PLAGUED BY DOUBTS AND UNCERTAINTIES

Advances in patient care depend to a large extent on high quality findings from research in the health sciences. The word science has its roots in the Latin term for knowledge, *scientia*. Satiety can be realized when a progression occurs based on the Latin formulation *per scientiam ad sapientiam* (through knowledge to wisdom). Results of investigations often are inconsistent, however, giving rise to doubts and uncertainties about translating clinical results to the effective care of patients.

An illustration of the lack of clarity is provided by a report in October 2016 in the journal *Neurosurgery* of a Targeted Evaluation and Active Management (TEAM) Approaches to Treating Concussion meeting that was held on October 14-16, 2015 in Pittsburgh, PA. Thirty-seven concussion experts from neuropsychology, neurology, neurosurgery, sports medicine, physical medicine and rehabilitation, physical therapy, athletic training, and research, along with 12 individuals representing sport, military, and public health organizations attended the meeting.

Concussions that stem from falls, occupational hazards, and athletic endeavors are a serious health problem in the U.S. Conventional management for concussion involves prescribed rest and progressive return to activity. Recent evidence challenges this notion and suggests that active approaches may be effective for some patients. Yet, previous concussion consensus statements provide limited guidance regarding active treatment. Concussions are heterogeneous and characterized by varied symptom presentation, which calls into question the general recommendation that all patients with concussion be prescribed physical and cognitive rest until they are asymptomatic. As noted at the meeting of experts, preliminary evidence suggests that active rehabilitation may improve symptom recovery more than prescribed rest alone after concussion and that active treatment strategies may be initiated early in recovery.

To cite another example, as reported in the September/October 2016 issue of the publication *Nautilus* from the Massachusetts Institute of Technology, a group of researchers tried to replicate 53 landmark cancer discoveries in close collaboration with the authors. Many of these papers were published in high-impact journals and came from prestigious academic institutions. To everyone’s surprise, they were able to replicate only six of those papers. Meanwhile, an article that appeared in September 2016 in the journal *Royal Society Open Science* argues that some of the most powerful incentives in contemporary science actively encourage, reward, and propagate poor research methods and abuse of statistical procedures.

No conscious strategizing nor cheating on the part of investigators are necessary. Instead, the problem arises from the positive selection of methods and habits that lead to publication. Many prominent researchers believe that as much as half of the scientific literature—not only in medicine, but also psychology and other fields—may be wrong. Fatal errors and retractions, especially of prominent publications, are increasing, which add to a climate of prevailing doubts and uncertainties.
Last week, 250 participants gathered in New Orleans to take advantage of the ASAHP annual conference. Our speakers included such headliners as Charlie Mahtesian, Senior Politics Editor, POLITICO; Marianne Boeke, Senior Associate at the National Center for Higher Education Management Systems (NCHEMS); Freeman A. Hrabowski, President, University of Maryland, Baltimore County; Christine M. MacDonell, Managing Director, Medical Rehabilitation and International Aging, CARF International, and Patricia A. Cuff, Director, Global Forum on Innovation in Health Professional Education, Health and Medicine Division, National Academies of Engineering, Sciences, and Medicine.

The conference also featured concurrent papers authored by our colleagues throughout the country with a concurrent session featuring the work of the 11 ASAHP Leadership Program participants who completed their intensive leadership program at the conclusion of the conference. A special feature was the inclusion of our first ASAHP Student Board. This group of selected students presented their work at the Board meeting that immediately preceded the conference, which they attended and served as concurrent session moderators.

As Martin Luther King noted: Life’s most persistent and urgent question is: What are you doing for others?”

During our annual conference, we traditionally pause from sessions and speakers to provide time to recognize individuals who make significant contributions to advance the mission of the association. Individuals receiving recognition this year include:

**Fellows Award** - Patricia Chute-New York Institute of Technology; Carolyn Giordano-Thomas Jefferson University; Kyle Meyer-University of Nebraska Medical Center; Fred Romano-Midwestern University

**Scholarship of Excellence Winners** - Kelsey Conlon-Sacred Heart University (Occupational Therapy); Elwood Scholar Award; Belinda Brown-Scrivens—Florida A&M University (Health Informatics); Sarah Hamilton—University of Cincinnati (Communication Sciences); Marissa Heller—Thomas Jefferson University (Occupational Therapy); Erin Keuster—Creighton University (Occupational Therapy); Hilal Khalil—Long Island University-CW Post Campus (Clinical Laboratory Science); Andrew Merritt—University of North Carolina-Greensboro (Speech-Language Pathology); Eunsun Park—University of Oklahoma Health Sciences Center (Speech-Language Pathology); Emily Prickett—Augusta University (Occupational Therapy); Jamie Straube—University of Nebraska Medical Center (Physical Therapy); Lamario Joshua Williams—University of Alabama-Birmingham (Biomedical Sciences); Calder Young—Wichita State University (Physician Assistant)

