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Trends

Association of Schools of Allied Health Professions

HIGHLIGHTS

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ASAHP
ASSOCIATION OF SCHOOLS OF ALLIED HEALTH PROFESSIONS

Vanguard of Allied Health Education

Trends is the official newsletter of the Association of Schools of Allied Health Professions (122 C St. NW, Suite 650, Washington, D.C., 20001. Tel: 202-237-6481) Trends is published monthly and available on the Association's website at www.asahp.org. For more information, contact the editor, Thomas W. Elwood, Dr.PH.

MEMORIES, HEURISTICS, AND HEALTH CARE

Biologist J.B.S. Haldane (1892-1964) suggested that there are four stages of acceptance in the advancement of science:

- This is worthless nonsense.
- This is an interesting, but perverse point of view.
- This is true, but quite unimportant.
- I always said so.

The fourth of these stages is of interest in the context of the Affordable Care Act (ACA). Not only was the passage of this legislation achieved without a single Republican vote in Congress in 2010, beginning with the day it was signed into law there has been a flurry of bills aimed at repealing the ACA either in whole or in part. One feature in particular, the individual mandate requiring purchase of health insurance coverage or paying a penalty instead, has served as a perennial bête noire for a great many Republicans.

Given that fact, what is to be made of the revelation that a recent proposal made by Republican Senators Orin Hatch and Richard Burr and Congressman Fred Upton, contains strong penalties for individuals who do not sign up during open enrollment and maintain continuous coverage? An underlying theme is to seek to avoid the destabilizing effect of allowing them to wait until they are sick to obtain coverage. Thus, it seems fair to ask: What on earth just happened to all those previous years of staunch opposition by the GOP?

Songwriter Leonard Cohen, a performer whose devotees consider him a poet/philosopher, included the following lyrics in one of his creations: "I can't forget, but I don't remember what." Another interpretation might be that perhaps it is high time for both advocates and opponents of the ACA to acknowledge that the law contains elements that are beneficial as well as components that need to be modified or perhaps even jettisoned. Slinging mud at one another may prove entertaining for onlookers, but the goal of meeting the health care needs of the populace is not well served by a steady flow of vituperative intransigence.

The concept of memory plays an important role in the health domain. *Heuristics* are loosely defined or informal rules often arrived at through experience or trial and error that provide cognitive shortcuts in the face of complex situations. Regrettably, they also can be wrong and result in biases, such as an *Anchoring Bias* (allowing first impressions to exert undue influence on a diagnostic process), *Availability Bias* (a tendency to assume, when judging probabilities or predicting outcomes, that the first possibility that comes to mind is also the most likely possibility), and *Confirmation Bias* (a tendency to focus on evidence that supports a working hypothesis rather than to look for evidence that refutes it or provides greater support to an alternative conclusion). As policymakers form their opinions, they might reflect on how heuristics may affect their judgment.

PRESIDENT'S MESSAGE

By Richard E. Oliver, ASAHP President

I can see a day soon where you'll create your own college degree by taking the best online courses from the best professors from around the world.

Thomas Friedman

The theme of our upcoming 2015 ASAHP Annual Conference is "Innovations and Entrepreneurship in Health Care Education and Practice." We have some great keynote speakers identified who will share their views about this topic and share examples of new approaches and ways of thinking about education and clinical practice. One of my favorite sayings is that "Time is measured in decades in universities." I think we can all relate to the frustration that comes with dealing with the slow processes that are inherent in how we conduct business in higher education. As dramatic changes continue across our nation's health care system, academic institutions must find creative ways to stay abreast of these changes and be quicker to adapt their classroom and clinical experiences in order to keep their programs both relevant and viable.

The above quote from Thomas Freidman would suggest that dramatic changes are coming to the higher education marketplace. Evidence of these changes was the recent announcement that Arizona State has entered into "a partnership with EdX to provide a full year of freshman online coursework in massive open online courses, or MOOCs, that anyone can take and then convert into ASU college credit." Although these students will not be able to use financial aid to pay for these classes, at $200 per credit hour, it is still viewed an attractive option for some students.

Perhaps there will come a day when ASAHP institutions will form an educational consortium where lectures by outstanding faculty in a particular subject matter will be shared via a variety of distant education modalities with partner institutions. This will require innovation and entrepreneurship as well as support from the faculty at each institution and endorsement by accrediting agencies as an acceptable way to deliver instruction. However, "change resistors" will continue to be a major obstacle in implementing new and creative approaches in higher education.

