



The Riner Group, Inc. MEDISCENE™

March 2025

Trends Impacting Health & Healthcare Delivery



2025: Looking Forward

Since 2019, the United States healthcare industry wrestled with a COVID crisis and is currently continuing to emerge from the ravages of that event. As healthcare focused organizations begin to fashion their strategies and operational performance indices for the upcoming year, they have had to consider many items that impact their performance. These items include trends impacting policy and regulatory changes in a rapidly evolving technological arena. The information provided to the right from a recent McKinsey & Company report provides a high-level snapshot of the healthcare industry's financial performance and provides as foundational discussion points for the formulation of appropriate strategies looking at our current status and long-term horizon:

Most healthcare segments hope to show >5% annual EBITDA growth from 2023-2028. Of note is that some segments are expected to recover more rapidly than others. [see graphs to the right]

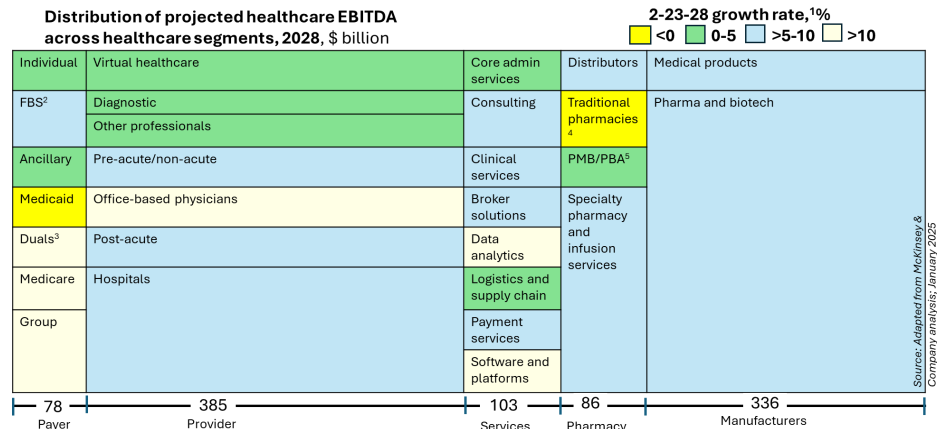
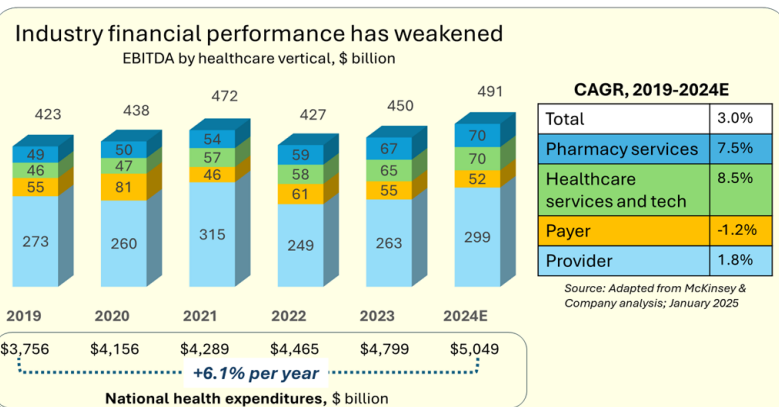
The graphs to the right and comments highlight overarching major trends that healthcare organizations and healthcare related businesses are contending with as they address their strategies and operational motifs for the upcoming year. However, before listing challenges for 2025, let us take but a brief look back at some of the largest challenges physicians faced in 2024: (continued on page 2)

Mirror, Mirror on the Wall

The United States healthcare system continues to struggle with uninsured, inadequate coverage, administrative inefficiencies, and challenges to patient experience and accessibility. In fact, discontinuity of care, poor communication, and handoffs are the greatest complaints that patients bring to the attention of their caregivers.

A recent study by the Commonwealth Fund analyzed 70 health system performance measures in 5 areas, including access to care, care process, administrative efficiency, equity, and outcomes, and found that the United States performed last among all the economically developed countries, despite healthcare spending rising 5.3% over the year, reaching \$6,159 on average. As a whole, healthcare spending in 2023 reached \$4.8T with Americans spending more on healthcare than any other G20 nation. Looking ahead, healthcare costs are projected to rise 8% in 2025 driven by demand for costly GLP-1 drugs and an aging population. ^M

[Source: Mirror Mirror on the Wall 2024: A Portrait of the Failing US Healthcare System; Commonwealth Fund]



The Business, Art & Science of Medicine

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2024 HEALTHCARE CHALLENGES—Looking Back at the Past Year

- ◆ Lowering of insurance payments for physician services by all payers in the face of rising practice costs.
- ◆ Some specialties, such as anesthesia, remain challenged to be properly reimbursed for providing services. A decrease in the anesthesia conversion factor by CMS, unilateral decisions by the private insurers, and being allowed to make bundling of ultrasound fees resulted in challenging payments for modifiers. There is a prevailing feeling among physicians that the insurance network system favors the insurers and controls an uneven playing field.
- ◆ Significant numbers of physicians have faced a decline in inflation-adjusted reimbursement for their services in the setting of increasing requests for prior authorization, claim denials, and rising operational requirements.
- ◆ Reimbursement cuts in the face of an aging population with chronic diseases are quickly becoming a great challenge for many healthcare professionals and systems. There is a continued focus on operational efficiency and productivity with a forward view that shows limited room for improvement, short of major advances in technology.

