

HIGHLIGHTS

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GEOGRAPHICAL INFLUENCES ON HEALTH

The health of individuals and communities is influenced by many factors, including family history, race and ethnicity, lifestyle, age, and perhaps just as importantly, geographical location of residence. A recent trend in the direction of obtaining a more thorough understanding of geography's role is to pay increased attention to urban evolution. Commotion over the discovery of seats on a British Airways flight that were crawling with bedbugs is just one manifestation of the unintended consequences that worldwide urbanization has on evolution.

As noted on November 3, 2017 in the journal *Science*, the extent of urban areas is increasing around the world. Most humans now live in cities. Urbanization results in dramatic environmental changes, including increased temperatures, more impervious surface cover, altered hydrology, and elevated pollution. Yet, there remains an incomplete understanding of how urbanization affects the evolution of organisms and how this evolution may affect ecosystems and human health.

What is worrisome is the ability of some organisms to adapt to cities and increase disease transmission. Two decades ago, bedbugs were scarce, but they have adapted to insecticides and their infestation has exploded around the globe. For example, some species of mosquitoes have evolved to live in London Underground stations and adapted so that they no longer need to feed on blood to produce eggs. They also have no need to become dormant during the winter. These organisms carry disease and can be found in New York City and other large U.S. cities.

Rural areas experience problems for different sets of reasons. Their inhabitants make up at least 15-20% of the U.S. population. Deeply rooted in economic, social, racial, ethnic, geographic, and health workforce factors, patients face challenges that can result in worse health care services than what is available in urban and suburban areas. Situations, such as inadequate numbers of health personnel and remote locations also can contribute to a lack of access to care.

Compared with urban areas, rural populations have lower median household incomes, a higher percentage of children living in poverty, fewer adults with postsecondary education, more uninsured residents under age 65, and higher rates of mortality, according to a report issued this year by the North Carolina Rural Health Research Program at The University of North Carolina at Chapel Hill. Additionally, a March 2017 report from The Commonwealth Fund describes how sections of the U.S. are faced with challenges in providing health care services that involve conditions, such as long travel distances to facilities and either absence of certain kinds of health professionals in some counties or not enough of them relative to the size of the population.

Unfortunately, no easy answers exist on how to deal satisfactorily with rural health problems. Telehealth may help, but more remedies are needed, especially in trying to address an insufficient supply of allied health and other health practitioners.



ASSOCIATION OF SCHOOLS OF
ALLIED HEALTH PROFESSIONS

*Vanguard of
Allied Health Education*

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Dr.PH.**

PRESIDENT'S CORNER—ASAHP MEMBER FOCUS

By Susan N. Hanrahan, ASAHP President



Hello to everyone! Let me thank **Linda Petrosino** for her service to the Association as President and to the Board of Directors for their faith in my ability to lead this organization. We have a good team of people and an excellent membership—I am looking forward to all of our opportunities.

Just a few notes on our direction: We will focus on the words noted in our Association mission as our five strategic priority areas led by a chair of each group which will look like this---

Professional Education- **Mitch Cordova**

Alliances and Partnerships- **Teresa Conner-Kerr**

Leadership- **Jodi Cahalan**

Research- **Charlotte Royeen**

Advocacy- **Kyle Meyer**

We already have some “worker bees” as members in each group, but if you have interest in serving, please let me know. The groups will have some direction and a “quasi-plan” so we can get some things accomplished over the next two years.

We have some special initiatives that fall under our priority areas but are important enough to note separately: 1) The formation of an *ASAHP Student Assembly* has moved quickly. **Rich Oliver** will continue to be the liaison to that group and the Board will continue to advise and facilitate their evolution as necessary. Be on the lookout for what your campus can do to participate.

2) An *International Task Force* also led by **Rich Oliver** has been working to identify the competencies needed for basic rehab workers who will staff hospitals that are being opened in developing countries. Lots of pieces will flow from this so stay tuned.

3) Our group in *Clinical Education*, led by **Julie O’Sullivan Maillet**, has been productively busy in giving us big pieces of information on models, obstacles and goals. It is a huge chunk of our life in academia and industry so we will continue to support those efforts.

4) We have an *IPE* group, led by **Tony Breitbart**, who will be organizing some areas of focus that needs attention.

5) **Phyllis King** is leading our *Leadership Development Program*.

Since we have added industry members and the student assembly, blended with our academic partners, we have increased opportunities to share issues and concerns and develop strategies for workable solutions. It will be great to have those robust discussions. I have reached out to most of our institutional members about “conversation” so please contact me with any ideas that you might have. We really do need an engaged and active membership. There is lots to do.