-*Without change there is no innovation, creativity, or incentive for improvement. Those who initiate change will have a better opportunity to manage the change that is inevitable.*
William Pollard

So please plan on joining us in Scottsdale, AZ, October 28 – 30, 2015 as we share exciting examples of how innovation and entrepreneurship are being implemented in health professions education and clinical practice. A call for abstracts will be sent out soon. Please encourage your faculty members who are engaged in research and practice related to our program theme to submit an abstract. The ASAHP Board will also be revisiting our association's strategic plan to make sure it remains timely and focused on the changes that are occurring at an increasing rapid rate.

I wish everyone a happy and successful graduation season!

Rich

Quote Source Eric Schulzke, Deseret News National Edition

"DOC FIX" COMES TO AN END, BUT THEN WHAT?

On April 16, President Barack Obama signed legislation (P.L. 114-10, the Medicare Access and CHIP Reauthorization Act of 2015) to eliminate the formula the government has used to pay physicians and other health professionals who treat patients enrolled in Medicare, the federal health program for the aged and the disabled. The Sustainable Growth Rate formula or SGR was designed to control Medicare growth by forcing reductions to providers' fees if spending exceeded a target rate. Although the effort was well intended, its implementation proved to be nightmarish. Beginning in 2003, Congress had to depend on 17 separate occasions to pass legislation at the final hour before cuts were imposed. Known as short-term "doc fix" bills, they were necessary to prevent scheduled reductions and lower the possibility that care provided for Medicare beneficiaries would be limited.

A widely acknowledged advantage of the new law is that a different kind of payment system was created that is a blend of automatic increases in early years with long-term incentives to provide more efficient care. The rationale is that the previous cycle of making payments according to the volume of tests, procedures, and office visits delivered has been disrupted. Yet, the law contains features indicating that eventually Congress will have to produce new legislation. For example, a memorandum produced by the chief actuary for the Centers for Medicare and Medicaid Services projects that most physicians will experience payment cuts in 2025, after the expiration of bonuses for those participating in alternative payment models and a performance-based incentive system. A related projection is that by mid-century, fee reimbursement will be less than if the SGR had remained intact.

The law also provided an extension that will allow Medicare patients to receive medically necessary therapy services beyond the annual limits through the end of 2017. For many years, there have been efforts to eliminate caps permanently, so this matter will have to be dealt with again. The Senate fell two votes short of permanently scrapping the caps during a debate on the legislation and is almost certain to revive the effort, even though the spending limits are seen as a brake on unnecessary entitlement spending. Other short term adjustments involving the Children's Health Insurance Program (CHIP), community health centers, the National Health Service Corps, and teaching health centers also will have to be addressed once again in the near future.

Meanwhile, a positive development on Capitol Hill is the widespread support for providing additional funds for the National Institutes of Health. That fervor is counterbalanced, however, by an overall recognition of the need to control spending. The budget proposal submitted by the Obama Administration favors increasing funding by $1 billion for the upcoming fiscal year that begins on October 1, 2015. One example cited by NIH officials during the recent Ebola outbreak was that had more money been available, perhaps the agency would have been closer to developing a vaccine to fight this deadly virus. Proposed legislation on the matter of NIH funding exists in the form of: HR 351, S 230, S 289, and S 318.

2015 ASSOCIATION CALENDAR OF EVENTS

June 3-4, 2015—ASAHP Board Meeting in Washington, DC

October 28-30, 2015— Annual Conference in Scottsdale, AZ

Dates/Sites for the 2016 Spring Meeting and Annual Conference are being negotiated

AFFORDABLE CARE ACT DEVELOPMENTS

ACA Case Before The Supreme Court

Right now, the main event appears to be the outcome of *King v. Burwell*, a case before the U.S. Supreme Court that will determine if the Internal Revenue Service (IRS) rule permitting federally facilitated exchanges (also called marketplaces) to grant premium tax credits will be invalidated. If the justices side with the plaintiffs, the provision of premium tax credits and cost-sharing reduction payments in the federally facilitated exchanges will screech to an abrupt halt.

