HEALTH SILO DISRUPTION AND ERADICATION

A lamentation expressed over the decades is that the health domain is dysfunctional to some degree because of the existence of silos that separate clinical services and the health professionals who provide them. One example will suffice to illustrate the nature of the problem. A patient can be referred to a practitioner in a different profession. That visit will be characterized by having to devote 10-15 minutes filling out a form on paper to register information about current medications in use, recent hospitalization episodes, allergies, and family history of particular diseases. A physical examination and the administration of some laboratory-based tests may follow, but there is no guarantee that any of this critical information subsequently will reach all relevant providers furnishing care for that patient.

A lack of interoperability is a dominant concern. Although efforts are underway to share information, no effective mechanism exists to establish a repository to house clinical data and ensure that it properly can be distributed to health professionals involved in patient care. Thus, it should be evident that efforts are necessary to make improvements that can occur on both an intramural and an extramural basis.

From an Intramural perspective, advances have been made through initiatives in interprofessional education to enable students from different health professions to learn about the unique contributions that personnel from other fields contribute to the betterment of both individual and population health status. Depending on the kind of employment undertaken upon completion of academic preparation, it is inevitable that some jobs will entail a mix of practitioners from a broad spectrum of disciplines. For instance, a neonatal intensive care unit (NICU) may provide care for an infant with a gestational age of 22-24 weeks who weighs only one pound. Cardiology, nursing, respiratory therapy, nutrition, and physical therapy are among the professions involved whose representatives must work together in a seamless manner to provide the most effective team-oriented care required.

The Extramural sphere is a region where health professionals stand to benefit from research and discoveries that emerge from totally different fields. For example, investigators in polymer chemistry and macromolecular science and engineering are studying the use of bio-inspired materials to develop products that mimic the adaptable skin of a sea cucumber for potential use in creating a worm-like robot to deliver a stent or remove plaque by crawling through a blood vessel.

Actuarial science personnel are using predictive analytics to figure out how to employ big data to direct patients to higher quality, lower cost providers. Computer scientists at Sandia National Laboratories are working to improve this nation’s biosurveillance system that alerts authorities to disease outbreaks by mimicking the human immune system. The November 2018 issue of the International Journal of Molecular Sciences discusses how the marine environment creates opportunities for acquiring new substances with anti-cancer activity. Overall, perhaps an unlimited number of resources are in a position to be exploited, but only if health professionals are willing to embrace the challenge of attempting to disrupt and eradicate the artificial boundaries that separate a vast multiplicity of disciplines.
I am not sure we had a spring or fall in the Mid-South because we went from winter to summer and now have gone from summer to winter. Climate change has seemed to eliminate two of my favorite seasons. Good grief!

Want to thank everyone who attended our Annual Conference in St Pete. We had some great speakers (plenary, poster and platform), beautiful venue (despite the high humidity during the storm) and good celebrations. Our evaluation feedback supported that. We were also given some ideas for our Charleston conference next year (Oct 16 -18) and planning has already begun.

A couple of things I want to share. We are working to enhance our website so that information on committees and task forces is more robust and that links to our Regional Deans groups are available. Even though the deans groups are not “officially” part of ASAHP, they are an avenue for deans across the US to get together outside of our annual conference to discuss and brainstorm on items of mutual interest.

Our International Task Force has completed some preliminary work in better understanding the need for health workers (predominately rehab) internationally and a desire for education and certification for those individuals. Originally it seemed that a “country by country” approach would be needed but the committee has opted for an ‘economies of scale’ model. We have put together a small group to establish the process for standard setting and to use this conceptual framework to develop a set of standards that defines the expected competencies of a rehab health worker.

Once complete, they can be sent globally for peer review. Individual countries can choose to adopt these standards for certification of their rehab health workers. That will be part one. We are partnering, and have entered into a non-disclosure agreement, with the Commission on Graduates of Foreign Nursing Schools (CGFNS) who knows all about process. Rich Oliver (ASAHP) and Julia Dutka (CGFNS) will be co-chairing the group along with ASAHP members Fevzi Akinci, Duquesne University, Katherine Beissner, SUNY Upstate, and David Henzi, UT San Antonio. This is a substantive first step.