Cognizant of the above, here is a partial listing the 2025 trends that hospitals, health systems, and clinicians/physicians are wrestling with:

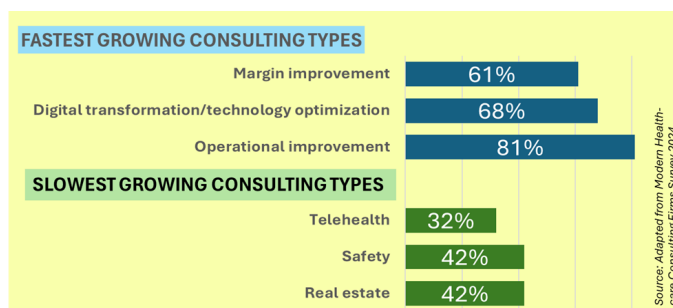
2025 GENERAL HEALTHCARE CHALLENGES—Looking Forward

- ◆ Continued Medicare payment reform activities
- ◆ An approach to prior authorization which improves performance for all parties concerned, especially the patient – hopefully!
- ◆ Fighting scope creep which entails many people rushing into the healthcare space with concern for lack of adequate training for the activities they are asking to perform.
- ◆ Dealing with physician burnout and clinical burnout from excessive administrative requests and operational requirements involving paperwork and other non-clinical work that is onerous and extremely time-consuming. This hopefully will be addressed by continued improvements in technology which are desired to reduce the burden that is now falling on physicians and nurses as they try to render appropriate care.
- ◆ Enrollment in Medicare Advantage (MA) programs, particularly by the dual-eligible population, will likely continue to grow. MA enrollment has risen 9% annually from 2019-2023 and membership growth rate will not be as robust but is projected to continue growing from 2023-2028.
- ◆ Recent events (i.e. violence against a major insurer's CEO) are entangled in the web of prior authorization requests and denied claims which have impacted people's perceptions. It is uncertain how much of this will equate to long term changes in enrollment in MA which has some of the highest denial rates for services.

Healthcare consultants and other healthcare focused professional service firms are seeing the following:

2025 CONSULTING & HEALTHCARE SERVICE TRENDS—Looking Forward (continued)

- ◆ Business performance consulting dominates
- ◆ There is growing interest in home health care
- ◆ Value-based care is expanding within limitations
- ◆ Cybersecurity efforts have increased and are becoming more critical across the entire healthcare sector. [see graphs to the right]
- ◆ Specialty pharmacy is one of the fastest growing segments within pharmacy services. Overall, patient affordability, cost containment, and transparency are likely to remain key themes across this sector.
- ◆ The National Health expenditure has continued to increase and it is anticipated that an aging population will continue to seek more healthcare services in the setting of continued labor shortages in other facets of healthcare delivery.
- ◆ Adverse mental health conditions have increased sharply since the COVID-19 pandemic and more than 122M people now live in areas with access to treatment that is limited due to provider shortages. It is anticipated that increasing numbers of psychiatric mental health nurse practitioners will play a vital role in meeting healthcare needs in this area.
- ◆ The aging U.S. population is providing rising demand for elder care and a growing healthcare workforce. *Every Baby Boomer will be at least 65 years old by 2030 with the oldest members close to 85 years old, meaning 1 out of every 5 Americans will be cared for or eligible to enroll in Medicare.*



Additional transformative trends that have direct bearing on an aging population include, but aren't limited to: (continued on page 3)

2025 AGING POPULATION TRENDS—Looking Forward (*continued*)

- ◆ Anti-obesity drugs that provide cardiovascular benefit for weight loss, treatment of diabetes, and a host of positive benefits to other disease processes need to be utilized and prescribed appropriately as they are not free of side effects. There is a current debate about compounding vs. actual appropriately licensed pharmacists and pharmacies providing some of these drugs via a telehealth format that is sometimes criticized for not doing adequate evaluation of people seeking these types of medications.
- ◆ The Artificial Intelligence (AI) revolution will provide precision diagnostics and predictive care. Trust and verification issues will need to be addressed.
- ◆ Cardiovascular, rheumatology, and virtually all specialists will be dealing with “inflammation.” This is now felt to be a hidden facet of many disease processes, especially cardiovascular disease, and our therapies as well as our care are being looked at differently in light of our growing understanding of this process.
- ◆ Genetics are going to play a larger role in our healthcare assessments and delivery. CRISPR (Clustered Regularly Interspaced Short Palindromic Repeats) is a technology used to selectively modify DNA of living organisms. Heredity conditions like familial hypercholesterolemia are prime targets for CRISPR interventions. CRISPR is also opening new frontiers in understanding other cardiovascular disease mechanisms.
- ◆ We have greater understanding of disease processes that have not been as prominently displayed or understood – such as amyloidosis. Once considered rare, this condition is experiencing a renaissance in diagnostic and treatment approaches with our advanced imaging techniques and genetic screening that enables earlier detection and emerging therapies. In general, there is a more personalized, precise, and proactive approach to cardiovascular disease and the integration of advanced technology such as AI, CRISPR, and a deeper biologic understanding of the causes of diseases as permeating the healthcare treatments offered to all patients.
- ◆ Activities that are not just pharmaceutically focused, namely exercise, diet, meditation, and a host of other “wellness” activities are also gaining understanding and traction as critical elements in our armamentarium to improve our lifespan and healthspan.
- ◆ Finally, the movement of healthcare provision to big retailers is under evolution. The past year was a defining year for retailers, and not necessarily in a good way, as there were multiple failed attempts at offering more healthcare services. The high cost of care and reimbursement pressures for Walmart and Walgreens impacted their plans to disrupt healthcare and grow revenue. *The companies collectively oversaw the closures of more than 200 clinics in the first half of 2024.* On the other hand, CVS Health, Kroger, and Amazon are continuing efforts and are attempting to work their way through the healthcare services that are provided and the challenges to such. You may recall in previous newsletters we have asked the Peter Drucker question of “What business are you in?” Some people feel that if the likes of Walgreens and Walmart can’t make healthcare services work, other retail organizations will be pushed hard to stay away from that type of business through their current retail structure. Nonetheless, there have been some successes in the area. Amazon acquired primary care provider OneMedical for nearly \$4B in 2023 and their clinics and virtual care are potential bright spots to be followed and observed. In October 2024, OneMedical announced partnership with the Cleveland Clinic in Ohio to open co-branded primary care offices in 2025 with plans to open additional locations in the next few years. Kroger Health began piloting senior care about a year ago, starting at 8 Little Clinic locations in Atlanta. In 2025, Kroger plans to expand services to more patients in Georgia, Kentucky, and Tennessee. Finally, Walmart Health closed all 51 clinics in June and shut down its virtual care platform citing an unsustainable business model plagued by reimbursement challenges and rising costs.

