FULFILLING A QUEST FOR PATIENT-CENTERED CARE

Much emphasis is placed today on the importance of putting patients first as exemplified by the common use of related terms, such as patient-centered care and shared decision-making. Application of these terms represents worthy objectives. Repeated often enough, however, such language may be equivalent to the reification of a metaphor, with the implication that objectives are being fulfilled satisfactorily, while the reality of the actual situation may suggest otherwise.

Patient-centered care is a term highlighted when the Patient Protection and Affordable Care Act (PPACA), more popularly known as Obamacare, became law in March 2010. A new care model in the form of Patient-Centered Medical Homes (PCMH) and establishment of a Patient-Centered Outcomes Research Institute (PCORI) were created by that landmark piece of legislation. Regarding the former, a declared outcome by the American Academy of Pediatrics in 2002 for the 21st century was that “every child deserves a medical home.” Although for more than a decade efforts to improve the health care experiences and outcomes of high-risk pediatric populations have centered on the redesign of health care settings to deliver PCMH care, results show that more work is needed to reach fruition.

According to an article published in the October 2018 issue of the journal Medical Care, just over one-third of children with special health care needs reported experiencing PCMH concordant care and there was high variation across components. Disparities in access to PCMH care also were significant from the perspective of children’s demographic characteristics, with minority children faring worse in access to this care compared with their white counterparts.

Although they do not always agree on bracketed years, demographers find utility in generating population categories based on age, producing the following kinds of groups by birth year: Post-War Cohort (1928-1945), Baby Boomers (1946-1964), Generation X (1965-1979), Millennials (1980-1994), and Generation Z (1995-2015). Health professionals also may benefit to some degree as a result of this taxonomy by seeking and acquiring greater knowledge about and increased sensitivity toward members of these groups from the standpoint of being able to provide more appropriate, targeted kinds of care for them.

Regardless of age bracket, shared characteristics cut across each classification, such as religiosity, adherence to prescribed treatment, and patient resilience. Also, within each group, members can be differentiated on the basis of their individual outlook, how they experience pain, reliance on family support, and desire to return to a pre-health problem stage involving employment or leisure activities.

A particularly important attribute is affective behavior consisting of verbal and non-verbal displays of emotion, mood, and other feeling states that contribute to impression formation when patients and their health care givers interact with one another. Differences stemming from age, gender, and race/ethnicity may play a decisive role in determining just how effective that interaction will prove to be.
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 7th of many profiles this year is presented as follows:

Name and Title: Charles J Gulas, Dean, Walker College of Health Professions, Professor of Physical Therapy

Place of Birth: Cleveland Ohio

University: Maryville University of Saint Louis

How long have you been in your position? Started at Maryville as an adjunct in 1999, Director of Clinical Education, and Director of Physical Therapy Program, 2000 and 2001, Dean in 2004.

What’s the value of a university education? Teaches students to be critical thinkers, reflective learners, be creative and ignite passions.

What is the value of ASAHP? Updated information, and Networking, Networking and Networking!!

Your philosophy on education in seven words: Facilitating Thinking to Expand Creativity and Passion.

If I could teach in another field, which one and why? Botany/landscaping because I love plants, or Cyber-security because I am fascinated by how our information is tracked.

Before I retire I want to: Teach abroad.

In college, I was known for: Undergraduate days organizing protests.

What music is playing in my car/office? No music in office… in car Sirius On Broadway or 80’s hits

The last book I read for fun was: “small great things” by Jodi Picoult

My favorite trip was: Greek Islands

If I could travel anywhere it would be: Africa safari

Four people I’d take to coffee or have a glass of wine with: Gertrude Stein, Abraham Lincoln, Claude Monet, Ignatius de Loyola

The best advice I ever received was: Always Be Present.

My hobby is: Gardening, Travel

My passion is: Experiencing life with fascinating people.

My pet peeve is: Having to wait for coffee to be brewed at Starbuck’s.

A perfect day is: When I am challenged to learn something new.

Cats or dogs? Either are nice to visit.