**J. Warren Perry Award** – for the Journal of Allied Health - Tracy J. Farnsworth; Teri Peterson; Karen Neill; Mark Neill; John A. (Tony) Seikel; Jonathan Lawson

**Cultural Pluralism Award** - Lisa Durant-Jones—Nazareth College

**The Distinguished Service and Achievement Award** - Rick Talbott—University of South Alabama

**The Outstanding Member Award** - David Shelledy—University of Texas Health Science Center San Antonio

**Darrel C. Mase Presidential Citation** - Sharon Stewart—University of Kentucky

**Legacy of Excellence** – Rich Oliver—University of Missouri

**Alpha Eta Honor Society Awards** – Sidney D. Rodenberg Memorial Scholastic Award— Hank Ho – University of Texas MD Anderson Cancer Center; Lee Holder Excellence in Graduate Allied Health Education— Gouri Mahajan-University of Mississippi Medical Center; Exceptional Student Professional Service—Jennifer Cooper—University of Mississippi Medical Center; Research Award—Jamie Mott and Yiyu Lin—New York Institute of Technology, Gouri Mahajan—University of Mississippi Medical Center.

We are already planning the next ASAHP Annual Conference in October 2017 that will be held in San Antonio to celebrate ASAHP’s 50th anniversary! Soon we will celebrate our Thanksgiving holiday. I hope everyone finds time to relax, rejoice and reflect. Wishing you the best during the holiday season.

Linda
CONGRESS AFTER THE 2016 ELECTION

The 115th Congress will convene early in 2017 while pundits will continue to predict its composition right up until election day on November 8. Most prognostications indicate that the House will continue to have a majority of Republicans. The same amount of confidence does not apply for the Senate where Democrats are viewed as having a good opportunity to replace the Republicans as the majority party in that chamber. Once the results of the election are known, both parties in the House and the Senate will begin to make decisions regarding how to proceed when the 1st Session of the 115th Congress begins.

The “steering committee” for each party (the House Democratic Caucus and the House Republican Conference), or the specific party entity responsible for committee assignments, traditionally is constituted during early organization meetings. Party rules govern each party’s process for selecting committee members and designating committee and subcommittee chairmen or ranking minority members. If one or more committee chairmanships are contested or open, the majority party’s steering committee may conduct interviews of candidates for chairmen during early organization meetings. Each party’s steering committee also makes most committee assignment recommendations during early organization, although that process may take longer as the majority and minority parties negotiate committee party ratios. On the day it convenes, the new House agrees to a simple resolution, oftentimes numbered H.Res. 5, that adopts chamber rules for the duration of the new Congress. The resolution normally is worded to adopt the rules of the previous Congress with a series of specific amendments to them, effective with the House’s agreeing to the resolution.

In the Senate, negotiations between parties over committee sizes and ratios and separate committee assignment processes begin prior to the convening of a new Congress, and mostly within the party groups—the Democratic and Republican Conferences. The only action visible on the chamber floor is the subsequent adoption of simple resolutions assigning Senators from each party to committees agreed upon by the respective party conference. The adoption of both parties’ resolutions is routine. Committee assignment resolutions are not normally considered on the opening day of a new Congress, but later in January. Committee funding resolutions (S.Res.) also are considered later in February or early March.

Once in motion with the introduction of bills, Congress will begin working with the next occupant of the Oval Office to determine which issues will constitute the major focus of legislative activity.

2016-2017 ASSOCIATION CALENDAR OF EVENTS

September 12, 2016—Institutional Profile Survey Data Collection Period Opened

December 30, 2016—Institutional Profile Survey Data Collection Period Ends

October 18-20, 2017—ASAHP Annual Conference in San Antonio, TX

Note: Efforts are underway to identify future conference locations and dates.
AFFORDABLE CARE ACT DEVELOPMENTS

Compared to other topics, such as how to improve the overall U.S. economy, the Affordable Act has attracted relatively little attention by 2016 Presidential election candidates. Impending high increases in insurance premiums in 2017 combined with high deductible costs represent a prospect of having the health reform law undergo changes. For example, Medicaid may look quite different in 2017 given the results of this year’s contest. Hillary Clinton would keep the ACA moving in the same direction by trying to persuade 19 holdout states to accept Medicaid expansion. Donald Trump would repeal the ACA and reverse its Medicaid expansion, along with replacing open-ended federal funding with a limited block grant.