2025 LEADERSHIP TRENDS—Looking Forward (*continued*)

- ◆ The AI and innovation paradox is impacting humanistically focused activities. AI and innovation in healthcare are very challenging and demand a balancing of technology and “human touch.” The great ‘Hand Off’ that has occurred with technology impacting many of the activities that people need to navigate has not gone unnoticed and has caused considerable dislike of some of the structures that technology has taken over in terms of a ‘middleman’ or ‘non-human’ in the actions between human beings.
- ◆ Beyond physical workspaces, fostering connection and trust in a hybrid world will likely continue to evolve. Leaders who manage hybrid and remote teams, interestingly, are noted to be 2.5xs more likely to be prepared to foster connection and inclusion and 3xs more likely to have high engagement, while 2xs less likely to intend to leave an organization within 3 years – trends that need to be watched and observed closely as we move forward.
- ◆ Without question leadership will earn their keep by addressing burnout and the undesirable aspects of activities that leave a negative impact as they deal with numerous new motifs of healthcare and operational interaction with a sometimes disenchanting workforce.

Finally, this author’s background as a cardiologist leads to a high-level recognition of some possible transformative trends that are occurring in medicine.

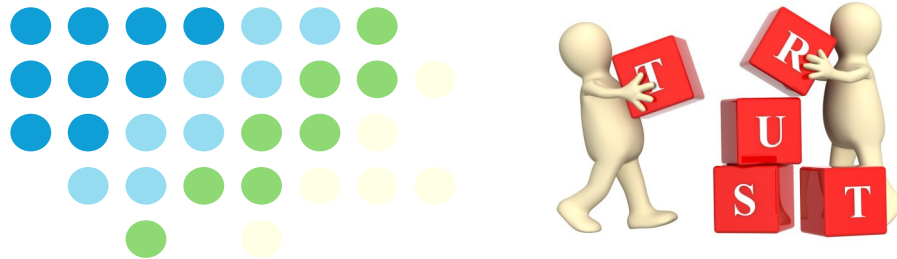
2025 POSSIBLE TRANSFORMATIVE TRENDS—Looking Forward (*continued*)

- ◆ The story of anti-obesity drugs and the cardiovascular benefit that accrues in diabetes, weight loss and some of the other pathologies benefited by these drugs.
- ◆ Precision diagnostics and predictive care will grow. New technologies that will obviate the necessity for significant open surgical procedures.
- ◆ New imaging motifs that provide a vast array of additional information enhancing diagnostic capabilities and accuracy – often enhanced by artificial intelligence.
- ◆ Greater emphasis on lifestyle modification as a significant component in the armamentarium of enhancing lifespan and healthspan. ^M

What About Public Health?

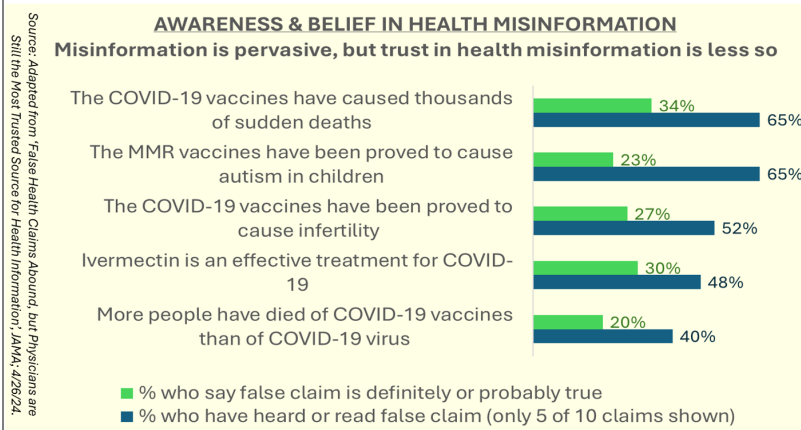


The public health arena is beginning to focus on various aspects of healthy living. Of note is the fact that a recent Health Affairs study [HEALTH AFFAIRS 43, NO. 6 (2024): 783-790] explored spirituality as a determinant of health. Reimagining the future of public health, the study makes the point that we should address integrating deeply valued spiritual determinants of health that shape ultimate meaning, purpose, transcendence, and connectedness for the individual well-being and population health. It's acknowledged that definitions of spirituality and religion vary by academic discipline. The Multidisciplinary International Consensus Conference of Divine Spirituality considers the following definition: "dynamic and intrinsic aspects of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. [Health Affairs Vol 43 No 6 Reimagining Public Health] M