E-book or hardback? Depends on the day, but loving my Kindle more.

Beach or mountains? Beach

I wish I could: Have more time to be outdoors.

Only my friends know: How much I love chocolate, and do need time to be alone.

My favorite saying is: No good deed goes unpunished!
FISCAL YEAR 2019 FUNDING PICTURE BRIGHTENS

A principal function of Congress is to provide funds to support a broad array of government activities in time for the start of a new fiscal year each October 1. Except for 2018, that particular task has proven to be exceptionally challenging. During the past 15 years, two kinds of obstacles have stood in the path of appropriating money in a timely manner. The first is differences between Democrats and Republicans, while the second is a basic disagreement that proves difficult to reconcile between the Senate and the House of Representatives.

Some candidates in elections of yesteryear were fond of using a campaign theme song called “Sunny Days Are Here Again.” Unlike those earlier funding cycles, 2018 truly represents a most welcome departure from more cloudy times to a present sunny day. Especially gratifying is that this turn of events affects one of the largest of the 12 categories of funding, the Departments of Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS). The House Appropriations Committee on September 13, 2018 filed a two-bill Appropriations “minibus” funding bill, which was approved by a joint House and Senate Conference Committee. The Conference Report includes the Department of Defense and the Labor-HHS Appropriations bills for fiscal year 2019. This package also includes a short-term “Continuing Resolution (CR),” which will provide continued funding to keep the federal government operating until all yearly funding bills can be signed into law. The CR merely extends current levels of funding for federal agencies until December 7, 2018.

Some appropriation highlights are:

- Includes vital funding for the National Institutes of Health – $39 billion, an increase of $2 billion.

- Funds programs to protect against health threats such as pandemics and bio-threats, providing $7.9 billion for the Centers for Disease Control and Prevention (CDC) and $2 billion to prepare for and prevent public health and social services emergencies with programs such as biomedical research, acquisition of medical supplies and vaccines, and hospital preparedness grants.

- Saves taxpayers $50 million in future appropriations by creating the first Infectious Diseases Rapid Response Reserve Fund, where funds only become available for use in the event of a future public health emergency.

- Helps to combat the opioid epidemic by providing $6.7 billion, a historic level of funding, for programs that fight, treat, and stop substance abuse and support access to mental health services. Includes $5.7 billion for the Substance Abuse and Mental Health Services Administration, a $584 million increase. Funds activities authorized under the 21st Century Cures Act and other addiction and recovery programs.

- As described on page five of this issue of TRENDS, furnishes support for students who are studying for careers in the health professions.

2018-2019 ASSOCIATION CALENDAR OF EVENTS

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
HEALTH REFORM DEVELOPMENTS

Efforts have been made over the past several decades to achieve meaningful health reform. The number “three” figures prominently in such attempts. One version focuses on: increasing access to health care, improving quality, and reducing costs. Pursuing any one of these aims often has the unwanted outcome of making it difficult to realize the other two. Another version based on the number three is known as the Triple Aim, which consists of improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care.

Worth noting is that it occasionally proves challenging at times to obtain a clear picture of what is transpiring when reports from different sources present conflicting information. As an illustration, the U.S. Census Bureau earlier this month indicated that the uninsured rate from 2016-2017 remained statistically unchanged, while private polling data suggest an increased uninsured rate of 1-2 percent. Meanwhile, the most recent attempt of a comprehensive nature to make improvements in the realm of health care is represented by the Patient Protection and Affordable Care Act (usually referred to as the ACA or Obamacare) that became law in 2010. Since then, several policy initiatives of a more incremental nature have been proposed. Recent examples are described on this page of each issue of TRENDS, along with updates as they occur. Some developments that continue to materialize are discussed below.