In lieu of a monthly message from me (I will still be in touch electronically), I would prefer to focus on our members. 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.

So, important work to do, on top of our daily jobs, that I hope will be “doable” and make a difference. We are the leaders so let’s “lead away.”

GOP UNVEILS TAX REFORM LEGISLATION



After being unable to achieve a repeal and replacement of the Affordable Care Act, Congressional Republicans in November 2017 shifted their attention to overhauling the tax code. The House of Representatives passed H.R. 1, the Tax Cuts And Jobs Act, on a vote of 227-205 on November 16. No Democrats voted for the bill. Hours later, the Senate Finance Committee on a vote of 14-12 along party lines approved forwarding its tax reform bill to the full Senate. Approval came after committee Republicans revised the measure to include a provision that would repeal the Affordable Care Act's individual mandate.

House legislation does not include that provision, which would generate an estimated \$338 billion in revenue over a decade to pay for other changes in the tax plan. A downside, according to the Congressional Budget Office (CBO) and the Joint Committee on Taxation (JCT), is that repealing the mandate would increase the number of uninsured individuals by four million in 2019 and 13 million in 2027.

The JCT indicated that the House-passed bill's education-related provisions would cost students and families more than \$71 billion over the next decade. Specific provisions related to higher education in the House bill include:

- Repeal of the Student Loan Interest Deduction
- Repeal of the qualified tuition reduction, making graduate student tuition waivers taxable income
- Repeal of Lifetime Learning Credit (while not substantially increasing the American Opportunity Tax Credit)
- Repeal of educational assistance program exemptions, making such assistance taxable
- The creation of a new excise tax on the endowments of about 60 private colleges and universities.

When the full Senate considers the bill, it will be done under the budget reconciliation process, which precludes filibustering. Assuming that it is approved, leaders in both chambers will have to decide what to do next, such as having the House accept the Senate version or vice versa. Another option would be to form a conference committee to resolve differences that both chambers later would have to approve. It remains unclear how long it will take for a bill to be sent to President Trump for him to sign into law. Republicans would like to accomplish this task by the end of 2017.

2018 ASSOCIATION CALENDAR OF EVENTS

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

Date TBA—Part One of Leadership Development Program in Charleston, SC

Date TBA—Part One 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

AFFORDABLE CARE ACT DEVELOPMENTS

As noted on the previous page of this issue of the newsletter, Congressional Republicans have shifted their focus from repealing and replacing the Affordable Care Act to overhauling the U.S. tax code. Although a bill passed by the House did not include a provision to eliminate the ACA's individual mandate, the Senate Finance Committee bill incorporated that particular objective. If Democrats shy away from supporting tax legislation and a small handful of Senate Republicans do likewise at any stage of the upcoming proceedings, then the outcome for tax reform is destined to be similar to what transpired in efforts to achieve health reform.

Apart from the Congressional arena, the Trump Administration is able to exert its influence on health reform through regulatory initiatives. For example, on October 12 the President signed an executive order aimed at expanding access to and use of association health plans, non-ACA compliant short-term coverage, and health reimbursement accounts. He also announced that the federal government would no longer make cost-sharing reduction (CSR) payments to insurers to reimburse them for reducing the out-of-pocket expenses (for example, deductibles and copayments) of low-income participants in the health insurance marketplaces. These steps triggered alarm bells among supporters of the Affordable Care Act. An example of a concern is the possible impact these actions could have on job loss in the health sector.

Possible Health Workforce Employment Consequences Of Health Reform

The House of Representatives on May 24 of this year passed the American Health Care Act (H.R. 1628) as a partial attempt to repeal and replace the ACA. If this legislation had been enacted into law, an analysis by The Commonwealth Fund estimates that the AHCA would raise employment and economic activity at first, but lower them in the long run. It initially would raise the federal deficit when taxes including Medicare levies on investment income and on high-income earnings; taxes on health insurance and medical devices; and a tax on high-cost insurance (i.e., the "Cadillac tax") are repealed, leading to 864,000 more jobs in 2018. Repeal also would raise limits for health savings accounts and lower the threshold for medical care deductions. In later years, reductions in support for health insurance are viewed as causing negative economic effects. By 2026, 924,000 jobs would be lost, gross state products would be \$93 billion lower, and business output would be \$148 billion less. About three-quarters of jobs lost (725,000) would be in the health care sector. States which expanded Medicaid would experience faster and deeper economic losses. Within the health sector, job losses due to coverage-related cuts are much greater than gains due to tax repeal and losses in health care jobs would begin immediately. In other sectors, employment grows at the beginning, but later declines.