Some eight million individuals who are beneficiaries then will be faced with stark, quite unpleasant choices. They either can pony up the extra money needed to pay monthly insurance premiums on their own, which may prove to be unaffordable, or go without coverage. Estimates vary, but it appears that out-of-pocket costs would be in the range of more than doubling and even going as high as more than 7.7 times higher. The national average cost would be approximately 2.5 time higher. Apart from patients, it can be expected that the health care system would experience a negative impact. Income would be lowered and uncompensated care costs would increase. Some insurance companies also would be placed at risk, depending on the extent to which their revenue stream becomes too anemic.

Rate of Uninsurance Among U.S. Adults

The uninsured rate among U.S. adults declined to 11.9% for the first quarter of 2015 -- down one percentage point from the previous quarter and 5.2 points since the end of 2013, just before the Affordable Care Act went into effect. The uninsured rate is the lowest since Gallup and Healthways began tracking it in 2008.

The percentage of uninsured Americans climbed from the 14% range in early 2008 to over 17% in 2011 and peaked at 18.0% in the third quarter of 2013. The uninsured rate has dropped sharply since the most significant change to the U.S. healthcare system in the Affordable Care Act took effect at the beginning of 2014. An improving economy and a falling unemployment rate also may have accelerated the steep drop in the percentage of uninsured over the past year. However, the uninsured rate is significantly lower than it was in early 2008, before the depths of the economic recession, suggesting that the recent decline is due to more than just an improving economy.

The uninsured rate declined at a slightly slower pace following the second open enrollment period of the federal exchanges compared with the first. The first time around, the uninsured rate fell 1.5 points to 15.6% for the first quarter of 2014 from 17.1% for the fourth quarter of 2013. Comparatively, in that same time frame this year, the uninsured rate fell one point -- from 12.9% to 11.9%.

These results are based on more than 43,500 interviews conducted from January 2 to March 31, 2015, as part of the Gallup-Healthways Well-Being Index. Gallup and Healthways ask 500 U.S. adults each day whether they have health insurance, allowing for precise and ongoing measurement of the percentage of Americans without health insurance. The first-quarter results summarize data captured across both pre-deadline and post-deadline dates, so changes in the uninsured rate over the course of the quarter are not reflected.

While the uninsured rate has declined across all key demographic groups since the healthcare law fully took effect in January 2014, it has dropped most among lower-income Americans and Hispanics -- the groups most likely to lack insurance. The uninsured rate among Americans earning less than $36,000 in annual household income dropped 8.7 points since the end of 2013, while the rate among Hispanics fell 8.3 points.

DEVELOPMENTS IN HIGHER EDUCATION

Role Of Tax Law In Financing Higher Education

A major concern in higher education is its high cost relative to the ability of many students to afford it. An important aspect of making college affordable consists of various provisions in the tax law. The American Council on Education (ACE) in conjunction with several other organizations made their views known in mid-April to the Senate Finance Committee Tax Reform Working Group on Individual Income Tax.

They noted that although originally enacted discretely, the current federal tax code contains a number of provisions that taken together create a framework that functions as a kind of "three-legged stool" intended to advance three important goals: (1) to encourage saving for higher education; (2) to help students and families pay for college; and, (3) to assist with the repayment of student loans. Along with supporting this framework, the group indicated that it believes tax reform provides an excellent opportunity to make improvements to certain provisions in order to maximize their effectiveness and enhance access to higher education.

An area of concern is the importance of producing reforms that address the needs and circumstances of the broad range of students in higher education. Although many students in college still come from the traditional cohort, ages 18-22, nearly 50% of undergraduates and three-quarters of all students are adult learners, age 23 or older, with a quarter over age 30, a proportion that will likely continue to grow. These students are not just older than their traditional classmates, they tend to work full-time or have dependents—including multiple roles as parents and caregivers—serve in the military, or some combination of these, and take a longer time to complete their degree. Moreover, 50% of all students attend part-time, which inevitably increases time to completion.

While the median time to degree for all bachelor's degree recipients is 4.3 years, for adult students (between ages 24-29), the median time to degree is 6.6 years. A reformed, consolidated credit should preserve current benefits for as many students as possible and take into account the demographic profile of all of today's students. The number of these nontraditional students will increase in the future. Any legislation that creates a permanent, consolidated credit should also address their needs.

