WORDS AND THEIR PLACEMENT REALLY MATTER

Apart from gestures and semiotic influences, such as wearing a white coat and having a stethoscope, communication between a health professional and a patient relies heavily on language in the form of words—whether spoken or written. As stated in Lewis Carroll’s Alice’s Adventures in Wonderland and Through the Looking-Glass, “The question is,” said Alice, “whether you can make words mean so many different things.” Along with person-to-person interaction, the widespread use of the electronic medical record and text messages provide ample opportunity for communication miscues to occur. Not only do words count heavily in deciding how to interpret what is being conveyed, the order of those words also can play a substantial determinative role.

Two decades ago, the federal Agency for Healthcare Research and Quality (called AHRQ) was known as the Agency for Health Care Policy and Research (AHCPR). The acronym was pronounced akper. Until an alert staff person spotted the problem immediately prior to launching the new name, this entity barely missed being labeled the Agency for Health Care Research and Policy (AHCRP) and the acronym would be pronounced ahcrap. To cite another example, consider the word only and how its placement affects the meaning of the following sentences:

- The doctor only gave her the pill today.
- The doctor gave only her the pill today.
- The doctor gave her only the pill today.
- The doctor gave her the only pill today.
- The doctor gave her the pill only today.
- Only the doctor gave her the pill today.

Several journals have wrestled with the issue of whether the individual or a health condition that identifies a person should be placed first. For example, should it be An individual with a disability or should it be A disabled individual (noting that critics prefer to use the term differently-abled)? The preferred order usually is individual first, condition second. Yet, there are some naysayers who believe that using this sequence of words accentuates stigmatization rather than attenuates it.

Metathesis is a term describing how sounds and letters are transposed. The word ask was pronounced aks in New England early in the 19th century, which usage then died out there and migrated to states in the south where it can be heard to the present day. Stigmatized in some places as substandard English, that critique can be considered invalid. For example, in Middle English, the word bird formerly was pronounced brid during the 1400s. Usage obviously can change over time. So, it may help to keep in mind that language is a metaphorical gun and words basically serve to pull the trigger. Proper aiming represents a way of ensuring that the outcome between health professionals and patients will be a satisfactory interaction as opposed to becoming an unfortunate and ill-advised collision.
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 fifth of many profiles is presented as follows:

**Name and Title:** Kim L. Halula, PhD, Associate Dean, College of Health Sciences

**Place of Birth:** Johnson Air Force Base, Japan

**University:** Marquette University

**How long have you been in your position?** At Marquette University for 37 years and Associate Dean of the College of Health Sciences for 18 years.

**What’s the value of a university education?** I like Albert Einstein’s idea that “the value of a college education is not the learning of many facts but the training of the mind to think.”

**What is the value of ASAHP?** ASAHP provides the opportunity to network with, learn from and participate on a national level with others who are concerned with critical issues that are currently affecting allied health education.

**Your philosophy on education in seven words:** Educating students holistically for lives of purpose.

**If I could teach in another field, which one and why?** Speech Language Pathology where I have been the Interim Chair of that department. So, being able to actively contribute in the classroom would be extremely rewarding.

**Before I retire I want to:** Continue mentoring our future college leaders.

**In college, I was known for:** Studying and being too serious.

**What music is playing in my car/office?** 70’s

**The last book I read for fun was:** The Whistler by John Grisham

**My favorite trip was:** Too many to choose from but Iceland, Italy, China, Hungary and Chile rank high on the “favorite list”.

**If I could travel anywhere it would be:** Easter Island

**Four people I’d take to coffee or have a glass of wine with:** Jesus, my parents and Dolly Parton

**The best advice I ever received was:** “Don’t ask someone to do a task you would not do yourself!”

**My hobby is:** Traveling

**My passion is:** Helping others be the best they can be.

**My pet peeve is:** Gossip

**A perfect day is:** Spent enjoying life with my husband.

**Cats or dogs?** Cats

**E-book or hardback?** Hardback

**Beach or mountains?** Mountains

**I wish I could:** Spend more time with our grandchildren.

**Only my friends know I:** Hate to follow a recipe!

**My favorite saying is:** God grant me the serenity to accept the things I cannot change; courage to change the things I can; and, the wisdom to know the difference.
FUNDING AND AGENCY RESTRUCTURING

The House Appropriations Committee in June 2018 released the text of its fiscal year (FY) 2019 Labor, Health and Human Services, and Education funding bill. The proposed legislation contains $177.1 billion in discretionary spending, which is similar to current enacted levels. The U.S. Department of Health and Human Services (HHS) would receive $89.2 billion, a $1 billion increase and $2.4 billion more than requested in the President’s budget. The bill would prohibit any funds from going toward health care coverage that provides abortion and it prohibits the use of funds to implement the Affordable Care Act (ACA). The National Institutes of Health (NIH), would receive $38.3 billion, an increase of $1.3 billion over FY 2018 and $4.1 billion more than the White House’s request.