Why The Health Workforce Requires Greater Attention By Policymakers

Section 5101 on page 474 of the 906-page engrossed version of the Affordable Care Act in 2010 creates a 15-member *National Health Care Workforce Commission*. Unfortunately, the Commission never became operational and no financing was provided for it. Meanwhile, the population of the U.S. continues to grow at a steady pace, with the fastest increases occurring among the oldest cohorts. Aged patients often experience multiple health problems that require the provision of health care services.

The nation has not been successful in producing a sufficient number of geriatricians to address the needs of these individuals. The physician workforce as a whole has been experiencing shortages that are not projected to be met anytime in the near future despite the addition of new medical schools coming into existence. Pockets of dissatisfaction exist, which lead to indications that nearly one in five U.S. physicians intends to reduce clinical work hours in the next year and roughly one in 50 intends to leave medicine altogether in the next two years to pursue a different career, according to research reported in the November 2017 issue of the journal *Mayo Clinic Proceedings*. Thus, it is eminently reasonable to worry about how a lacuna in this segment of the health workforce can be filled and to what extent allied health professionals can tend to unmet health care needs. Also worrisome is the fact that serious imbalances exist in the distribution of health professionals, with many rural sections of this nation experiencing health shortages across the professions. Clearly, there are many good reasons, such as high education costs that make it difficult for some students to pursue a health career, why policymakers need to direct more attention to dealing with these kinds of issues.

DEVELOPMENTS IN HIGHER EDUCATION

Accreditation plays a central role in assuring the quality of education at academic institutions. Enhancing interprofessional education in the health field represent an important topic that accrediting bodies should address. A second consideration is how accreditation relates to transfer and award of credits when students elect to change institutions as they pursue their educational goals.

Interprofessional Education (IPE) And The Role Of Accreditation In Achieving The Quadruple Aim

A Discussion Paper released last month by the National Academy of Medicine examines the role of accreditation in achieving the *Quadruple Aim*, which consists of improving the patient experience of care, improving the health of populations, reducing the per capita cost of health care, and improving the work life of health care providers, including clinicians and staff. Accreditors from multiple health professions, the Health Professions Accreditors Collaborative (HPAC), have joined together to discuss their role and to set continuing education standards for IPE and guidance for interprofessional foundational education. Although models for IPE exist to guide the learning process from education to practice, there are few guides for the historic work of accreditors to promote interprofessional collaboration across education and practice. An example is a model presented when members of the Global Forum on Innovation in Health Professional Education of the National Academies of Sciences, Engineering, and Medicine met in April 2016 with accreditors from different health professions to explore intersections of accreditation across the professions and throughout the continuum of health professions' education.

The overall and joint goal of the educational, delivery, and regulatory systems (represented by the Quadruple Aim) is collaboration among and across the health professions and health delivery systems, as reflected in the various accreditation standards and processes. One challenge for educators and health care providers alike is judging where they reside along the accreditation innovation continuum. Both must consider the effect of ongoing educational reform, ever accelerating practice redesign, new practitioner roles, and new venues of practice, along with the changing roles of patients, families, and communities. The ultimate goal, however, is to collaborate across and between professions and delivery systems to address emerging learning and practice issues. How best to incorporate care quality and patient safety, the social determinants of health, and clinical workforce resilience and burnout are recent issues of particular pertinence that need to be reflected in educational and health delivery accreditation standards and processes.

Joint Statement On The Transfer And Award Of Credit

Transfer and award of credit is a concept that increasingly involves relations between dissimilar institutions and curricula and recognition of extra-institutional learning and transfer between institutions and curricula with similar characteristics. Guidelines recently developed by the American Association of Collegiate Registrars and Admissions Officers, the Council for Higher Education Accreditation (CHEA), and the American Council on Education (ACE) are directed to colleges, universities, and others concerned with the transfer and award of academic credit between higher education institutions or recommended credit based on learning that occurs outside the college classroom. An essential principle is that every institution is responsible for determining its own policies and practices regarding the transfer of credit. Transfer from one institution to another involves at least three considerations: (1) the educational quality of the learning experience which the student seeks to transfer; (2) the comparability of the nature, content and level of the learning experience to that offered by the receiving institution; and (3) the appropriateness and applicability of the learning experience to the programs offered by the receiving institution, in light of the student's educational goals. Accreditation does not address questions about the comparability of the nature, content, and level of potential transfer credit. Information must be obtained from catalogues, syllabi, and other materials and from direct contact between knowledgeable and experienced faculty and staff at both the receiving and sending institutions.