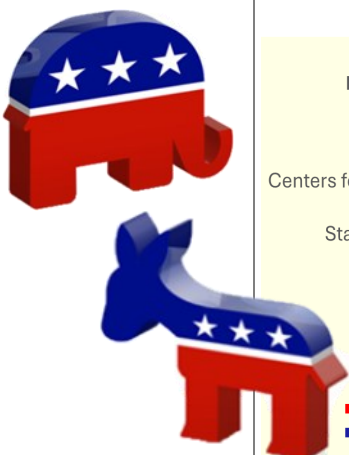
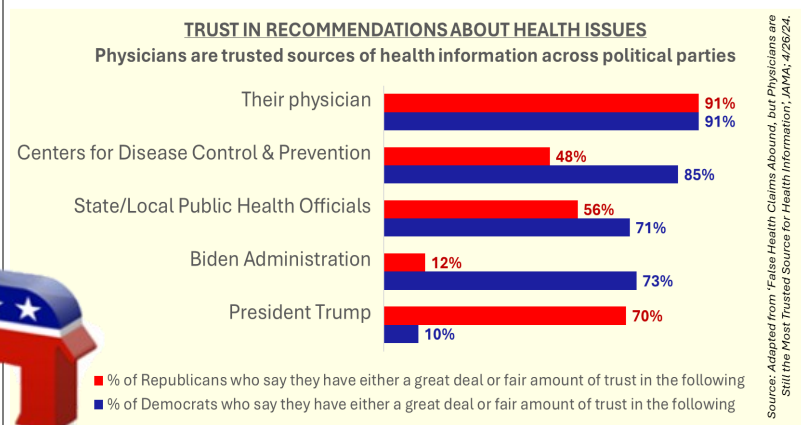


Trust: The Critical Element

The COVID-19 pandemic spotlighted a growing problem – the increasing pervasiveness of false claims about health. People and numerous organizations are beginning to address this issue and make efforts to minimize false claims by outlining and tracking misinformation. The Kaiser Family Foundation (KFF), a nonprofit organization focused on health policy, tracked exposure to and beliefs about certain claims. This was labeled as their Health Misinformation Tracking Poll conducted last year. They took a nationally representative sample of 2,007 Black, Hispanic, and White adults and asked them about inaccurate information pertaining to COVID-19, gun violence, and reproductive health. The survey team also asked where people get their news and which sources of health information they trust.



Most people still have a fair amount of trust or expectation that the government will provide accurate information about health issues, but trust varies across political party lines. The graphs to the left highlight some of the findings from that study. [Source: American Medical Assoc. April 26, 2024 M



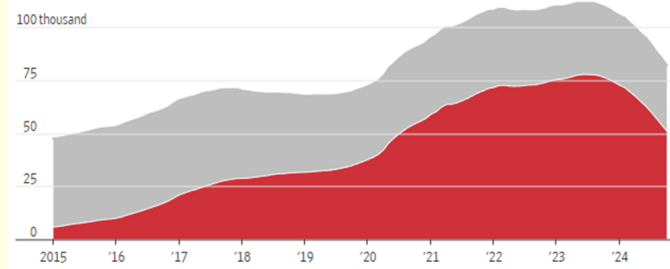
U.S. Drug Overdoses

The United States has the highest rate of drug overdose deaths out of 30 countries, according to a new report from the health nonprofit organization Commonwealth Fund. Overdose deaths in the U.S. dipped slightly around 2018 after a year's long increase. They again began to rise in 2019 and shot up during the onset of the COVID-19 pandemic according to data from the CDC. Overdose deaths decreased slightly again in 2023 by 3%, but still more than 100,000 people across the country died from an overdose according to CDC data. It should be noted that in the 12 months ended in October 2024, overdose deaths in the U.S. have now fallen 25% from a year earlier, led by a decrease in fentanyl deaths, according to preliminary estimates. ^M