Medicaid Work Requirements

Many individuals who previously did not have health insurance were able to obtain coverage when the federal-state Medicaid program was expanded to include them. Some states currently are planning to add work requirements for able-bodied adults who receive coverage. Michigan recently submitted a waiver application that would require enrollees in the age bracket 19-62 either to work, attend job-training, or volunteer at least 80 hours per month to retain coverage. If approved, the proposal will become effective in 2020 and may affect as many as 540,000 beneficiaries. Because of 12 possible exemptions that would apply to particular groups, such as family caretakers and pregnant women, the actual number may prove to be lower. If the waiver application is approved, Michigan is in line to become the fifth state to be able to impose work requirements. Utah and Wisconsin are among some other states that also are seeking waiver approvals.

Exploring The Fate Of Short-Term, Limited-Duration Health Insurance Plans

The Trump Administration was successful in having a final rule issued on August 1, 2018 to help individuals struggling to afford health coverage find new, more affordable options. The rule allows for the sale and renewal of short-term, limited-duration plans that cover longer periods than the previous maximum period of less than three months. Such coverage now can cover an initial period of less than 12 months, and taking into account any extensions, a maximum duration of no longer than 36 months in total. A case filed in mid-September 2018 in Washington, DC is aimed at stopping the expansion of short-term health plans because opponents view them as not requiring provision of the same essential health benefits as ACA-compliant plans and possibly jeopardizing the ability of individuals with pre-existing conditions to find coverage. In contrast, proponents believe that short-term, limited-duration insurance will benefit: individuals who are between jobs, students taking time off from school, and middle-class families without access to subsidized ACA plans. Compared to the federal final rule, Oklahoma released guidance on September 7, 2018 to limit the sale of short-term, limited-duration plans to six months.

Medicare Savings Achieved By Accountable Care Organizations (ACOs)

An estimate from the Center for Medicare & Medicaid Services (CMS) indicates that Medicare ACOs underperformed during the first few years of implementation, generating a gross savings of $954 million. This estimate is contested by a report commissioned by the National Association of Accountable Care Organizations (NAACOS), which claims that the Medicare Shared Savings Program (MSSP) produced more than $1.84 billion in gross savings between 2013 and 2015. According to NAACOS, as of January 2018, there are 561 Medicare ACOs serving more than 12.3 million beneficiaries with hundreds more commercial and Medicaid ACOs serving millions of additional patients.
DEVELOPMENTS IN HIGHER EDUCATION

Passage of legislation by Congress and enactment into law when signed by the President of the United States are events that attract considerable attention in the media. Equally important in the life of any legislation is what eventually occurs in the regulatory arena. On August 14 of this year, the Secretary of the Department of Education proposed to rescind the gainful employment (GE) regulations, which added to the Student Assistance General Provisions requirements for programs that prepare students for gainful employment in a recognized occupation. The Department plans to update the College Scorecard, or a similar web-based tool, to provide program-level outcomes for all higher education programs at all institutions that participate in the programs authorized by Title IV of the Higher Education Act of 1965, which would improve transparency and inform student enrollment decisions through a market-based accountability system. A key step in the process is to invite comments about such proposals.

Several associations representing college leaders, educators, and professionals responded on September 13, 2018. They advised the Department to revise rather than eliminate the existing rule. A concern is that rescinding the existing rule prior to developing additional alternatives would leave a meaningful gap between oversight of gainful employment programs and the period when additional information could influence prospective students’ decisions. By rescinding the regulations entirely, the Department will forego an opportunity to strengthen and improve them and abandon a meaningful oversight tool. The result, according to the Department’s own estimates, would be $4.5 billion in Pell Grant funding going to programs that otherwise would not be eligible under existing regulations. Considering the importance of Pell Grants and the difficulties involved in providing sufficient funding to meet student needs, it is viewed as troubling that the Department is considering a move that would significantly increase the cost of Pell Grants by directing those additional funds to programs that demonstrate poor returns for students.