QUICK STAT (SHORT, TIMELY, AND TOPICAL)

College Basketball's March Madness And Binge Drinking

A research paper from the National Bureau of Economic Research (NBER) released in November 2017 examines the impact of the NCAA Men's Basketball Tournament on college students' drinking behavior using a nationally representative sample of American institutions. Success in intercollegiate athletics may have a negative effect on the current student body by influencing risky behavior, especially the consumption of alcohol commonly associated with game day festivities. Using the Harvard School of Public Health College Alcohol Study (CAS), researchers found that a school's participation in the NCAA tournament is associated with a 30% increase in binge drinking and a 9% increase in self-reported drunk driving by male students at that school. The results suggest that this increase is not offset by less alcohol use before or after the tournament (intertemporal substitution), but instead seems to represent a net increase in the amount of alcohol consumed by students at participating schools.

Influence Of Pharmaceutical Marketing On Medicare Prescriptions In Washington, DC

Based on a study examining prescription practices of nearly 3,000 health care professionals in the District of Columbia during 2013, a report published in *PLOS One* on October 25, 2017 indicates that gifts from pharmaceutical companies are associated with more prescriptions per patient, more costly prescriptions, and a higher proportion of branded prescriptions with variation across specialties. The study looked at not just physicians, but also physician assistants, nurse practitioners, and other prescribers across a wide range of specialties. It combined information from local and federal databases, directly linking prescriptions and gifts for individual prescribers under Medicare Part D. Gifts of any size had an effect and larger gifts elicited a larger impact on prescribing behaviors. The study confirms and expands on previous work showing that industry gifts are associated with more expensive prescriptions and more branded prescriptions.

HEALTH TECHNOLOGY CORNER

Smart Bandage To Heal Chronic Wounds

Chronic wounds do not heal in an orderly fashion in part due to the lack of timely release of biological factors essential for healing. As reported on September 19, 2017 in the journal *Advanced Functional Materials*, a smart bandage has been designed that consists of electrically conductive fibers coated in a gel that can be individually loaded with infection-fighting antibiotics, tissue-regenerating growth factors, painkillers, or other medications. A microcontroller no larger than a postage stamp, which could be triggered by a smart phone or other wireless device, sends small amounts of voltage through a chosen fiber. That voltage heats the fiber and its hydrogel, releasing whatever cargo it contains. A single bandage could accommodate multiple medications tailored to a specific type of wound, the researchers said, while offering the ability to control precisely the dose and delivery schedule of those medications. That combination of customization and control could substantially improve or accelerate the healing process.

Scaling Up Research On Drug Abuse And Addiction Through Social Media Big Data

An objective of a critical review reported on October 31, 2017 in the *Journal of Medical Internet Research* was to determine how social media big data can be used to understand communication and behavioral patterns of problematic use of prescription drugs. The characteristics of users who shared problematic substance use-related communications on social media were reported by general group terms, such as adolescents, Twitter users, and Instagram users. Researchers offer theoretical applications, ethical considerations, and empirical evidence within the scope of social media communication and prescription drug abuse and addiction. Their critical review suggests that social media big data can be a tremendous resource to understand, monitor and intervene on drug abuse and addiction problems.

AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Recommendations For Reauthorizing The Higher Education Act (HEA)

A policy brief from The Conference Board offers 13 recommendations for the federal Higher Education Act (HEA) reauthorization that will educate more Americans to higher levels of skills and knowledge at lower cost per person. Experts estimate that approximately two-thirds of American jobs will require some postsecondary education or training by 2020. As of 2016, 60% of adult Americans have completed some coursework or training beyond high school. These trends make the HEA, which governs federal student aid programs and accreditation rules for colleges and universities, more important than ever. First passed in 1965, it has been due for reauthorization since 2013. The brief can be obtained at https://www.ced.org/pdf/CED-Higher_Education_Act.pdf.

Behavioral Design Teams In Clinical Delivery Innovation

An Issue Brief from The Commonwealth Fund discusses how a deep understanding of human behavior is critical to designing effective health care delivery models, tools, and processes. Currently, however, few mechanisms exist to apply insights systematically about human behavior to improve health outcomes. Behavioral design teams (BDTs) are a successful model for applying behavioral insights within an organization. Already operational within government, this model can be adapted to function in a health care setting. BDTs could be embedded in health care organizations in multiple ways, including in or just below the CEO's office, within a quality improvement unit, or within an internal innovation center. When running a portfolio, BDTs achieve a greater number and diversity of insights at lower costs. The Issue Brief can be obtained at http://www.commonwealthfund.org/~media/files/publications/issue-brief/2017/nov/robertson_behavioral_design_teams_ib.pdf.