Overdose Deaths Decline

■ All other drugs ■ Fentanyl/synthetic opioids*

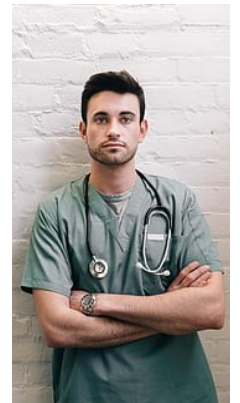
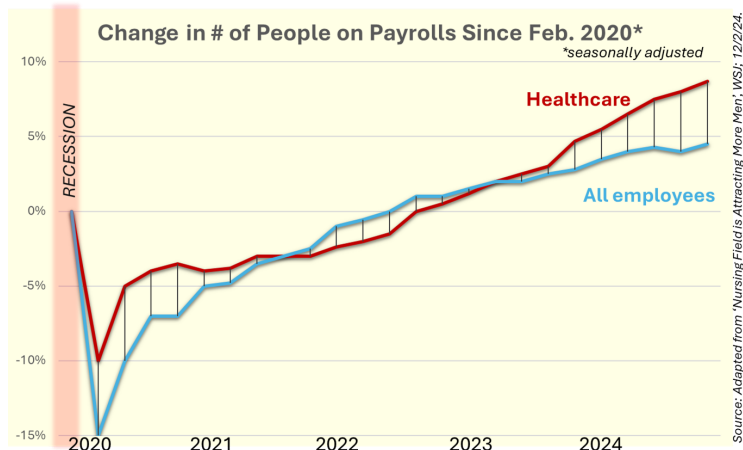
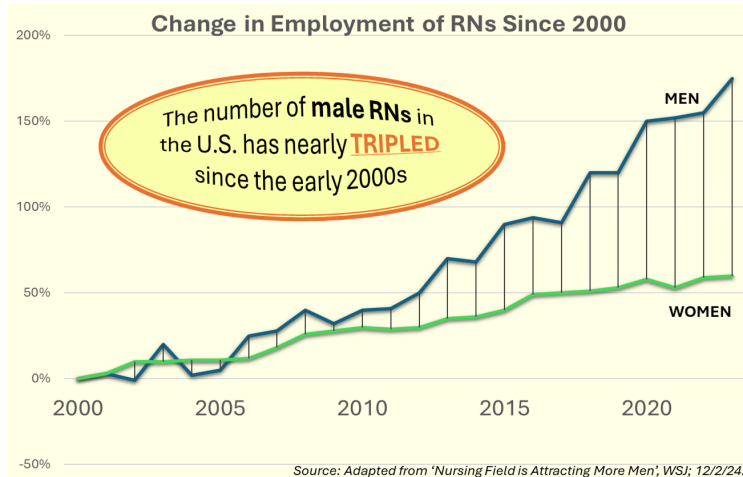


*Excluding methadone
Source: National Center for Health Statistics

Nursing Field Attracting More Men

The number of male RNs in the United States has nearly tripled since the early 2000's.

Many of these male RNs come to the field after working in the military or as paramedics or fire fighters – jobs that expose them to the work of nurses. Many of the manufacturing jobs that have been moving overseas, replaced by automation or phased out of the American economy, are mostly filled by men. As a result, other occupations traditionally dominated by women are gaining a larger share of men, including elementary and middle school teachers as well as customer service representatives. However, nursing is a relative outperformer in the proportion of men joining what has long been considered a “pink collar” sector. The number of male RNs has risen from about 140,000 in 2000 to about 400,000 in 2023. This means about 14% of nurses are men, up from about 9% roughly 2 decades ago. The average pay is about \$95,000/year, compared with the average nationwide salary of \$65,000. Nursing also included a range of titles and capabilities. About 46% of nurse anesthetists are men. The job currently requires at least a master's degree and the average salary is \$214,000/year. At the other end of the spectrum, about 10% of certified nursing assistants are men. It is one of the lowest paid nursing positions with an average salary of \$38,000/year. ^M



“The number of male RNs in the U.S. has nearly TRIPLED since the early 2000s.”

Up in Smoke



The United States continues to implement medical and recreational cannabis laws (MCLs and RCLs respectively) as cannabis is seen as a potentially safer alternative to opioids. However, with increasing cannabis use, there has been a rise in Cannabis Use Disorder (CUD) and cannabis poisoning. CUD, a psychiatric disorder characterized by continued cannabis use despite significant impairment, affects 20-33% of users. Overconsumption of cannabis can result in cannabis poisoning and adverse health outcomes. In a recent longitudinal cohort study, MCLs were associated with increase CUD and cannabis poisoning diagnoses and RCLs were associated with increased cannabis poisoning in adults aged 18-64 years with employer-sponsored health insurance. Communities with increased access to cannabis may experience increased healthcare use and costs due to increases in cannabis poisoning and CUD. New clinical and policy interventions, from a healthcare vantage point, are felt to be needed to curb these rising diagnoses. [JAMA Psychiatry Dec. 2024]

Of note is the fact that vaping products are also on the rise. The 2020 Prevention Online Sales of E-Cigarettes to Children Act implemented a ban on the use of the United States Postal Service (USPS) to ship vaping products and mandated identification (ID-scan authentication) of age on delivery. Sales restrictions on flavored tobacco have also been enacted in 8 U.S. states and 392 cities or counties as of March 21, 2024. But some of these do not cover e-commerce. A study was undertaken assessing purchases and adherence to laws. Results showed with 156 purchase attempts made, 114 transactions (73.1%) were processed and 105 deliveries (67.3%) were completed. These results demonstrated pervasive non-adherence to age verification, shipping, and flavored tobacco restrictions among online tobacco retailers. Study limitations include that this data came from only 1 U.S. county; however, it's tobacco control ordinances are the some of the strongest in the country. Jurisdictions are urged to consider whether to permit online tobacco sales and, if permitted, to ensure the retail policies such as flavor restrictions unambiguously cover online sales.

Although e-cigarettes do not contain tobacco, for regulatory purposes they are considered "tobacco products" by the FDA and the Centers for Disease Control and Prevention (CDC). E-cigarettes can go by different names including vapes, vape pens and sticks, e-hookahs, hookah sticks, mods, and personal vaporizers. Collectively these devices are known as electronic nicotine delivery systems.

In the U.S., e-cigarettes are the most commonly used tobacco products among middle and high school students. In 2023, 2.1M students (10% of high school students and 4.6% of middle school students) reported current e-cigarette use. In 2021, 4.5% of adults used e-cigarettes.