Can Apprenticeships Transform Higher Education?

The notion of having apprenticeships serve as a mechanism to fill the need for jobs that require training without a four-year degree is being examined for its possible renewed relevance. Early in 2015, the Obama Administration announced a $100 million program to support new apprenticeship programs, with particular emphasis on creating opportunities in nontraditional, high-demand occupations. In his budget, President Obama also called for $2 billion over the next 5 years to double the number of apprentices in the United States as part of an increasing focus on "job-driven" training in the administration.

A paper entitled, *Revisiting Apprenticeships* that was produced by the American Council on Education indicates that the worlds of apprenticeships and higher education are beginning to intersect, particularly in the community college sector. The Department of Labor has formed a partnership with the Department of Education to launch the *Registered Apprenticeship College Consortium*, a goal of which is to help graduates of *Registered Apprenticeship* programs convert on-the-job and classroom training into college credits toward an associate or bachelor's degree. The growth of apprenticeships might be viewed as channeling some students on a track other than the tradition of going to college. Apprenticeships represent a way to obtain some postsecondary education and college credits without the attendant debt.

QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Occupational Traumatic Injuries Among Workers In Health Care Facilities

In 2013, one in five reported nonfatal occupational injuries occurred among workers in the health care and social assistance industry, the highest number of such injuries reported for all private industries. To reduce the number of preventable injuries among health care personnel, the National Institute for Occupational Safety and Health (NIOSH), with collaborating partners, created the Occupational Health Safety Network (OHSN) to collect detailed injury data to help target prevention efforts. A total of 112 U.S. facilities reported 10,680 OSHA-recordable patient handling and movement (4,674 injuries); slips, trips, and falls (3,972 injuries); and workplace violence (2,034 injuries) injuries occurring from January 1, 2012–September 30, 2014. Incidence rates for patient handling; slips, trips, and falls; and workplace violence were 11.3, 9.6, and 4.9 incidents per 10,000 worker-months, respectively. Nurse assistants and nurses had the highest injury rates of all occupations examined.

Trends Involving Smoking Behavior

Electronic cigarettes are now the tobacco products most commonly used by U.S. high-school students. Data released in April by the Centers for Disease Control and Prevention show that a total of 24.6% of students used tobacco products in 2014; 13.4% used e-cigarettes. Declines in conventional cigarette and cigar smoking have been offset by increases in e-cigarettes and hookah use. Mitch Zeller, director of the US Food and Drug Administration's Center for Tobacco Products, called the figures "staggering", and said that they justified his agency's attempts to regulate these products.

HEALTH TECHNOLOGY CORNER

Google Glass And Health Care

A technological device from Google Glass consists of a wearable computer that is smaller than an ink pen and includes a camera function that could be strapped to an emergency room physician's head or to eyeglasses and used to beam a specialist in to see patients at the bedside. The advantage would be that not only would a patient receive a more specific initial diagnosis and treatment, but a second visit to another physician might not be necessary. Researchers were able to achieve this result at the emergency room of the Rhode Island Hospital in Providence. They found during the course of the study that 93.5% of patients who were seen with a skin problem liked the experience, and 96.8% were confident in the accuracy of the video equipment and that their privacy was protected. By connecting via Google Glass, the specialist could see on an office iPad or computer what the ER doctor was seeing in person. The ER doctor was able to communicate with the dermatologist and both physicians could ask questions of the patient in real time. Applications of this nature should prove useful in rural and remote areas where specialists are not in abundance.

Projections Of Future Home Health Technology Use

Home health technologies are emerging as a distinct segment within the larger mobile and digital health market. The ability to monitor patients remotely with chronic conditions, use technology for improved care of the aged, and conduct virtual physician consultations (eVisits) is being seen as a way to improve the efficiency and effectiveness of the overall healthcare system and improve patient outcomes. According to a new report from Tractica, consumers using home health technologies will increase from 14.3 million worldwide in 2014 to 78.5 million by 2020.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Health Care Information Technology Pain And Progress

Doctors have become better at using electronic health records software in the last two years, but fewer physicians believe electronic health records (EHRs) actually improve care. Whereas 62% of doctors in 2012 believed their EHR helped improve patient care, only 46% answered the same way in 2015, according to research from Accenture. More specifically, 72% of respondents indicated that their EHR reduced medical errors and 58% said they improved outcomes in 2012 – while those numbers dipped to 64 and 46%, respectively. The report can be accessed at http://www.accenture.com/SiteCollectionDocuments/public-service/accenture-doctors-survey-2015-us-infographic.pdf.

