

U.S. WORKPLACE PROFILE

Key job growth has occurred in careers demanding high skilled workers in offices, hospitals, and schools. Manufacturing jobs and other blue-collar jobs are declining and college-educated workers now produce more than half of the nation's annual economic value. In 1967, college graduates accounted for 13 percent of workers and more than 20 percent of wages, but now represent 34 percent of workers and 53 percent of wages.

This increase of wealth has shifted consumer demand from mass produced goods to mass customization of goods and services. Americans spend less on clothing and food as evidenced by the fact that food and clothing expenses have dropped 27 percent since 1947. This trend allows U.S. citizens more discretionary funds to spend.

- Workers with no postsecondary education accounted for more than 70 percent of the workforce and over 60 percent of wages in 1967. Today, they account for 39 percent of workers but less than 30 percent of wages.
- Since 1967, the share of American workers employed in high-skill managerial and professional jobs increased from 21 percent to 35 percent, while the share employed in low-skill jobs declined from 39 percent to 29 percent.
- Since 1967, the share of output produced by the manufacturing industry declined from 31 percent to 16 percent, while the share of value produced by the finance and business services sector grew from 12 percent to 26 percent.

A new report entitled, *The Economy Goes to College: The Hidden Promise of Higher Education in the Post-Industrial Service Economy* from the Center on Education and the Workforce at Georgetown University provides additional information that can be accessed at <https://cew.georgetown.edu/wp-content/uploads/EconomyGoesToCollege.pdf>.

ELECTRONIC HEALTH INFORMATION

A major health policy objective is to enable an interoperable learning health system, one in which electronic health information is available and can be securely and efficiently shared, when and where it is needed, to support patient-centered care, enhance health care quality and efficiency, and advance research and public health. An obstacle to achieving this result is that current economic and market conditions create business incentives for some individuals and entities to exercise control over electronic health information in ways that unreasonably limit its availability and use.

A complete solution to the information blocking problem currently is beyond the reach of existing federal law and programs. A comprehensive approach will require overcoming significant gaps in current knowledge, programs, and authorities that limit the ability to target, deter, and remedy such blocking effectively. Among the many challenges associated with improving health care delivery, successful approaches to prevent information blocking likely will require congressional intervention.

SUSTAINABLE GROWTH RATE FORMULA

The Senate has one more day to pass a bill that prevents a 21 percent cut in Medicare reimbursements to physicians and other professionals, such as physical therapists and physician assistants. The House passed *H.R. 2, the Medicare Access and CHIP Reauthorization Act*, with overwhelming bipartisan support before adjourning for recess in a bill that would offset \$70 billion of the bill's \$210 billion total cost over the next decade. Half of this \$70 billion would come from entities, such as Medicare beneficiaries through means testing premiums for high-income seniors. What is needed is to resolve differences involving the length of a funding extension for the Children's Health Insurance Program (CHIP), restrictions on abortion, and a Medicare therapy caps provision. Senate Republicans are seeking offsets to cover the rest of the \$140 billion projected expense.

FUNDING OPPORTUNITIES

Despite the growing interest and rapid pace of recent achievements, not much is known about strategies and interventions that might reduce diagnostic failures and patient harms. The **Agency for Healthcare Research and Quality (AHRQ)** is soliciting research applications to conduct: (1) *Health Services Research Demonstration and Dissemination Projects (R18)* to evaluate strategies and interventions for reducing diagnostic failures and patient harms, including approaches that enable organizations, providers, and patients to better anticipate emerging diagnostic risk before failure and harm occur. (2) *Health Services Research Projects (ROI)* to gain a better understanding of the complexity and incidence of diagnostic failure and its associated costs and harms.

Funding opportunity announcements can be accessed at the following:

<http://grants.nih.gov/grants/guide/pa-files/PA-15-179.html> and at <http://grants.nih.gov/grants/guide/pa-files/PA-15-180.html>.

The Patient-Centered Outcomes Research Institute (PCORI) issued the latest funding announcement under its *Pragmatic Clinical Studies* initiative, offering up to \$90 million in support for projects evaluating the effectiveness of different care options in “real-world” settings. PCORI will provide up to \$10 million in direct costs for studies lasting up to five years through this funding opportunity, the fourth such offering.

The initiative’s aim is to support large patient-centered studies that can address information gaps on health problems that place heavy burdens on patients, families, and the healthcare system. These projects are designed to produce evidence generally applicable to a wide range of patients’ needs and clinical settings and to answer critical comparative clinical effectiveness questions faced by patients and clinicians. Interested applicants must submit Letters of Intent (LOIs) by no later than **5 p.m. ET on Friday, May 1**.

PCORI will notify those invited to submit full applications by Friday, June 5. The new funding announcement includes an array of resources designed to help research teams submit responsive proposals. Information can be accessed at <http://www.pcori.org/announcement/large-pragmatic-studies-evaluate-patient-centered-outcomes-spring-2015-cycle>.

HEALTH PROFESSION GRANTS

The Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Family Assistance (OFA) is announcing that it anticipates competitively awarding cooperative agreements to support demonstration projects that are designed to provide eligible individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand. In addition to providing education and training services, funds for this project may be used for child care, case management, and other supportive services as appropriate.

It is expected that new grants will be for 60-month project periods with five 12-month budget periods. Potential applicants will need to be able to demonstrate strong partnerships with health care employers and a strong labor market demand for the occupations for which they are providing education and training. Institutions of higher education are among the entities that are eligible to compete for funding. The closing date for applications is **May 29, 2015**.

Additional information can be accessed at http://www.acf.hhs.gov/grants/open/foa/files/HHS-2015-ACF-OFA-FX-0951_0.pdf.

2015 SUMMER INSTITUTE

The University of Texas Health Science Center San Antonio will conduct its *2015 Summer Institute* on August 5-7. This year’s focus is on interdisciplinary collaboration to improve healthcare delivery and patient outcomes. The Institute will feature an expanded array of topics and formats aimed at advancing clinical excellence. Plenary session presentation topics include: patient engagement from an organizational perspective and engagement methodologies to reduce healthcare disparities.

Abstract submissions are being sought for symposium, podium, and poster presentations that fit any of the following tracks: Research, Educational, and Clinical. The deadline for submitting Abstracts is **May 1, 2015 at 5:00 PM CST**. Information on how to register and submit Abstracts can be accessed at <http://nursing.uthscsa.edu/ce/conference.aspx>.