Premium Changes And Insurance Participation in 2017
According to the Henry J. Kaiser Family Foundation, health insurance premiums on the Affordable Care Act’s marketplaces (also called exchanges) are expected to increase faster in 2017 than in previous years due to a combination of factors, including substantial losses experienced by many insurers in this market and the phasing out of the ACA’s reinsurance program. The second-lowest silver plan is one of the most popular plan choices on the marketplace and also is the benchmark that is used to determine the amount of financial assistance individuals and families receive. Across major cities in 2016, the second-lowest silver premium for a 40-year-old non-smoker ranged from $186 per month in Albuquerque, NM to $719 in Anchorage, AK, before accounting for the tax credit that most enrollees in this market receive. In 2017, the second-lowest silver premium for a 40-year-old non-smoker living in these cities will range from $229 in Louisville, KY and Cleveland, OH to $904 in Anchorage, AK, before accounting for the tax credit.

Among major cities, the places with the largest increases in the unsubsidized second-lowest silver plan were Phoenix, AZ (up 145% from $207 to $507 per month for a 40-year-old non-smoker), Birmingham, AL (up 71% from $288 to $492) and Oklahoma City, OK (up 67% from $295 to $493). Meanwhile, unsubsidized premiums for the second-lowest silver premiums will decrease in Indianapolis, IN (down -4% from $298 to $286 for a 40-year-old non-smoker), Cleveland, OH (down -2% from $234 to $229), and Providence, RI (down -1% from $263 to $261) and increase just 1% in Little Rock, AR (from $310 to $314). Most enrollees in the marketplaces receive a tax credit to lower their premium. In most parts of the country in 2016, a 40-year-old adult making $30,000 per year would pay about $208 per month for the second-lowest-silver plan.

Accountable Care Organizations And Population Health
The Affordable Care Act led to the creation of Accountable Care Organizations (ACOs), which currently provide health care services to approximately 30 million individuals. The Robert Wood Johnson Foundation and Premier Inc. did a study from September 2015 through May 2016 to explore population health services offered at 19 hospital-based, fully integrated ACOs. The majority of ACO leaders queried described their hospitals as in a good or very good position to provide resources that could improve overall community health, but that wasn’t reflected in their priority activities. Several ACO leaders described their emphasis on heavy users as being initial “low-hanging fruit” or a type of test case for change that could be expanded to include other populations in the future. They also said that better behavioral health services, substance abuse services, more affordable prescription medications, and transportation services are needed to improve community health, but when asked what they either are employing or planning to employ within six months, the top three answers were, instead, related to care coordination, chronic disease management, and health education. Fewer than 25% believe their ACOs will have adequate numbers of behavioral health staff to meet their populations’ needs, which highlights a major challenge faced by these organizations, i.e., insufficient resources to accomplish one of their primary goals. Yet, as payment reform continues to evolve, ACOs could and should be better positioned to improve the quality of care, costs of care, and many unmet community health needs.
DEVELOPMENTS IN HIGHER EDUCATION

The ability of families to afford the costs of a higher education for their children and accreditation of the academic institutions that furnish this education are key aspects of public policy. The onset of the 115th Congress in 2017 will provide an opportunity for legislators to address these issues in a constructive manner. As in the past, there will be no shortage of suggestions from various organizations regarding the most effective ways to proceed. Some examples follow.

Restoration Of Year-Round Pell Grants In Fiscal Year 2017 Appropriations
The American Council on Education (ACE) and 33 other higher education groups have expressed support for the restoration of year-round Pell Grants in the FY 2017 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, however they are incorporated into final FY 2017 funding legislation. Pell Grants are viewed as being critically important to ensuring access to post-secondary education for nearly eight million low- and middle-income students who depend on them to pursue their education. In the last decade, benefits and eligibility for Pell Grants were repeatedly cut in response to funding shortfalls, which has resulted in hundreds of thousands of students losing their eligibility entirely, with others seeing their awards reduced. Year-Round Pell enjoys broad bipartisan support in Congress, near-universal endorsement among policy experts, and was included in the Senate appropriations bill. These grants were eliminated because Congress had to address an $11 billion shortfall in the program at the time, not because of opposition to the policy itself. Now that the program has a projected $7.8 billion surplus in FY17, the time is considered appropriate to reinstate this provision and broaden access and opportunity for America’s students.