President Trump’s request to rescind $15 billion in unspent funds was rejected in the Senate in June. A procedural vote on H.R. 3 to discharge the bill from the Senate Appropriations Committee failed 48-50. A simple majority was needed to advance the measure. Republicans Susan Collins (R-Maine) and Richard Burr (R-N.C.) joined Democrats in voting against the legislation.

The Administration released a plan to reorganize major components of the federal government. If implemented, the proposal from the Office of Management and Budget (OMB) would merge agencies with overlapping or duplicative responsibilities and eliminate agencies deemed unnecessary as a means of modernizing the federal government. The Departments of Labor and Education would be combined into the Department of Education and the Workforce (see page 5 of this issue of the newsletter). The U.S. Department of Health and Human Services (HHS) would become the Department of Health and Public Welfare and would absorb nutrition assistance programs into its mission. The plan would create a Council on Public Assistance within the Department. The Food and Drug Administration’s (FDA) food-related responsibilities would be moved to the Department of Agriculture and the FDA would be renamed the Federal Drug Administration. Other proposals would shift the Agency for Healthcare Research and Quality (AHRQ), the National Institute for Occupational Safety and Health, and the National Institute on Disability, Independent Living, and Rehabilitation Research to the National Institutes of Health (NIH).

Whether any of these initiatives will materialize will depend on whether congressional approval is required. Some opposition can be expected not only from legislators, but also from interest groups that have developed relationships with these departments and agencies. Realignment will result in shifts in power and produce changing patterns of influence. In many cases, reorganizations disrupt existing relationships in ways that produce sets of winners and losers. Little motivation exists to want to become a member of the latter group.

2018-2019 ASSOCIATION CALENDAR OF EVENTS

**July 28, 2018**—ASAHP Interprofessional Education Summit in Minneapolis, MN

**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

Since the Affordable Care Act (ACA) became law in 2010, Congressional Republicans have vowed to repeal and replace it. With the advent of the Trump Administration in 2017, they were in a more favorable position to send a bill to the White House to be signed for that purpose. The problem is that they failed to pass the necessary legislation. Until they are successful in doing so, which appears highly unlikely, another option is for the Administration to issue rules that make it possible for different kinds of insurance products to enter the marketplace for consumers. Association health plans and short-term plans are examples.

A separate remedy to pursue is to use the courts. A way to do so is to claim that certain provisions of the ACA are unconstitutional. The Department of Justice (DOJ) has declined to defend the provision of the ACA that protects individuals with pre-existing conditions from being declined individual health insurance protection. If a judge rules in favor of 20 Republican states currently suing the federal government over the constitutionality of the ACA, possible outcomes could include: increased charges for women, individuals with health problems could lose their coverage, and young beneficiaries could pay lower premiums.

Final Rule Issued On Association Health Plans
The Department of Labor on June 19, 2018 issued a final rule aimed at making it easier for small businesses and individuals to create association health plans (AHPs), which are entities that will be exempt from certain Affordable Care Act (ACA) consumer protection requirements. The rule exempts AHPs from individual and small group market regulations, allowing AHPs to offer less comprehensive insurance products. Small groups will have an opportunity to combine to purchase health insurance that does not have to comply with essential health benefit (EHB) standards. Small businesses and self-employed individuals in the same industry, state, or region will be able to obtain health coverage as if they were a single large employer. These new plans will become effective on September 1 of this year. Although Democrats are not in favor of this approach, Republicans assert that more coverage options and affordable alternatives will be available than was possible under the Affordable Care Act. The Congressional Budget Office (CBO) estimates that four million individuals will join the new AHPs. If enrollees prove to be healthier and have higher incomes, premiums for individuals remaining in the ACA individual marketplace may become higher.

