sharing subsidies, which were payments made to insurance companies to cover the out-of-pocket costs of low-income consumers. The three-year risk-corridor program established by the Affordable Care Act was a cushion protecting insurers from extreme gains and losses in the marketplace, but it represented another set of controversial payment in the view of many Republicans. The program required profitable companies to pay into a fund to offset insurers that received higher medical claims. Insurers lost more money than they gained and at the end of 2014, Congress restricted the government’s ability to fill in any breach. Opponents of funding these two payment programs contend that restoring them not only would prop up a failing law, but would fail to stabilize the insurance markets.

Reversing Federal Limitations On Short-Term Insurance
Another new initiative favored by President Trump is to reverse federal limitations on short-term insurance, which does not have to comply with Affordable Care Act (ACA) market rules involving preexisting conditions, coverage of mental health services, and other benefits deemed essential. A new proposed role would rescind minimal restrictions that limit contract length to no more than three months, with no renewals. If implemented, regulation of short-term policies will be left almost entirely to the states, many of which have few, if any, standards in place.

Requiring Medicaid Beneficiaries To Work
The Administration recently approved Medicaid work requirements for Indiana and Kentucky, marking the first employment-based restrictions on this federal-state program. The requirements indicate that "able-bodied" individuals under 60 years of age need to work at least 20 hours a week, be enrolled in school, or participate in a job search program to receive benefits. Exemptions occur if a beneficiary is pregnant, a primary caregiver, medically frail, or receiving treatment for a substance use disorder.
Trends

DEVELOPMENTS IN HIGHER EDUCATION

Ten years have passed since the Higher Education Act (HEA) last was reauthorized. Efforts are underway on Capitol Hill to determine if reauthorization will occur in 2018. The Senate Health, Education, Labor, and Pensions (HELP) Committee conducted hearings in January and February, while over on the House side, H.R. 4508 was introduced in December 2017. It was passed by the House Education and Workforce Committee and awaits being moved to the floor of that chamber for a vote. As with most major pieces of legislation, there are partisan differences regarding the wisdom of what the bill aims to achieve.

Higher Education Act Hearing On Improving College Affordability
The Senate HELP Committee on February 6, 2018 held a hearing to discuss how to improve college affordability. Witnesses included the following:

Sandy Baum, a Fellow at the Urban Institute, stated that college affordability depends on more than tuition prices and other expenses students incur and the resources available at the time of enrollment. A program or an institution that does not support students in completing an education will turn out to be unaffordable. Congress should simplify the aid application process, make Pell grants more predictable and reliable, eliminate institutions with poor outcomes from federal aid programs, provide better information and guidance for students, and improve the income-driven system for student loan repayment.

Robert E. Anderson, President of the State Higher Education Executive Officers (SHEEO), indicated that an increased reliance on tuition dollars most adversely impacts those students who can least afford it. He recommended that the HEA reauthorization fund and implement a federal-state partnership that includes incentives for states to bring down college prices. These additional resources should be targeted and focused on outcomes, particularly the outcomes of underrepresented students. To improve rates of degree completion and increase educational attainment, resources must be increased at institutions serving the largest share of students at risk of dropping out.

Accreditation Challenges Posed By H.R. 4508
The Council for Higher Education Accreditation (CHEA) has identified aspects of this proposed legislation that are worrisome. A concern is that the bill’s accreditation provisions and its far-reaching implications for determination of quality, quality assurance, and quality improvement in higher education will upend accreditation, with powerful repercussions for both the recognized accrediting organizations and the institutions and programs they review. Some examples are:

- The bill establishes a single recognition standard – “student learning and educational outcomes,” removing the current 10 recognition standards in the law.

- It provides for differentiated review of institutions and programs, putting into law a practice that most accrediting organizations have long engaged – varying the scope and intensity of accreditation review based on past performance.

- It allows for waivers of accreditation requirements to encourage innovation.

- It allows institutions to change accreditors without accreditor approval, providing that there are no existing sanctions against the institution.