Negotiated Rulemaking To Revise Regulations Involving Accreditation

The Department of Education on July 31, 2018 published a notice in the Federal Register announcing its intention to convene a negotiated rulemaking committee to revise regulations regarding accreditation and the recognition of accrediting organizations. The goal is to reduce current compliance requirements, concentrating accreditors’ efforts on educational quality and strengthening commitment to innovation. In preparation, the Department of Education held the first of three public hearings on September 6, 2018. At the hearing, which was held in Washington, DC, testimony was provided by representatives of think tanks, consumer advocacy groups, college presidents, and several accreditation representatives. Comments made on that occasion indicated that: (1) the agenda for the negotiated rulemaking is too large for one committee; (2) the Department needs to strengthen regulations, not reduce them; (3) competency-based education in the context of regular and substantive interaction should be addressed; and (4) institutional mission needs to be protected.

Federal Funding Support For Higher Education In Fiscal Year 2019

Fiscal Year 2019 begins on October 1, 2018. A budget proposal for the new fiscal year released last February signaled an intention by the Trump Administration to consolidate multiple income-contingent repayment plans for student borrowers into a single plan, eliminate Public Service Loan Forgiveness, and end subsidized student loans. It also would expand Pell Grant eligibility to short-term non-degree programs, end the Supplemental Educational Opportunity Grant, and overhaul the Federal Work-Study program. Congress subsequently chose to do otherwise.

A funding agreement reached by House and Senate negotiators reflects an effort to increase spending on student aid, career and technical education, and university-based research. The spending bill for the new fiscal year would increase the Education Department's total budget to $71.5 billion -- a second year in a row Congress has boosted funding, despite efforts by the Administration to reduce spending. The maximum Pell Grant would be raised by $100 to $6,195 in the agreement. Perkins Career and Technical Education grants will receive $1.26 billion, representing a $70 million increase from the previous year. Funding aimed at fixing the Public Service Loan Forgiveness program was extended to an amount of $350 million.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Prevalence Of Chronic Pain And High-Impact Chronic Pain Among Adults — United States
Chronic pain, one of the most common reasons adults seek medical care has been linked to restrictions in mobility and daily activities, dependence on opioids, anxiety and depression, and poor perceived health or reduced quality of life. To estimate the prevalence of chronic pain and high-impact chronic pain in the United States, 2016 National Health Interview Survey (NHIS) data recently were analyzed at the Centers for Disease Control and Prevention (CDC). An estimated 20.4 percent (50.0 million) of U.S. adults had chronic pain and 8.0 percent of U.S. adults (19.6 million) had high-impact chronic pain, with higher prevalences of both chronic pain and high-impact chronic pain reported among women, older adults, previously but not currently employed adults, adults living in poverty, adults with public health insurance, and rural residents. These findings could be used to target pain management interventions.

Daily Use Of Marijuna Among Non-College Young Adults
The National Institute on Drug Abuse (NIDA) in September 2018 announced that the latest Monitoring the Future (MTF) survey results on substance use trends as teens transition to adulthood are now available online, comparing substance use patterns of full-time college students to their non-college peers. Most notably, more than 13 percent of young adults not in college report daily, or near daily, marijuana use, which is now nearly three times as high among non-college young adults as among college students. Alcohol use is more common among college students. With respect to past month use, alcohol use in college students is higher than in non-college peers (62 percent vs. 56.4 percent). Mixing alcohol with energy drinks appears to be higher among college students than the non-college group (31.5 percent vs. 26.7 percent) in the past year. Some opioid use is declining in both groups. The most sizeable difference is the higher rate of cigarette smoking in the non-college group.

HEALTH TECHNOLOGY CORNER

Micromotor Pills As A Dynamic Oral Delivery Platform
According to a study published on August 28, 2018 in the journal ACS Nano, micromotors can be encapsulated into pills. Coating the pills protects the devices as they traverse the digestive system prior to releasing their drug cargo. Approximately the width of a human hair in size, micromotors are self-propelled microscopic robots designed to perform a host of biomedical tasks. Researchers created a pill composed of a pair of sugars, lactose and maltose, that encapsulated tens of thousands of micromotors made of a magnesium/titanium dioxide core loaded with a fluorescent dye cargo. These sugars are easy to mold into tablet, can disintegrate when needed, and are non-toxic. When given to laboratory mice, they improved the release and retention of the micromotors in the stomach compared to those encapsulated in silica-based tablets or in a liquid solution. Encapsulating micromotors in traditional pill form improves their ability to deliver medicines to specific targets without diminishing their mobility or performance.