Proposed Creation Of Short-Term Health Insurance Plans
The Trump Administration has indicated that another rule soon may be issued regarding short-term health plans, which also will not include various ACA requirements. This kind of coverage is designed to be less comprehensive and less expensive than what is available in the Affordable Care Act (ACA) marketplaces. A main feature is that insurers would be able to sell them for up to 12 months, potentially making them more attractive, especially to younger and healthier individuals. Researchers from RAND did an examination of how the rule may affect insurance enrollment and premiums, analyzing the rule alone and in combination with the recent repeal of the ACA individual mandate penalty, which occurred with tax reform legislation that became law last December. Changing only the duration of short-term plans would have minimal effects, but increasing the duration to 12 months, removing the individual mandate penalty, and eliminating some behavioral barriers (e.g., increasing awareness of short-term plans) would decrease enrollment in ACA-compliant plans by nine million and increase premiums in silver-tier marketplace plans by 3.6%.

Medicaid Overpayments
When the ACA became law, Medicaid became a principal vehicle for providing insurance coverage for individuals who lacked it. Republicans on the Senate Homeland Security and Governmental Affairs Committee released a report on June 20, 2018 accusing the Centers for Medicare and Medicaid Services (CMS) of not conducting adequate oversight of the Medicaid program. Their report indicates that Medicaid overpayments have increased from $14.4 billion in 2013 to $37 billion in 2017.
DEVELOPMENTS IN HIGHER EDUCATION

Two issues in higher education attracted a considerable amount of attention in June 2018. The newest is an announcement by the Trump Administration to merge the Departments of Labor and Education into a single Department of Education and the Workforce. The older issue pertains to reauthorization of the Higher Education Act, a piece of legislation that is many years overdue. Some observations regarding these two matters are as follows:

Creation Of A Department Of Education And The Workforce
Many students and their families today accumulate a small mountain of debt in paying for a college education. Long gone are the days when a student could bag groceries at a supermarket on weekends and find a job in the summer that achieved sufficient earnings to cover all educational costs for the upcoming academic year and still leave over some dollars for personal expenses. As the price of an education began increasing every year to soaring heights in both public and private institutions, parents began clamoring for an assurance that suitable employment and salaries awaited students after they graduated.

Another force of a different nature has led to assessments of the adequacy of the link between schools and subsequent employment opportunities. The economy became more global in nature, which means that the U.S. has to be much more competitive in efforts to stay on top in areas involving science and technology. Evidence that graduates of domestic institutions are not being produced in adequate numbers to fill those kinds of positions is shown by the necessity of issuing special visas to individuals from other nations to address the needs of employers seeking college graduates with the proper mix of knowledge and skills.

These two factors involving the high cost of education and the desirability of producing graduates who can be employed gainfully upon completing school provide a rationale for exploring the possible creation of stronger connections between federal organizations that focus on labor and education issues. Portions of the higher education community already have adopted that posture as demonstrated by linking college and the workplace through internships, career-placement services, and workforce-development efforts that are situated to address employer needs and demands.

What the Administration is proposing in broad terms is that the new Department would be able to oversee education, skill development, workplace protection, retirement security, and also address the skills shortage facing many industries. An intended result of the merger is to combine all functions of the two Departments, along with more than 40 workforce development programs that span 15 agencies to create a greater alignment among components of the education-to-career pipeline. Governmental restructuring is never an easy task. Partisan differences provide a certain guarantee that efforts to create a combined Education and Labor department will be an uphill battle.

Reauthorization Of The Higher Education Act
A two-act absurdist-tragicomic play called Waiting for Godot by Irish Nobel Laureate Samuel Beckett was panned by fellow countryman Vivian Mercier as a dramatization in which “nothing happens, twice.” That observation occasionally comes to mind when considering the fate of efforts on Capitol Hill to reauthorize the Higher Education Act (HEA). A decade has elapsed since the HEA last was reauthorized. Lamar Alexander (R-TN), Chairman of the Senate Committee on Health, Education Labor & Pensions, indicated that his committee will not produce legislation to reauthorize this important legislation in 2018. Many contentious points separate Republicans and Democrats over key issues, such as overhauling the federal student aid system.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Genetic Test Availability And Spending
Genetic testing and spending on that testing have grown rapidly since the mapping of the human genome in 2003, but it is not widely known how many tests there are, how they are used, and how paid for. A manuscript in the May 2018 issue of the journal *Health Affairs* sheds light on genetic testing by providing an overview of the testing landscape. The authors found that there were approximately 75,000 genetic tests on the market, with about 10 new tests entering the market daily. Nearly 14,000 tests have arrived on the market since March 2014. Prenatal tests accounted for the highest percentage of spending on genetic tests and spending on hereditary cancer tests accounted for the second-highest. These results provide insights for parties interested in assessing genetic testing markets, test usage, and health policy implications, including current debates over the most appropriate regulatory and payer coverage mechanisms.