Training The Health Workforce For 21st-Century Science

A discussion paper released by the National Academy of Medicine for Health and Health Care initiative, which will provide guidance on priorities for health and health care to the incoming administration and other health care leaders and policymakers, has a focus on training the workforce for 21st century science. This publication is part of the Academy's *Vital Directions for Health and Health Care Initiative*, which called on more than 100 leading researchers, scientists, and policy makers from across the United States to assess and provide expert guidance on 19 priority focus areas for U.S. health policy. The papers were discussed at a September 26 public symposium in Washington, D.C. This particular one can be accessed at <https://nam.edu/wp-content/uploads/2016/09/Training-the-Workforce-for-21st-Century-Science.pdf>.

Common Success Levers Across Accountable Care Organizations (ACOs)

Recognizing the importance of identifying and disseminating success levers, the Health Care Transformation Task Force (HCTTF) designed and conducted a nearly 12-month qualitative study analyzing the elements of accountable care organization (ACO) success. A Task Force report details that work, outlining research methods and describing key findings across a number of domains. The information contained in this paper represents the experiences of select ACOs, including HCTTF and non-HCTTF members, and is supported by additional evidence found in the current literature. The report can be obtained at <https://static1.squarespace.com/static/548b623fe4b0991231a05ff0/t/5a03853171c10b64691feb45/1510180146001/Leversof+Successful+ACOs+%5B6%5D.pdf>

ASAHP WELCOMES NEW MEMBERS

Just as academic institutions have a vested interest in the recruitment and retention of students, faculty, and staff, professional organizations also are in a position to thrive with the addition of new members. The October 31 issue of the Association's biweekly publication, ASAHP UPDATE, listed the names of three new members: two academic institutional members and one professional institutional member. They are as follows:



Barbara Jacobsmeyer is Executive Vice President of Operations for HealthSouth. She previously served as the President of the Inpatient Rehabilitation Segment's Central Region at HEALTHSOUTH Corporation. She earned her master's degree in Health Services Management from Webster University and her bachelor's degree in Physical Therapy from St. Louis University. The company is one of the nation's largest providers of post-acute healthcare services.



Christopher O'Brien is the Inaugural Dean of Health Sciences at King's College in Wilkes-Barre, PA. He earned his bachelor's degree in Health Sciences/Athletic Training from Lock Haven University, master's degree in Athletic Training from California University of Pennsylvania, and his doctorate in Human Development – Higher Education Administration from Marywood University. Programs are offered in the following areas: Athletic Training, Exercise Science, Nursing, and Physician Assistant Studies.



Patricia Prelock is Dean of the College of Nursing & Health Sciences at the University of Vermont. She has a Ph.D. in Speech-Language Pathology from the University of Pittsburgh, an M.A. in Speech Pathology from Kent State University, and a B.S. in Speech Pathology & Audiology from Kent State University. The College offers undergraduate degrees in Athletic Training, Communication Sciences and Disorders, Exercise Science, Medical Laboratory Science, Medical Radiation Sciences, Health Sciences and Nursing; and graduate degrees in Communication Sciences and Disorders, Exercise Science,

Medical Laboratory Science, Nursing, Physical Activity and Wellness, Physical Therapy and Interdisciplinary Human Functioning and Rehabilitation Science.

CROSS-CULTURAL DIFFERENCES IN HEALTH COMMUNICATION

The United States in recent decades became home to migrants, refugees, and immigrants from all over the world. These individuals may differ in many ways from native-born Americans regarding their beliefs about the origin of disease, accurate recognition of symptoms, and preferred treatment methods. Differences of this nature may influence the quality of interpersonal communication between patients and health care givers.

The November 2017 issue of the journal *Pediatrics* contains an article that describes a case in which a Pakistani immigrant family faces a tragic medical situation involving a dying child and wants to deal with it in ways that might be normative in their own culture, but are aberrant from a more conventional U.S. perspective. A conclusion drawn from the episode is that strict adherence to Western ethical norms may not always be the best choice. Instead, an approach based on cultural humility may often allow individuals on both sides of a cultural divide to learn from one another. A lesson of this kind cuts across the health professions, illustrating the challenges involved in providing health care services for individuals who have arrived here from other lands.