Vaping and smoking both involve inhaling nicotine and other substances into the lungs. While cigarettes burn tobacco and produce smoke, e-cigarettes heat liquid to make an aerosol, often containing nicotine, various chemicals, and small particles of heavy metals like nickel, tin, and lead, that can be inhaled deeply into the lungs. While vaping is often thought of as "safer" than cigarette smoking, no tobacco products, including e-cigarettes, are to be considered safe. Vaping can cause serious health problems. [JAMA Dec. 2024] **M**

"In the U.S., e-cigarettes are the most commonly used tobacco products among middle and high school students."



ELECTRONIC CIGARETTES (E-CIGARETTES)

Are battery-operated devices that **heat liquid nicotine**, flavoring, and other chemicals to create an **aerosol that is inhaled**. E-cigarettes come in many shapes, sizes, and colors, and use of e-cigarettes is often called "**vaping**."

Vaping is often thought of as safer than smoking cigarettes and may help nonpregnant adults quit smoking cigarettes, but **vaping can also cause serious health problems**.

- Nicotine is **highly addictive** and can have negative effects on brain development in teenagers.
- E-cigarette use during pregnancy is associated with **preterm birth** and may affect fetal lung and brain development.
- Aerosol from e-cigarettes may contain **cancer-causing** chemicals.
- Children and adults can develop **nicotine poisoning** from exposure to e-liquid.
- The **long-term health effects** of e-cigarettes are **unknown**.



There is no safe tobacco product.
Make a plan to quit use of all tobacco
products to protect your health.



Source: Adapted from 'What are E-Cigarettes?'; JAMA, 9/3/24.

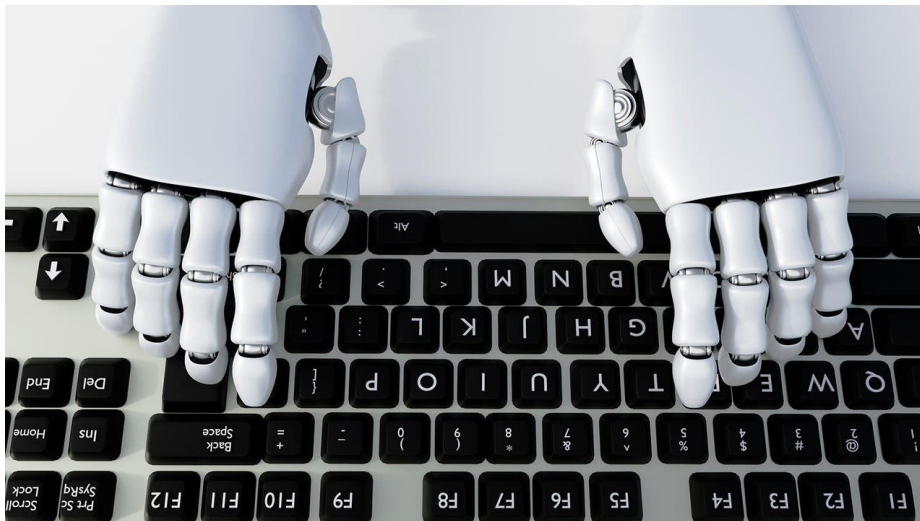
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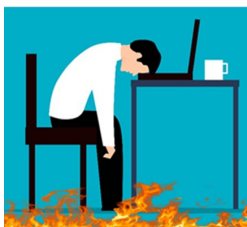
In September 2024, California passed a bill ensuring that doctors, not artificial intelligence (AI), have a final say on patients' treatments and services. Recommendations for medical procedures are to be approved only if those prior approval requests are overseen and reviewed by trained medical professionals. The use of AI is proliferating in healthcare. California and Oklahoma are among the first states that have passed legislation governing the use of AI in prior authorization. Other states are also working on legislation to regulate how AI is used by health insurance companies.

There is sometimes uncertainty about how and who approves treatments and processes for reimbursement. Robust and high-quality evidence generation for new drugs and devices benefits all parties. Ensuring that this evidence proves that treatments are beneficial is essential. Our healthcare system operates quickly and immediately following U.S. Food and Drug Administration (FDA) approval. If there is reasonable evidence that benefits exceed harms, it must be obtained before approval. It is actually the FDA that effectively determines the quality of evidence to ensure safety and effectiveness, especially in the role it plays helping sponsors to design premarket studies and evidence requirements. While it is true that evidence can be gathered after FDA approval in the form of *post market surveillance studies* and *registry data*, it cannot replace high-quality *randomized clinical trial data* that wants to find FDA approval. Registry data lacks a comparison group in many instances, making it unclear whether patients are better off with or without the treatment. Post market studies, when required, are often of low quality or lower quality, use surrogate endpoints that lack clinical evidence, and may at times be incomplete or inaccessible.