- It reduces the number of “substantive change” provisions or changes that institutions must submit to accreditors for approval, enabling institutions to move forward with more changes, e.g., curriculum.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

**Prevalence Of Depression Among U.S. Adults 2013-2016**

Major depression is a common and treatable mental disorder characterized by changes in mood and cognitive and physical symptoms over a two-week period. It is associated with high societal costs and greater functional impairment than many other chronic diseases, including diabetes and arthritis. Depression rates differ by age, sex, income, and health behaviors. According to data from the National Health and Nutrition Examination Survey, during 2013–2016, 8.1% of American adults aged 20 and over had depression in a given two-week period. Women (10.4%) were almost twice as likely as were men (5.5%) to have had depression. Depression was lower among non-Hispanic Asian adults, compared with Hispanic, non-Hispanic black, or non-Hispanic white adults. The prevalence of depression decreased as family income levels increased. About 80% of adults with depression reported at least some difficulty with work, home, and social activities because of their depression. From 2007–2008 to 2015–2016, the percentage of American adults with depression did not change significantly over time.

**Hypertension Prevalence And Control Among Adults: United States, 2015–2016**

Hypertension remains an important public health challenge in the United States because it increases the risk for cardiovascular disease. Effective blood pressure management has been shown to decrease the incidence of stroke, heart attack, and heart failure. During 2015–2016, the prevalence of hypertension was 29.0% and increased with age: age group 18–39 (7.5%); 40–59 (33.2%); and 60 and over (63.1%). Hypertension prevalence was higher among non-Hispanic black (40.3%) than non-Hispanic white (27.8%), non-Hispanic Asian (25.0%), or Hispanic (27.8%) adults. Prevalence of controlled hypertension was 48.3% and increased with age for men, but not women. Hypertension control was higher among non-Hispanic white (50.8%) than non-Hispanic black (44.6%) or non-Hispanic Asian (37.4%) adults. From 1999 to 2016, hypertension prevalence was unchanged. For controlled hypertension, prevalence increased from 1999 to 2010, but then did not change through 2016.

HEALTH TECHNOLOGY CORNER

**Blood Test Developed To Help Evaluate If Patients Experience A Concussion**

The U.S. Food and Drug Administration (FDA) on February 14, 2018 approved the first blood test to help evaluate whether an adult has suffered a concussion. It promises to reduce the number of computerized tomography (CT) scans ordered for these patients. Patients with concussion symptoms routinely are given a CT scan, but no signs of brain tissue damage are found in about 90% of cases. By using the blood test, which predicts with 99.6% accuracy when no signs of brain damage will be found on a CT scan, unnecessary scans, which are expensive and expose patients to significant levels of radiation, can be avoided. The blood test, developed by Banyan Biomarkers Inc., based in San Diego, California, detects two proteins that are released into the blood after traumatic brain injury. The U.S. Department of Defense provided more than $100 million to support the test’s development.

**Using Tears As A Biomarker For Detecting Parkinson’s Disease**

Tears may determine if an individual has Parkinson's disease, according to a preliminary study that will be presented at the American Academy of Neurology's 70th Annual Meeting in Los Angeles on April 21-27, 2018. Tears, which may be a reliable, inexpensive, and noninvasive biological marker of this disease, were investigated because they contain various proteins produced by the secretory cells of the tear gland, which is stimulated by nerves to secrete these proteins into tears. Because Parkinson's can affect nerve function outside of the brain, it was hypothesized by researchers at the University of Southern California that any change in nerve function may be seen in the protein levels in tears. Different levels of a particular protein, alpha-synuclein, were found in the tears of individuals with Parkinson's compared to controls. Levels of another form of alpha-synuclein, oligomeric alpha-synuclein, which is alpha-synuclein that has formed aggregates implicated in nerve damage in Parkinson's, also were significantly different in comparison.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Value-Based Payment In Medicaid: Signals For States

States have grappled with many unanswered questions regarding the Trump administration’s views on value-based payments and how it will approach state-led or Medicaid-based payment reform initiatives. In the absence of clear direction, states have turned to the Centers for Medicaid & Medicare Services (CMS) for some indication of the Administration’s approach. Leavitt Partners has released “Value-Based Payment in Medicaid: Signals for States,” a white paper that outlines the Trump administration’s key signals to date and how they might have an impact on state value-based payment efforts in 2018 and beyond. The white paper can be obtained at https://leavittpartners.com/wp-content/uploads/2018/02/Value-based-payment-in-Medicaid.pdf.