Using Biomimicry To Develop Solutions For Human Health Problems
Biomimicry involves mirroring innovations found in nature. An example is being able to assess potentially lifesaving antibiotics rapidly by using bacteria in saliva from an East Siberian brown bear, according to a study published online ahead of print on September 4, 2018 by the Proceedings of the National Academy of Sciences of the USA. The technology involves placing a bacterium from a wild animal’s mouth, or other complex source of microbes with potential antibiotic properties, in an oil droplet to see if it inhibits harmful bacteria, such as Staphylococcus aureus. The microbiota of wild animals may help protect them from the aggressive microbes that surround them. The technology in the study used powerful machines to sort several hundred thousand oil droplets rapidly with bacteria from the live bear's mouth. Researchers found one droplet with zero Staphylococcus aureus. Methicillin-resistant Staphylococcus aureus resists several antibiotics and can cause pneumonia and sepsis, a life-threatening reaction to severe infection in the body, according to the Centers for Disease Control and Prevention (CDC).
Creating A Policy Environment To Address Social Determinants Of Health

The National Alliance To Impact The Social Determinants of Health (NASDOH) in working to build systematically and pragmatically a common understanding of the importance of addressing social needs as part of an overall approach to health improvement has released a new white paper to create a supportive policy environment to address social determinants of health. The document introduces NASDOH’s plans to bring clarity to the current understanding of the issues, challenges, and opportunities for the health care system to address social determinants in concert with communities and the public and private sector. NASDOH encourages public and private sector leaders to support progress by promoting collaboration and innovation around social determinants of health interventions in five areas of focus: (1) Promoting a supportive policy environment at all levels of government and in the private sector, (2) Framing the issue in a way that promotes action, (3) Elevating shared learnings across communities, (4) Leveraging shared approaches to measurement and evaluation, and (5) Encouraging data and technology innovation. The paper can be obtained at http://www.nasdoh.org/wp-content/uploads/2018/09/NASDOH-White-Paper.pdf.

Population Health: The Translation Of Research To Policy

The Robert Wood Johnson Foundation Health & Society Scholars (HSS) program was designed to build the nation’s capacity for research, leadership, and policy change, while addressing the multiple determinants of population health. One of its goals was to produce a cadre of scientific leaders who could contribute to this research and spearhead action to improve overall population health and eliminate health inequities. A report takes a case study approach using six diverse examples of science to policy translation generated by Scholars in the HSS program from 2003 to 2016. Because the HSS program was discontinued in 2017, the Milbank Memorial Fund published these case studies in the hope that many audiences, including students, would use them to learn about the connection between research, decision making, and policy. The case studies are on the following topics: (1) Healthy and Unhealthy Food Sources in New York City, (2) Fragile Health and Fragile Wealth, (3) Medical Marijuana as a Strategy to Reduce Opioid Overdose Deaths? Lessons from a Study of State Medical Marijuana Laws, (4) How Practitioners Bring Population Health Ideas Into Other Policy Sectors: Lessons from Transportation, (5) Forefront Suicide Prevention’s Wheel of Change: Catalyzing a Social Movement to Prevent Suicide, and (6) Exposure to Heat Waves: Making Film and Policy. The report can be obtained at https://www.milbank.org/wp-content/uploads/2018/09/MMF-HHS-The-Case-Studies-all.pdf.