It should be pointed out that there are specialty society publications on “guidelines” for treatment protocols and treatment approaches. Payers and insurance companies frequently latch onto these guidelines and often disapprove a request for a certain test or procedure if it isn't adhering word for word or in compliance with the guideline. The readership should understand that *a guideline is strictly a guardrail and not absolute. Clinical judgement* still rules the day and the experience of the practitioner who is proposing treatment or treating an individual for a certain pathology has the professional obligation to use their clinical judgment for the betterment of the individual they are treating. Guidelines are not hard and fast rules. They can be altered or modified as the treating physician sees appropriate for the care of the individual patient that sits before them. In approving drugs, a sponsor seeking approval must show a drug is safe and that there is “substantial evidence of effectiveness.” For devices, sponsors must provide “reasonable assurance of safety and effectiveness, by weighing any probable benefit to health against any probable risk of injury or illness.” The FDA's decision then is indicated by guidelines utilized by treating physicians to tailor treatments to specific patients. As stated, clinicians' deviations from the guidelines are not necessarily malpractice and are usually a reflection of specific aspects of the patient's history and pathology that required modification of a guideline. A guideline is NOT a mandate. AI steps over when it is the arbiter of authorization for a specific test or procedure as long as the *treating physician documents the rationale for deviation from a particular guideline*. Of note is the fact that Pennsylvania-based nonprofit organization, ECRI, has been developing annual lists of the top 10 healthcare technology hazards for close to 20 years. Because of the potential to draw biased outcomes from bad data, hallucinate, or make nonsensical decisions, AI is seen as one of the top technology hazards for the upcoming year. Healthcare technology in the home placed second on the 2025 list, while cybersecurity concerns through vulnerable vendors placed third. [Healthcare Leaders publication Dec. 6, 2024] [M](#)

“...a
guideline is
strictly a
guardrail
and not
absolute.”





**“The reality ...
there is very
little
coordination of
quality measures
across various
payers or entities
monitoring this
concept of
“quality” across
a hospital or
health system. “**

Quality – Yes; Burnout – No

Primary care physicians track an average of 57 quality measures for value-based care pay. Value-based care is a format of population health with a host of metrics that have to be measured for each patient. Quality monitoring has increased immensely. In large part, the monitoring involves being asked to fill out numerous data sheets that are subsequently analyzed. A recent Health Forum analysis suggests one reason doctors are wary of value-based care arrangements is the onerous aspects of filling out all these forms. Medicare contracts are the most likely to pile quality measures on physicians with an average of 13.42 measures vs. 10.07 for commercial insurer contracts and 5.37 for Medicaid contracts. The average of 57 quality measures per physician is very high and a source of much frustration for physicians. Some value-based programs and other payer formatted programs use quality measures to evaluate how well clinicians are doing their jobs and adjust reimbursement accordingly. A payer, for example, may raise reimbursements if a clinician has higher numbers of patients who meet “quality measures” standards for depression screening or blood pressure or other aspects as part of their care.



The reality is that there is very little coordination of quality measures across various payers or entities monitoring this concept of “quality” across a hospital or health system. The fact that they are without coordination, the use of value-based contracts and quality measures at scale leads to many unique measures being used. This may reflect the fact that there are so many important tasks to do in primary care and other aspects of specialty care. Quality metrics are mainly a frustration and part of the “paperwork” that physicians often must complete. However, in very competitive environments, hospitals, health systems, and others that have to report those metrics to get reimbursed appropriately see them as an anchor to their “competitive posture.” In short, having spoken to many physicians around the country and having overseen many of these requests, I realize they are trying to address 50+ measures and it is, in the words of several colleagues, “impossible and often times demoralizing - akin to ‘busywork.’” Additionally, some of the quality metrics that are being measured are more important than others and most of these quality programs, according to formal studies, can be gamed if answered correctly and responses properly nuanced. The metrics and measures don’t make sense in certain populations, and onerous measurements requested sometimes come with unintended consequences.

The task is not to be anti-quality monitoring, but to obtain data to inform quality improvement activities in an effective and pragmatic manner – to consolidate and prioritize those metrics. It is hoped that at some point in the near future AI may actually play a role in garnering critical answers to some of the administrative headaches facing clinicians and physicians throughout our healthcare systems. **M**



Efforts to Ban Cell Phone Use in Schools & Implications for Youth Mental Health

Any number of states are implementing or considering statewide bans on cell phones in schools. The data would suggest that cell phone bans began decades ago amid concerns about drug deals among students via cell phones or pager devices and have fluctuated ever since. In 2009, 91% of public schools prohibited cell phone use, which fell to 66% in 2015 before rising again to 76% in 2021. Cell phone bans are now being considered at the state level in many states in light of growing student academic and mental health concerns that are associated with excessive use of smart phones corroborated by clinical studies being published.

Seven states, including Florida, Indiana, Louisiana, Minnesota, Ohio, South Carolina, and Virginia, have passed statewide policies that ban or restrict cell phone use in schools as of September 4, 2024. The policies vary from state to state.

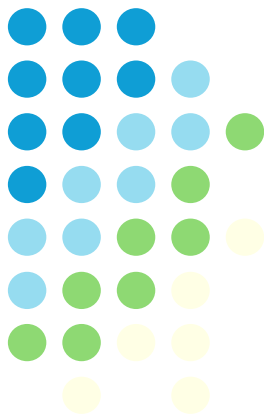
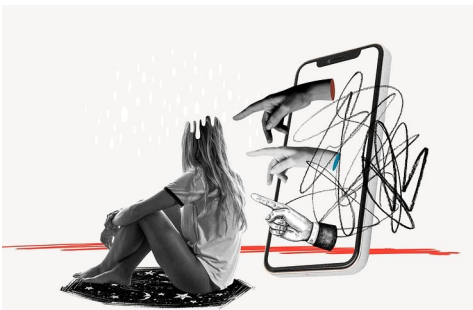
It is acknowledged that the enforcement of these cell phone bans sometimes becomes an added responsibility for teachers. Exceptions to the bans are also challenging. Nonetheless, banning cell phones has been linked to positive outcomes such as improved test scores, especially among students who typically do not perform well academically.