One of our most valued assets in the Association is the *Journal of Allied Health*. We have formed a task force led by Greg Frazer, University of South Alabama, with members Jon Williamson, UT Southwestern, and Bonnie Van Lunen, Old Dominion University, to look at the journal itself for new opportunities while keeping in the back of their minds, succession planning. Our current Editor, Tom Elwood, has been so vital to our operations for so many years. We rely on him heavily and often forget about doing specific planning around the journal itself. If you have thoughts about the journal, please share those with Greg or myself.

Lastly, the Board has selected Phyllis King, University of Wisconsin, Milwaukee as its President-Elect for 2019. Phyllis most recently led the *Leadership Development Program* for ASAHP, currently serves on the Board of Directors and has been an active member of ASAHP for many years. I look forward to my continued work with Phyllis. Many more things to share but please know that if you have ideas about the Association or want us to put you to work, let me know at hanrahan@astate.edu. Happy ALL holidays between now and next year!!!

Susan Hanrahan, President
ELECTION RESULTS TO PONDER

Elections that occur in the middle of a presidential term may provide useful insights regarding directions in which voters prefer to have some corrective measures implemented. Typically, the party that occupies the White House experiences mid-term losses in both congressional and state contests. The year 2018 was no exception insofar as Democrats in Congress regained having a majority in the House of Representatives. Much of what they may hope to achieve will be tempered to a certain extent, however, by the fact that not only will Republicans maintain control of the Senate for the next two years, they will do so with more members than they had prior to the election.

Health was the number one issue for many individuals casting ballots throughout the U.S. Democrats running for office campaigned on promises to protect key provisions of the Affordable Care Act, such as defending protections for patients with pre-existing conditions and preventing future Republican efforts to repeal the ACA. Members of the G.O.P emphasized the risk of heightened fiscal dangers that will occur if either Medicare for All legislation or any single-payer health insurance variation aimed at making health care available at little or no cost for patients ever is enacted.

One policy area of concern may lend itself to some bipartisan agreement. Key members of the Democratic party and President Trump have expressed interest in curbing pharmaceutical price increases. Generally, Republicans tend to oppose government action to set or influence prices. Yet, it would come as no surprise if House Democrats try to require direct government negotiation of Medicare Part D drug reimbursement policy. Democrats also can be expected to be more aggressive when it comes to investigating drug manufacturers suspected of being responsible for initiating price increases of their products. The pharmaceutical industry may not be alone, however, in attracting greater congressional scrutiny. An example involves what is called “surprise bills” that may arise unexpectedly after patients are discharged from hospitals. This issue also has some potential to attract bipartisan support in search of a remedy.

Marijuana legislation usually generates more attention at the state rather than the federal level, but the topic remains of interest to Democrats on Capitol Hill. Republican Pete Sessions of Texas was defeated earlier this month after serving as Chairman of the important House Rules Committee. While in that position, he was able to block proposals from being considered on the House floor, such as allowing states to develop their own approaches to marijuana regulation. His departure may signal increased efforts in that chamber to advance marijuana policy reform measures.

Apart from what occurs in Washington, DC significant actions will continue to occur at the state level. Michigan will move forward in legalizing adult recreational marijuana use, while a medical marijuana ballot measure was approved in Missouri. Voters in Idaho, Nebraska, and Utah approved ballot referenda to expand their Medicaid program coverage under the Affordable Care Act. Newly elected governors in Kansas, Maine, and Wisconsin can be expected to take action to expand their respective Medicaid programs.

Meanwhile, whatever unfolds in the coming two years will serve as an important prelude to identifying key debatable propositions that will manifest themselves in the next election scheduled for 2020.