Can Education And Job Training Keep Up With Shifting American Demographics?

It is estimated that by the year 2044, whites will no longer be a majority in the U.S. This demographic shift will have a profound impact on U.S. society, politics, and economics. In an essay from the Brookings Institution, the topic of whether the increasingly diverse population that will make up the future workforce will be ready is tackled. The essay can be accessed at http://www.brookings.edu/research/essays/2015/changingfaceoftheheartland#.

Building The Evidence Base For Population-Level Interventions

Population-level interventions focused on policy, systems, and environmental change strategies are increasingly being used to affect and improve the health of populations. A new paper from the journal *Health Education & Behavior* addresses topics of current discussion in the field of evaluating population-level interventions, including the tension between internal and external validity, the need to include measures of health equity, and the balance between fidelity to the intervention and adaptation to the community context. The paper can be accessed at http://heb.sagepub.com/content/42/1_suppl/133S.full.pdf+html.

Future Health Spending Projections

Despite considerable attention to the recent slowdown in health spending growth, there has been little focus on how this slowdown has changed future spending projections. A paper from the Urban Institute examines national health spending projections from the Centers for Medicare and Medicaid Services and explores how they have changed over time and the extent to which the ACA has played a role. The paper can be accessed at http://www.urban.org/UploadedPDF/2000176-The-Widespread-Slowdown-in-Health-Spending-Growth-Implications-for-Future-Spending-Projections-and-the-Cost-of-the-Affordable-Care-Act-ACA-Implementation.pdf.

Cognitive Aging In the Context Of Educating Health Professionals

Forgetfulness at older ages is often equated with a decline in cognition, a health issue that goes beyond memory lapses and one that can have significant impacts on independent living and healthy aging. It is important to examine what is known about cognitive aging to identify steps that can be taken to promote cognitive health and then take appropriate action. The Institute of Medicine (IOM) has examined this matter from the standpoint of the education of health professionals, along with other related considerations. The IOM report can be accessed at http://www.iom.edu/Reports/2015/Cognitive-Aging.aspx.

HEALTH CARE QUALITY AND DISPARITIES

The *National Healthcare Quality and Disparities Reports* are annual reports to Congress that provide a comprehensive overview of the quality of health care received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose is to assess the performance of the health system and to identify areas of strengths and weaknesses in the health care system along three main axes: access to health care, quality of health care, and priorities of the National Quality Strategy (NQS). The reports are based on more than 250 measures of quality and disparities covering a broad array of health care services and settings. The report issued in April 2015 demonstrates that the nation has made clear progress in improving the health care delivery system to achieve the three aims of better care, smarter spending, and healthier people, but there is still more work to do, specifically to address disparities in care.

- After years without improvement, the rate of uninsurance among adults ages 18-64 decreased substantially during the first half of 2014.

- Through 2012, improvement was observed across a broad spectrum of access measures among children.

- *Patient Safety* improved, led by a 17% reduction in rates of hospital-acquired conditions between 2010 and 2013, with 1.3 million fewer harms to patients, an estimated 50,000 lives saved, and $12 billion in cost savings.

- *Person-Centered Care* improved with large gains in patient-provider communication.

- Many *Effective Treatment* measures, including several measures of pneumonia care in hospitals publicly reported by the Centers for Medicare & Medicaid Services (CMS), achieved such high levels of performance that continued reporting is unnecessary.

- *Healthy Living* improved, led by a doubling of selected adolescent immunization rates from 2008 to 2012.

- Performance on many measures of quality remains far from optimal. For example, only half of individuals with high blood pressure have it controlled. On average, across a broad range of measures, recommended care is delivered only 70% of the time.

- Some disparities related to hospice care and chronic disease management grew larger.

- Data and measures need to be improved to provide more complete assessments of two priorities, *Care Coordination* and *Care Affordability*, and of disparities among smaller groups, such as Native Hawaiians, persons of multiple races, and persons who are lesbian, gay, bisexual, or transgender.

(Source: 2014 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; April 2015. AHRQ Pub. No. 15-0007.)