Achieving Rural Health Equity And Well-Being: Proceedings Of A Workshop

Rural counties make up about 80 percent of the land area of the United States, but they contain less than 20 percent of the U.S. population. The relative sparseness of the population in rural areas is one of many factors that influence the health and well-being of rural Americans. Rural areas have histories, economies, and cultures that differ from those of cities and from one rural area to another. Understanding these differences is critical to taking steps to improve health and well-being in rural areas and to reduce health disparities among rural populations. To explore the impacts of economic, demographic, and social issues in rural communities and to learn about asset-based approaches to addressing the associated challenges, the National Academies of Sciences, Engineering, and Medicine held a workshop on June 13, 2017. A publication that summarizes the presentations and discussions from the workshop can be obtained at https://www.nap.edu/login.php?record_id=24967&page=https%3A%2F%2Fwww.nap.edu%2Fdownload%2F24967.
HURRICANE METHUSELAH MOVES STEADILY TOWARD U.S. SHORES

Just as Hurricane Florence battered the Carolinas in September of this year, a more powerful storm from a quite different perspective continues its steady movement toward the United States and other nations around the globe, with enormous and unprecedented implications for the health sector of the economy. According to the U.S. Census Bureau, the year 2030 marks an important demographic turning point in this country’s history because by that year, all baby boomers will be older than age 65. This transition will expand the size of the older population so that one in every five residents will be retirement age. Moreover, aging of baby boomers (whose members were born between 1946 and 1964) means that in less than two decades, older individuals are projected to outnumber children for the first time in U.S. history. By 2035, there will be 78.0 million persons 65 years and older compared to 76.7 million under the age of 18.

As the population ages, the ratio of older adults to working-age adults, also known as the old-age dependency ratio, is projected to rise. By 2060, there will be just over three-and-a-half working-age adults for every retirement-age person. By 2060, that ratio will fall to just under two-and-a-half working-age adults for every retirement-age person. The non-Hispanic White alone population is projected to shrink over the coming decades, from 199 million in 2020 to 179 million in 2060, even as the U.S. population continues to grow. Their decline is driven by falling birth rates and a rising number of deaths over time among non-Hispanic Whites as that population sub-group ages. The racial and ethnic composition of younger birth cohorts is expected to change more quickly than for older cohorts. In 2060, over 36.4% of children are projected to be non-Hispanic White alone compared with 55.1% of older adults. Key policy issues that must be addressed: meeting the health care needs of an older cohort that disproportionately will be affected by chronic disease, assuring the availability of an adequate supply of competently-prepared health practitioners, and determining how to pay for health and health-related social services.

HOW LAWS, REGULATIONS, SELF-REGULATORY PRACTICES, AND FINANCIAL SUBSIDIES AFFECT U.S. HEALTH CARE

Compared to other western nations, the U.S. is assigned low grades based on the amount of money spent on health care and the results that are achieved. A typical analysis shows that lacking a public commitment to universal health care, this nation instead is a product of bio-scientific free enterprise – technologically sophisticated, extremely expensive, but inaccessible to the poor. A contrasting account can be found in a paper in the University of Texas Public Law & Legal Theory, Research Paper Series (#581), which will be a chapter in a book scheduled for publication in 2019. Its author, William Sage, indicates that beginning over 20 years ago, the poor performance of the American health care system has been slowly revealed. For nearly as long, steps that might improve that performance have been identified, but little has changed. The answer to why there has been a lack of significant progress lies in large part to an accumulation of laws, regulations, self-regulatory practices, and financial subsidies which locks U.S. health care into inefficient, unfair patterns and practices. While most of these provisions were well-intentioned when developed, this “deep legal architecture” now serves mainly to prevent meaningful competition in medical markets and to distort or limit collective investment in the nation’s health.

Noting that the United States wastes a vast amount of money each year on ineffective, overpriced, poorly delivered, and inaccessible medical care, the author offers three lessons that seem most important to summarize. First, the various ideological “brands” associated with national health reform must realign themselves to the task of facilitating decentralized, incremental improvement rather than asserting a national political consensus on setting limits. Second, in addition to continuing routine enforcement of the antitrust laws, the U.S. Department of Justice and the Federal Trade Commission should pursue longer-term strategies intended to reverse the distortions currently burdening competition. Third, America’s spendthrift health care system is particularly problematic because it leads the political process to medicalize problems such as poverty, lack of education, and substandard housing while over-investing in medical care and under-investing in non-medical social services that would be less costly, more effective, and more accessible to disadvantaged segments of the population.