2018-2019 ASSOCIATION CALENDAR OF EVENTS

Early 2019—Institutional Profile Survey To Be Conducted

October 16-18, 2019 —ASAHP Annual Conference in Charleston, SC

October 26-30, 2020—ASAHP Annual Conference in Long Beach, CA
HEALTH REFORM DEVELOPMENTS

The ability to access high quality health care services is a necessary, but not sufficient means of improving the health status of individuals. Race, ethnicity, health literacy, nutritious dietary patterns, being physically fit, the opportunity to live in safe neighborhoods, and the availability of jobs that provide a satisfactory level of income are among the many key factors that have an impact on health. Government programs, such as Medicare have strict limits defined statutorily that determine the scope of services that can be offered to beneficiaries. As discussed below, a recent speech on November 14, 2018 at the Hatch Foundation for Civility and Solutions in Washington, DC by Alex Azar, Secretary of the Department of Health and Human Services (HHS), provides a possible way of expanding services to include a greater emphasis on addressing social determinants of health.

Also, not only do technology developments play a major role in contributing to a constant rate of growth in the cost of health care, they complement efforts to enhance service quality. Telehealth, artificial intelligence (AI), and machine learning are key items as described below.

Addressing Social Determinants Of Health In The U.S. Through Medicare Advantage
HHS Secretary Alex Azar on November 14 stated that the department he oversees is logically positioned to think of healthcare as broad and interconnected with other needs. "Social determinants would be important to HHS even if all we did was healthcare services, but at HHS, we cover health and human services, all under one roof. In our very name and structure, we are set up to think about all the needs of vulnerable Americans, not just their healthcare needs. But what if we went beyond connections and referrals? What if we provided solutions for the whole person, including addressing housing, nutrition and other social needs? What if we gave organizations more flexibility so they could pay a beneficiary’s rent if they were in unstable housing, or make sure that a diabetic had access to, and could afford, nutritious food?’’ One of the best ways to do so is through Medicare Advantage, which is Part C of the Medicare program. Beginning next year, plans under Part C will be allowed to pay for a wider array of health-related benefits, such as transportation and home health visits.

Telemedicine Usage Increases In Medicare
A report sent to Congress on November 16, 2018 by the Centers for Medicare & Medicaid Services (CMS) describes an increase in telemedicine usage of about 50% in fee-for-service Medicare from 2014 to 2016. Telehealth is emerging as a tool with the potential to improve access to care, potentially reduce costs, and enhance patient satisfaction. Medicare and other telehealth services are being used currently for a range of services in rural communities, allowing patients to connect directly with health care providers and support these providers with clinical decision-making. Moreover, telestroke services connect neurologists to rural patients and providers to provide remote diagnoses and treatment recommendations. Research indicates that telepsychiatry can reduce disparities in access to psychiatric care. When delivered remotely, psychiatric care increases the chances that individuals living in rural communities will be able to access professionals who are culturally and linguistically competent.

Bioethics Influence On Artificial Intelligence and Machine Learning
According to an essay in the September/October 2018 issue of The Hastings Center Report, artificial intelligence (AI) and machine learning have the potential to revolutionize the delivery of health care. AI systems generate conclusions by applying complex algorithms to enormous data sets by replacing human reasoning with rote-like analysis. Machine learning “trains” or “teaches” the algorithm so that it can “learn” and eventually perform its given tasks automatically. Empirical research has demonstrated that the latest generation of AI and machine learning applications not only can identity at-risk patients, but even achieve better diagnostic performance than expert physicians can. An example of why it is important to develop ethical frameworks that can support novel technologies has to do with the possibility that schizophrenia is over diagnosed in black patients. For a decision model to make correct predictions about the diagnosis or prognosis of these individuals seeking mental health care, factors such as their social history, their access to providers or hospitals, and the quality of hospitals available to this patient population play an important role. If a machine learning-based decision support system continually is exposed to this ailment in black patients without appropriate context, then the algorithm will wrongly “teach” the decision system that schizophrenia is common in these patients.
DEVELOPMENTS IN HIGHER EDUCATION

The potential impact on health policy that might result from Democrats becoming the majority in the U.S. House of Representatives as a result of the mid-term elections earlier this month is described on Page 3 of this issue of TRENDS. The current page extends the discussion to consider how the education sphere also might be affected during the next two years. For example, Betsy DeVos, Secretary of the Department of Education, has been the target of steady criticism by Democrats since her appointment. One reason is her efforts to undo regulations from the Obama-era aimed at holding colleges accountable for the federal-loan debt of their students. She now can expect to be the object of tougher scrutiny by House Democrats.