A New Vision For Higher Education Accreditation
A report from the Center for American Progress indicates that federal student financial aid programs have the single greatest effect on the shape and structure of America’s higher education system. Because so many students and the institutions that serve them are dependent upon a portion of this $120 billion annual investment, the requirements for accessing these funds play a substantial role in guiding how colleges and universities operate. The process of deciding which educational providers can access federal financial aid thus represents a tremendous opportunity for ensuring that America’s higher education system can keep up with the challenges it faces today. The report outlines a vision for an alternative streamlined, outcomes-focused alternative system for granting access to federal aid dollars.

This vision for an alternative gatekeeping system consists of three activities: (1) Judge educational providers on rigorous measures of student outcomes and financial health to open up federal aid for new providers and reduce burden on existing high-performing institutions, (2) Use third parties to act as standard setters by determining outcome measures and performance thresholds, and (3) Place the federal government in charge of verifying, enforcing, and judging the effectiveness of outcome measures, as well as selecting third-party standard setters.

According to the report, this outcomes-based approach is considered to be different from the current gatekeeping system. While accreditation agencies currently have standards that educational institutions must meet in order to receive approval, the evidence of student outcomes required range from minimal to nonexistent. The alternative system uses measures of student outcomes to obtain answers to two key questions: (1) Do substantial numbers of students who enter an institution end up completing their programs? and (2) Do students who complete find enough success to justify their investment? Given this framing, the alternative gatekeeping system would include, at a minimum, the following student outcome measures: student completion rate, job placement rate, earnings of graduates such as those making above a minimum threshold, and federal loan repayment rate.
QUICK STAT (SHORT, TIMELY, AND TOPICAL)

Adults Aged 18-64 Years With Functional Disabilities

Data were analyzed by the Centers for Disease Control and Prevention (CDC) from the family component of the National Health Interview Survey (NHIS) for the years 2011–2014 to estimate the percentage of adults aged 18–64 years with one, two, three, or four or more disability types, by selected demographic and socioeconomic characteristics. Overall, 22.6 million (11.9%) working-age adults were found to have any disability, and in this population, most (12.8 million) of them had only one disability type. Among these 22.6 million individuals, 51.0% had a mobility disability and 38.3% had a cognitive disability. A generally consistent pattern between increasing indicators of low socioeconomic status and the number of disability types was observed. Understanding the demographic and socioeconomic characteristics of working-age adults with disabilities, including those with multiple disability types, might help to further the inclusion of persons with disabilities in public health programs and policies.

Low Rates Of Vaccine Uptakes Lead To Increased Costs

According to an article in the journal Health Affairs published on October 12, 2016 online, vaccines save thousands of lives in the United States every year, but many adults remain unvaccinated. Low rates of vaccine uptake lead to costs to individuals and society in deaths and disabilities, which are avoidable, and they create economic losses from doctor visits, hospitalizations, and lost income. The total remaining economic burden is estimated at approximately $9 billion (plausibility range: $4.7–$15.2 billion) in a single year, 2015, from vaccine-preventable diseases related to 10 vaccines recommended for adults ages 19 and older. Unvaccinated individuals are responsible for almost 80%, or $7.1 billion, of the financial burden.

HEALTH TECHNOLOGY CORNER

Health Care Organizations Face Greater Cyber Risks Than Other Industries

The results of a survey reported on October 13, 2016 by Bloomberg Law and the American Health Lawyers Association reveal that attorneys for health care organizations believe that these organizations face greater cyber risk than organizations in other industries. According to the study of a nationally representative sample of 300 health care attorneys, 97% indicated that they expect their involvement in cybersecurity issues to increase over the next three years while 84% say they have been brought in to develop internal policies and determine whether to report an incident. Additionally, seven in 10 attorneys are enhancing their data security expertise to respond to the growing needs of organizations. Twenty-five percent of respondents say their health care organization is very prepared, 70% say it is somewhat prepared, and 5% say it is not prepared at all to handle future cyberattacks.

Lack Of Transportation And Missed Or Delayed Medical Care

Lack of reliable transportation is a major reason patients miss medical appointments. A Community Transportation Association study found that 3.6 million Americans miss or delay medical care because of transportation issues. Lyft is testing a pilot program with the National MedTrans Network, which arranges nonemergency medical transportation for patients. The program allows MedTrans operators to book a Lyft ride for clients using a web-based dashboard, which helps seniors who do not own a smartphone. Lyft also recently partnered with HHS to promote open enrollment in the public health insurance exchanges through outreach to its drivers around the country. Lyft and Uber announced support for the Cancer Moonshot Initiative by expanding their ride services to cancer patients with transportation issues. Uber also is partnering with a Boston-based startup, Circulation, a company that makes software to manage non-emergency medical transportation for patients. Its main target groups are older adults, patients with disabilities, and low-income populations.
AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