Trends And Circumstances Involving State Suicide Rates—United States
According to the CDC’s June 8, 2016 *Morbidity and Mortality Weekly Report*, during 1999–2016, suicide rates increased significantly in 44 states, with 25 states experiencing increases greater than 30%. Rates increased significantly among males and females in 34 and 43 states, respectively. Fifty-four percent of decedents in 27 states in 2015 did not have a known mental health condition. Among decedents with available information, several circumstances were significantly more likely among those without known mental health conditions than among those with mental health conditions, including relationship problems/loss (45.1% versus 39.6%), life stressors (50.5% versus 47.2%), and recent/impending crises (32.9% versus 26.0%), but these circumstances were common across groups. An implication is that states can use a comprehensive evidence-based public health approach to prevent suicide risk before it occurs, identify and support persons at risk, prevent reattempts, and help friends and family members after suicide occurs.

HEALTH TECHNOLOGY CORNER

Using Twitter To Find An Individual Who Becomes Lost Because Of Dementia
The results of a study published on April 18, 2018 in the open access journal *npj Digital Medicine* is based on an evaluation of the effectiveness of using Twitter to search for individuals who become lost due to dementia. Online messages on Twitter, i.e., tweets, were collected through an Application Programming Interface and the contents analyzed. Personal characteristics, features of tweets, and types of Twitter users were collected to investigate their associations with whether a person can be found within a month. Logistic regression was used to identify the features that were useful in finding the missing individuals. Results showed that the young age of persons with dementia who became lost, having tweets posted by police departments, and having tweets with photos can increase the chance of being found. The findings indicate that social media are reshaping the human communication pathway.

Dynamic Modeling To Predict The Behaviors Of Gut Microbes
It has been challenging to understand how the microbiome is formed, how it changes over time, and how it is affected by disturbances like antibiotics used to treat illnesses. The results of an investigation that was published on June 21, 2018 in the journal *Molecular Systems Biology* provides a platform for predicting how microbial gut communities work and represents a first step toward understanding how to manipulate the properties of the gut ecosystem. Doing so, for example, could allow scientists to design a probiotic that persists in the gut or tailor a diet to influence human health positively The data also can be used to start to answer questions about how pathogens cause damage when they invade communities, and how to prevent it. The model developed will allow scientists to begin to ask questions about the composition and dynamics of thousands of microbial communities.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Academic Medical Centers And High-Need, High-Cost Patients: A Call To Action

In an article published on June 12, 2018 in the journal Academic Medicine, the authors issue a call to action for academic medical centers (AMCs) to accelerate the path to improving care for the country's sickest and most expensive patients. They point to six key features of care programs that have achieved proven results, including targeting interventions to those patients who are most likely to benefit and partnering with social services providers to address patients' nonclinical needs. Health care delivery systems increasingly are focused on improving care for patients with the highest needs and highest costs, in part because of the cost savings and financial returns that are possible through new value-based payment models. These models include the country's academic medical centers (AMCs), many of which have been at the forefront of efforts to meet the range of physical, behavioral, and social needs of a particularly vulnerable population. The article can be obtained at https://journals.lww.com/academicmedicine/Abstract/publishahead/Academic_Medical_Centers_and_High_Need,_High_Cost.97882.aspx.

Youth Risk Behavior Survey Results And Trends Report

CDC’s Youth Risk Behavior Surveillance System (YRBSS) monitors priority health behaviors and experiences among high school students across the country. The Youth Risk Behavior Survey (YRBS) results help in understanding the factors that contribute to the leading causes of illness, death, and disability among youth and young adults. The YRBS Data Summary and Trends Report uses YRBS data to focus on four priority areas closely linked to HIV and STD risk including sexual behavior, high-risk substance use, violence victimization, and mental health over the past decade. Results from the 2017 YRBS show that fewer U.S. high school students are having sex and using select illicit drugs; however, far too many students remain at risk for HIV, STDs, and teen pregnancy. While the percentage of students who reported using select illicit drugs (defined as cocaine, heroin, methamphetamines, inhalants, hallucinogens, or ecstasy) was down from 23% in 2007 to 14% in 2017, the survey also found that nearly 1 in 7 U.S. high school students reported misusing prescription opioids – a behavior that can lead to future injection drug use and increased risk for HIV. Research shows experiences of violence and poor mental health can compound risks for STDs, including HIV. Nearly 1 in 5 students were bullied at school. More than 1 in 10 female students and 1 in 28 male students report having been physically forced to have sex. The proportion of students who persistently felt sad or hopeless increased from 29% in 2007 to 32% in 2017. The report can be obtained at https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf.