Examining Challenges And Possible Strategies To Strengthen U.S Health Security

As the United States continues to adapt to a more digital, mobile, and interconnected world, health care and public health professionals have sought to better prepare for and respond to long-standing and emerging threats to the nation’s health security. Health security is the collective effort to prevent, protect against, mitigate, respond to, and recover from the health consequences of natural, man-made, and technological disasters. Although substantial progress has been made in the past 15 years toward improving health care and public health systems and capacities for health security threats, many complex challenges persist, and often the nation’s preparedness efforts are not sufficient. On March 8–9, 2017, the National Academies of Sciences, Engineering, and Medicine’s Forum on Medical and Public Health Preparedness for Disasters and Emergencies hosted a two-day public workshop to acknowledge issues, such as: evaluating past, and perhaps inadequate, approaches; and discussing new solutions. A publication summarizes the presentations and discussions from the workshop. It can be obtained at https://www.nap.edu/read/24856/chapter/1.

Income-Driven Education Repayment Plans And Loan Forgiveness Programs

U.S. officials have long maintained the federal government would make a profit on its $1.4 trillion student loan portfolio or at least break even, but recent reports suggest just the opposite may be the outcome. A concern is that government lending to college and graduate students soon could become a major drain on federal coffers, which in effect would worsen a serious budget deficit. The inspector general of the U.S. Department of Education indicated in a recent report that the profitability of the U.S. federal student lending program is being reduced because millions of students who borrowed heavily in recent years are taking advantage of a program to have substantial portions of their debts forgiven. As a result, students who borrowed in the fiscal year that ended on September 30, 2015, and enrolled in such “income-driven repayment” plans are expected to pay back $11.5 billion less than they borrowed to meet tuition and other schooling costs. The report can be obtained at https://www2.ed.gov/about/offices/list/oig/auditreports/fy2018/a09q0003.pdf.

Development Of The Healthy People 2030 Initiative

Planning is underway for Healthy People 2030, with a proposed framework that includes a number of foundational principles for guiding its development. Among them are goals of eliminating health disparities and achieving health equity. Allied health professionals are encouraged to contribute to the development of this initiative. Information on how to become involved by subscribing to the Healthy People listserv and following the initiative at @GoHealthyPeople can be obtained at https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030.
VALUE-BASED PAYMENT READINESS

Healthcare Financial Management Association (HFMA) researchers surveyed 117 senior financial executives about their organization’s value-based payment readiness in September 2017. Among the findings, respondents said the roll-out of commercial value-based programs may be somewhat slower than expected, although they have doubled in presence since 2015. Another major theme was that external and internal interoperability may be a primary focus of providers in the coming years due to current shortcomings, anticipated future need, and the increasing demand for access to various sources of data. Only 33% of hospital leaders reported their facility was highly capable of interoperability even though 98% said it was either a "highly" important or "extremely" important asset in the move to value-based payment in the next three years, For example, the results show that external interoperability (the ability to aggregate clinical information across networks with payers and health plans) is the area where they are least likely to report feeling highly or extremely capable.

ALCOHOL, DRUG, AND SUICIDE DEATHS AT HIGHEST RECORDED LEVEL

According to the most recent data from the CDC as presented by the organization Trust for America’s Health, in 2016, 142,000 Americans, the highest number ever recorded, died from alcohol- and drug-induced fatalities and suicide. These “despair deaths” add to the more than one million Americans who died from drugs, alcohol or suicide in the previous decade (2006 to 2015). For context, deaths from these three causes are nearly identical in number as those who died in 2016 from stroke, the fifth leading cause of death in United States, and are greater than the number of Americans who died in all U.S. wars since 1950 combined.

While drug overdoses were still highest among Whites in 2016, there were disproportionally large increases in drug deaths among racial/ethnic minority groups, particularly among Black Americans. In the previous decade, Blacks had relatively low drug overdose rates — averaging 35% lower than Whites between 2006 and 2015. However, between 2015 and 2016, Blacks experienced an alarming increase — of 39% — in drug-related deaths. Latinos saw drug death rates increase 24%, while the rate for Whites increased 19% from 2015-2016.