Regulations proposed on November 16, 2018 that can determine how colleges handle cases of sexual misconduct under Title IX, the federal law meant to ensure gender equity on campuses, are destined to generate spirited opposition. Similarly, efforts by the Department to modify various regulations that deal with accreditation are destined to create a similar level of opposition. Meanwhile, an all-important Higher Education Act (HEA) continues to await reauthorization. Emboldened by their recent gains in the House of Representatives, combined with the prospect that they also might reacquire control of both the Senate and the White House in 2020, may provide an incentive for Democrats to wait until then to reauthorize the HEA. That way, they would be in a more advantageous position to produce legislation in line with their policy objectives.

Proposed Regulations On Title IX Campus Sexual Assault
The U.S. Department of Education on November 16 issued a long-awaited notice of proposed rulemaking (NPRM) to specify additional regulations to implement Title IX of the Education Amendments of 1972. The NPRM procedure is required by the federal Administrative Act, except in limited cases of emergency rulemaking, to provide the public with an opportunity to review, consider, and comment on draft regulations before they are finalized. Upon release of the proposed rule, opponents instantly began to express concerns that it will reduce the obligation of academic institutions to investigate complaints of sexual misconduct and decrease the likelihood that they will respond to the issue of sexual misconduct seriously. Another objection is that unlike previous federal policy, institutions would be responsible only for investigating misconduct that occurred within programs sanctioned by a college, thereby reducing protections for students assaulted or harassed off-campus. Equally contentious is a provision that would require colleges to allow for cross-examination of students in campus proceedings, but not allow the parties themselves to interact. Once published in the Federal Register, the rule enters a 60-day public notice and comment period.

Allowing The Department Of Education And The Internal Revenue Service To Share Student Data
An example of bipartisanship on display in the Senate following the recent election was the introduction of S. 3611 on November 13, 2018 to amend the Internal Revenue Code of 1986 and the Higher Education Act of 1965 to facilitate the disclosure of tax return information to carry out the 1965 Act, and for other purposes. The bill, co-sponsored by Chairman Lamar Alexander (R-TN) and Ranking Member Patty Murray (D-WA) of the Committee on Health, Education Labor & Pensions (HELP), is cited as the Faster Access to Federal Student Aid (FAFSA) Act of 2018. This proposed legislation would amend the Internal Revenue Code, which currently prohibits the IRS from sharing taxpayer data with the Department of Education, to allow the IRS to disclose tax return information to department officials "determining eligibility for, and amount of, Federal student financial aid."

Reauthorization Of The Higher Education Act (HEA)
The takeover of the House of Representatives by Democrats can be expected to reduce the likelihood of having a Republican version of HEA reauthorization, the Promoting Real Opportunity, Success, And Prosperity Through Education Reform (PROSPER) Act (H.R. 4508), become law. That proposed legislation has attracted wide criticism by higher education lobbying groups, along with various student and veteran organizations. Instead, it is likely that Democrats will strive to have their version, the Aim Higher Act (H.R. 6543), become the basis for reauthorizing the HEA. if an when that opportunity arises.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Use Of Yoga, Meditation, And Chiropractors Among U.S. Adults: 2012-2017
A report from the National Center for Health Statistics (NCHS) in November 2018 examines changes over time in the percentage of adults who used yoga, meditation, and chiropractors in the past 12 months, as well as variation by sex, age, race, and Hispanic origin. Among adults aged 18 and over, increases were seen from 2012 to 2017 in the use of yoga, meditation, and chiropractors. Yoga was the most commonly used complementary health approach among U.S. adults in 2012 (9.5%) and 2017 (14.3%). In 2017, women were more likely to use yoga, meditation, and chiropractors in the past 12 months compared with men. Non-Hispanic white adults were more likely to use yoga, meditation, and chiropractors compared with Hispanic and non-Hispanic black adults. In 2012, seeing a chiropractor was as popular as yoga, followed by meditation, but in 2017, meditation became the 2nd most-used approach ahead of chiropractic.