New America’s Survey On Higher Education

Varying Degrees 2018: New America’s Second Annual Survey on Higher Education surveyed 1,600 Americans ages 18 and older to better understand their perceptions of higher education, economic mobility, and government funding. Respondents believe that well-paying jobs require education after high school, education after high school creates opportunities, and that public colleges and universities are worth the cost. They feel mixed about private and for-profit colleges and universities and whether higher education is a public benefit. They are in favor of having the government do more to make education affordable. They want change in higher education and they support workforce-based programs such as apprenticeships. The report can be obtained at https://na-production.s3.amazonaws.com/documents/Varying-Degrees.pdf.
THE WALKING CORPSE SYNDROME

Page one of this issue of TRENDS is on the topic of communication as expressed by the use of words. An error made in speaking can be referred to as a slip of the tongue. When transferring information electronically using health records, a different kind of error might be called a digital slip of the finger. The May 2018 issue of the *Journal of the American Geriatrics Society* provides an account of how a physician upon concluding a visit by a patient typed discharge instructions, orders for a laboratory test, and follow-up information into the electronic health record (EHR), at the moment her husband asked a question. While in the middle of selecting a diagnosis from a dropdown list to justify the test, the physician hit the “Accept” button when turning to answer the husband’s question. After doing so, he refocused on the wrap-up and referred her to the laboratory for a blood draw. She then checked out and received the printed summary of the visit. Unfortunately, he inadvertently had selected the diagnosis “Walking Corpse Syndrome” (a rare mental illness in which patients have a delusion that they have died) from the dropdown list.

Once home, she and her spouse were astounded to read the diagnosis of “Walking Corpse Syndrome” on the visit summary. They called the office, panicked and obviously upset. The physician explained that it was an error caused by pressing the “Accept” button, sensing that she felt he somehow had been hiding a diagnosis from her for some time. Several apologies later, he learned that to avoid a similar experience in the future, he must inform patients when he needs to concentrate on the computer for critical data entry moments. He also began to dictate notes with the patients listening so that they are engaged in that part of the interaction with the computer.

ARTIFICIAL INTELLIGENCE, ROBOTS, AND THE HEALTH CARE INDUSTRY

The aging of the U.S. population and the extent to which multiple morbidities characterize a large segment of that sub-group provides assurance that the health care industry will continue to be robust for decades to come. What is unknown is the degree to which developments in artificial intelligence and robotics will have an impact on the health workforce and on the patients who obtain health care services. If efforts continue to develop driverless automobiles and trucks, it seems obvious that employment of humans to operate these vehicles will undergo a gradual disappearance in the taxi industry, to cite just one example. As jobs disappear in one line of work, it is uncertain how many new kinds of jobs will be created and whether individuals who are so displaced will find jobs in other aspects of the economy.

That question has relevance for the health field. As noted in the May/June 2018 issue of *The Hastings Center Report*, although medicine is particularly recalcitrant to change, applications of artificial intelligence (AI) in health care have professionals in fields like radiology worried about the future of their careers and have the public tittering about the prospect of soulless machines making life-and-death decisions. Medicine thus appears to be at an inflection point—a kind of Groundhog Day on which either AI will bring a springtime of improved diagnostic and predictive practices or the shadow of public and professional fear will lead to six more metaphorical weeks of winter in medical AI. The article points out that for decades, psychologists and decision scientists have argued that simple algorithms for specific diagnostic and prediction tasks often out-perform clinicians. Despite robust evidence of this effect, professionals routinely overestimate their ability to carry out such tasks and underestimate the value of actuarial methods for making health care decisions. In the hospital setting, routine tasks that involve making beds, delivering food to patients, and perhaps even measuring blood pressure could be done by robots that do not complain, take sick days, or dislike working on weekends. Efforts to enhance the bottom line will be one of the key factors that help to dictate how many human functions in health care will be replaced by machines as the future unfolds.