In 2023, a survey of adolescents found that 51% reported using social media for at least 4 hours a day. Adolescent social media use is associated with higher rates of anxiety and depression and exposure to harmful content – the effects of which include higher susceptibility to body dissatisfaction, especially among girls. Excessive social media use and social media addiction are often associated with sleep issues.

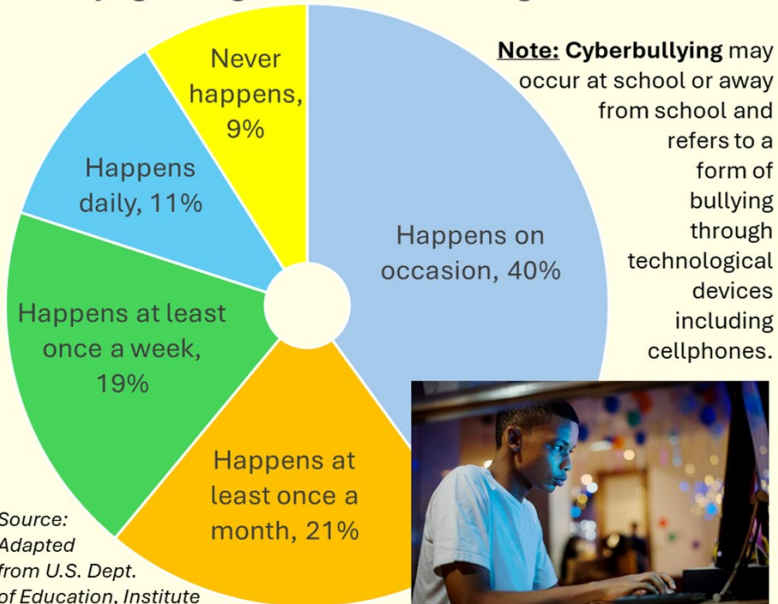
Approximately 9 in 10 public schools report occurrences among students of cyberbullying, a form of bullying through technological devices, including cell phones. The figure below shows the 10 public schools that are reporting occurrences of cyberbullying among their students during the school year. ^M



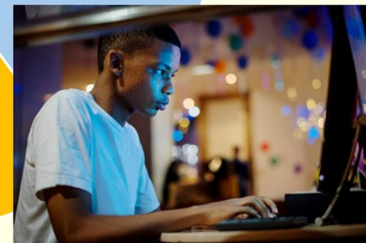
**“...banning
cell phones
has been
linked to
positive
outcomes
such as
improved test
scores...”**



9 in 10 Public Schools Report Occurrences of Cyberbullying Among Their Students During the School Year



Source:
Adapted
from U.S. Dept.
of Education, Institute
of Education Sciences, National
Center for Education Statistics, School Pulse Panel 2023-2024.



With over 40 years of practice and business in healthcare delivery, anchored by national, operational, and governance experience, we have successfully assisted our clients with:

- ◆ STRATEGY,
- ◆ NEW BUSINESS ALLIANCES
- ◆ HEALTHCARE PROGRAM EVOLUTION
- ◆ LEADERSHIP COACHING & DEVELOPMENT.

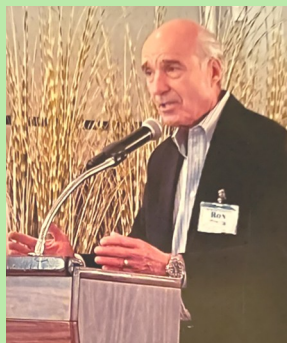
We specialize in the necessities of understanding the unique business and clinical components of healthcare delivery.

OUR PRIORITY
Excellence in the
Business, Art, and
Science of Medicine

OUR SPIRIT
Superb Patient Care

HP Inc.

CONTACT US to discuss speaking engagements on a current topic pertinent to your organization
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Please visit our updated website:
www.rinergroup.com

Speaking Engagements

Dr. Riner and his colleagues frequently speak at events across the U.S. The topics offer interesting perspectives on healthcare issues and trends pertaining to strategy and future opportunities for a variety of healthcare practices and healthcare businesses. Some examples of recent topics include:

- ▶ Building Strategic Healthcare Realities
- ▶ Preparing for Success: Understanding the Past to Build the Future
- ▶ The Anchors of Successful Patient Care: Evolution in Action
- ▶ Cardiovascular Service Lines of the Future
- ▶ Healthcare's Transfer of Place
- ▶ Leadership for Our Time
- ▶ Skills and Knowledge Necessary for Effective Healthcare Boards
- ▶ The Power of Peer-to-Peer Coaching
- ▶ Strategies for Success in Health & Healthy Living
- ▶ The Parts of Prevention & Healthspan Improvement Under OUR Control
- ▶ Weight Loss Drugs: Where Do They Fit in the Healthspan/Lifespan Equation?
- ▶ Navigating Healthspan and Lifespan
- ▶ Dr. AI will See You Now: Really?

The Helm Club—Executive and Peer-to-Peer Coaching



The Helm Club

- ◆ PURPOSE
- ◆ DIRECTION
- ◆ INFLUENCE
- ◆ RESULTS

Leadership anchors all successful businesses. Leadership styles vary and the ability for organizations to develop future leaders is dependent on mentoring and coaching at all levels of the organization, including the Board. This is particularly true in healthcare.

The Helm Club features credible, knowledgeable coaching and mentoring programs provided by experts who have been in the shoes of those they instruct.

Our programs are customized to the needs of our organizational and individual clients.