Increasing Medication Adherence Could Improve Care And Save Health Care Costs
Non-adherence to medication represents a major problem that limits the effectiveness of treatment and adds to the burden of illness and cost of health care. About half of all patients do not take their medication as prescribed, according to a September 2018 report from the National Council for Behavioral Health’s Medical Director Institute. Estimates indicate that medication non-adherence costs the health care delivery system $100 billion to $300 billion annually due to more frequent use of high-cost services, additional prescriptions to offset non-adherence, and interventions to address relapses. The report discusses medication non-adherence in chronic conditions, mental health, and substance use disorders, and offers some possible solutions. If many of these solutions were to be adopted by 2025, a projection is made that the health system would save $2 billion a year from reduced hospital costs alone. Apart from improving communication between patients and providers, some more high-tech solutions include apps and robots.

HEALTH TECHNOLOGY CORNER

Robotic Arm May Help To Rehabilitate Chronic Stroke Victims’ Communication Deficits
Apropos of the article about silos on page one of this issue of TRENDS, treatment in one domain (motor function) may benefit performance in another untreated domain (communication) in individuals with acquired aphasia, the loss of ability to understand or express speech. Research published in Frontiers in Neurology on October 22, 2018 shows that robotic arm rehabilitation in chronic stroke patients with aphasia may promote speech and language function recovery. The rehabilitation in this study targeted the right arm since study participants each had suffered a left hemisphere stroke leading to a deficit in motor function on their right side. The research team observed small, but consistent improvement on measures assessing speech articulation and overall language processing in aphasia. It is believed some treatment approaches may encourage plasticity and reorganization that can span multiple domains. Although this initial finding should be interpreted cautiously, it remains exciting to consider the possibility that stroke rehabilitation in one domain would improve performance in another domain.

Obesity Provides Unexpected Enhancement Of Anticancer Medications
Obesity is associated with increased mortality and reduced longevity, but counter-intuitive findings occasionally suggest evidence of an obesity paradox. An article published in the journal Nature Medicine on November 16, 2018 indicates that overweight patients sometimes respond better than other patients to powerful drugs that harness the immune system to fight tumors. Called checkpoint inhibitors, the drugs block the activation of PD-1, a protein on the surface of immune sentinels called T cells. The body naturally triggers PD-1 to dampen immune responses, but tumors also can stimulate PD-1 to protect themselves. Lifting this molecular “brake” allows the T cells to attack the cancer cells. PD-1 inhibitors have caused untreatable tumors to vanish for years in patients with melanoma, lung cancer, and some other cancer types. Although there is heightened immune dysfunction and tumor progression, there also is greater anti-tumor efficacy and survival after checkpoint blockade that targets some pathways activated in obesity.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Separate & Unequal Public Colleges

America’s selective public colleges should be among the great equalizers in U.S. society. Funded primarily by taxpayers and carrying a relatively low price tag, these colleges are meant to be engines of opportunity for all. In reality, however, the doors of these institutions are open wider to White students than to their Black and Latino peers, according to a report from Georgetown University’s Center on Education and the Workforce. Whites have almost two-thirds (64%) of the seats in selective public colleges even though they make up barely half (54%) of the nation’s college-age population. Blacks and Latinos are making unprecedented gains in college-going, but the vast majority of Black and Latino students enroll in overcrowded and underfunded open-access colleges, primarily community colleges. Consequently, fewer Black and Latino students receive a bachelor’s degree. Selective public colleges reflect the Latino college-age population (18-to-24-year-olds) in just one state: Florida. Meanwhile, other states are far from parity. In California, 48% of the college-age population is Latino, but only 25% of students in selective public colleges are Latino. Blacks are not proportionately represented in selective public colleges in any state. Certain states are egregiously unbalanced, e.g., in Alabama, 32 of every 100 college-age residents are Black, but only seven of every 100 students at the state’s selective public colleges are Black. The report can be obtained at https://1gyhoq479ufd3yna29x7ubjn-wpengine.netdna-ssl.com/wp-content/uploads/SAUStates_FR.pdf.

Access To High School Courses That Help Prepare Students For College

Students in relatively poor and small schools had less access to high school courses that help prepare them for college, according to an analysis of Department of Education data for school year 2015-16 (the most recent available) by the Government Accountability Office (GAO). While most public high schools, regardless of poverty level, offered courses like algebra and biology, disparities in access were associated with school poverty level for more advanced courses like calculus, physics, and those that may allow students to earn college credit, like Advanced Placement (AP) courses. High-poverty schools were less likely to offer the math and science courses that most public 4-year colleges expect students to take in high school, according to GAO's analysis of college websites. Regression analysis also showed that smaller schools and certain types of schools, like charter schools, are less likely to offer the college preparatory math or science courses that many colleges look for during the admissions process. The report can be obtained at https://www.gao.gov/assets/700/694961.pdf.

Understanding Disparities In Access To Genomic Medicine

Genomic medicine has the potential to improve the quality of health and health care by allowing clinicians to tailor prevention and treatment strategies individually to their patients. Recent research breakthroughs, technological advances, and the decreasing cost of DNA sequencing have led to wider adoption of genomic medicine in health systems. It is not clear, however, if genetic/genomic services will reach all communities within the population both now and in the near future because of a significant gap in knowledge regarding potential health care disparities in genomic medicine and precision health. The National Academies of Science, Engineering, and Medicine hosted a public workshop on June 27, 2018 that explored disparities in access that exist across different communities (e.g., in medically underserved areas and populations, across different racial/ethnic groups, and socioeconomic levels). Discussions included exploring barriers to accessing genomic/genetic services, the role of health systems in delivering equitable access, and innovative solutions and models of success in reducing health care disparities related to genomic medicine. Workshop proceedings can be obtained at https://www.nap.edu/catalog/25277/understanding-disparities-in-access-to-genomic-medicine-proceedings-of-a.
CELEBRATING ALLIED HEALTH WEEK AT DES MOINES UNIVERSITY

As part of 2018 Allied Health Week on November 4-10, the Des Moines University Health Leaders, an interprofessional student club, brought to campus members of UnityPoint Clinic’s recruitment staff on November 8. They held mock interviews with more than 30 physical therapy, physician assistant, and osteopathic medical students to help them hone their interviewing skills and résumés. The UnityPoint team also gave a presentation on general tips for constructing a strong résumé, the process that occurs from applying for a position to landing an interview, how to come prepared, and insights on contract negotiations. Additional events involved hosting a noon event for students to learn about each program on campus and networking on another evening that week.

Members of Des Moines University Health Leaders and UnityPoint Clinic staff came together to celebrate Allied Health Week on November 8.

NAVIGATING THE HEALTH FRONTIER

A deeper understanding of consumers’ decision-making processes can equip health care providers to retain and engage them effectively as well as attract new ones. The Deloitte Center for Health Solutions recently surveyed 4,530 U.S. consumers to assess their attitudes, behaviors, and preferences when making decisions about health insurance, health care, and well-being. A segmentation analysis of data, focusing on health care attitudinal and behavior questions rather than demography, offered a richer understanding of consumers than analysis focused solely on demographic factors.

The analysis categorized individuals into four distinct groups that reflect their differences in preferences for managing their health and interacting with various providers. Given its changing and sometimes unknown landscape, the U.S. health care system draws parallels with the Wild West of the 19th century. Personalities of individuals from the American frontier during that time period used to describe the results of segmentation are as follows:

Trailblazers (tech-savvy, self-directed, engaged in wellness, willing to share data)
Prospectors (rely on recommendations from friends/family, use providers as trusted advisors, willing to use technology)
Homesteaders (reserved, cautious traditionalists)
Bystanders (complacent, tech-reluctant, resistant to change, unengaged)

The analysis shows that each group not only has unique needs and expectations, but navigates the health care system differently. Segmentation findings can help tailor more effective interactions with consumers.