Comparison Of Health Insurance Exchange Datasets
New data sets from the Robert Wood Johnson Foundation compare average premiums, deductibles, and out-of-pocket maximums for a variety of health care services for all plans across all 50 states and Washington, DC. The data provide the most detailed look at how the ACA Marketplace compares with the off-exchange market. This resource is the only nationally comprehensive, public dataset that includes information on all plans offered in the health insurance marketplaces. HIX Compare includes information on premiums, deductibles, and out-of-pocket maximums, as well as cost-sharing requirements for primary care and specialist visits, prescription drugs, emergency room services and inpatient and outpatient visits for all plans across all 50 states and the District of Columbia. The previous 2016 HIX Compare files have been replaced by new, expanded data files. Data can be accessed at http://www.rwjf.org/en/library/research/2015/12/hix-compare-2015-2016-datasets.html?cid=xsh_rwjf_tw.

Knowledge Gaps Inhibit Health IT Development For Complex Patients
Health information technology (HIT) holds enormous promise for improving the coordination of care delivered to high-need patients and producing savings for the U.S. health system. The types of HIT tools available, however, are limited, and obstacles hinder the development of new ones. An article recently published online in the American Journal of Managed Care is based on interviews of experts, government officials, academics, and clinicians to define these obstacles and determine a path forward. The article can be accessed at http://www.ajmc.com/journals/issue/2016/2016-vol22-n9/knowledge-gaps-inhibit-health-it-development-for-coordinating-complex-patients-care.

Promoting Health Information Interoperability
In October 2016, the organization AcademyHealth posted a Brief that addresses three specific opportunities to enable greater process interoperability in U.S. health care. Despite significant health information infrastructure investments in recent years, however, the flow of information needed to achieve true learning health systems is still early in its development. Notably, there is a critical need to integrate existing technical standards with evolving health care processes in ways that will promote a culture of interoperability. The Brief can be accessed at http://www.academyhealth.org/files/Toward%20Greater%20Health%20Information%20Interoperability.pdf.

The Intersection Of Health Care And Transportation
Two divisions of the National Academies of Sciences, Engineering, and Medicine, the Health and Medicine Division (HMD) and the Transportation Research Board (TRB), held a joint workshop, Exploring Data and Metrics of Value at the Intersection of Health Care and Transportation on June 6–7, 2016, to examine partnerships, data, and measurement at this intersection. The cost reimbursement structure for health care delivery has been shifting, in part due to the ACA, from a fee-for-service model to a value-based payments model. In the new context, providers have to work differently to achieve good outcomes and therefore assume a risk for readmission and other avoidable suboptimal outcomes, which calls on providers to consider the social needs of patients, including transportation, and to explore community-based and other resources for addressing them. The workshop aimed to showcase models of transportation services that facilitate individuals’ access to health care providers. The report can be accessed at http://nationalacademies.org/hmd/reports/2016/exploring-data-metrics-at-intersect-of-transit-and-healthcare-proceedings.aspx.
2016 NATIONAL ALLIED HEALTH WEEK

National Allied Health Week in 2016 will be celebrated on November 6-12. An example of what will occur at an ASAHP member institution on that occasion is provided by the College of Allied Health at the University of Oklahoma Health Sciences Center. Each weekday will feature a different presentation as described below:

"Cultural Competence and Health Literacy: Increasing Your Effectiveness with Patients and Clients” by Martin Yadrick, Director of Nutrition Informatics for Computrition, Inc., a Los Angeles-based provider of software solutions to the nutrition and foodservice industry.

“We are not in Kansas anymore: Inter-professional education and practice in the modern world” by Derick D. Deweber, a Co-Owner of The Bilingual Clinic, PLLC in Oklahoma City, OK.

"Ensuring the Wellness of Our Future: The Critical Importance of Inclusion and Diversity” by Angela Z. Monson, Associate Provost for Community Partnerships and Health Policy at the University of Oklahoma Health Sciences Center.

“Foundations, Achievements and Challenges of the American Disability Movement” by Lex Frieden, Professor of Health Informatics and Rehabilitation at The University of Texas Health Science Center at Houston.

“Preparing Diverse Leaders for an Inclusive and Global Society” by D’Andre Fisher, Director of Operations and Special Assistant to the Vice President in the Office of University Community at the University of Oklahoma, Norman Campus.

FINANCIAL CHALLENGES CONFRONTING ACADEMIC LIBRARIES

The article on page one of this issue of the newsletter discusses the importance of discoveries in science in leading to improvements in health care. Academic journals serve as the premier source of distributing such knowledge. The cost of these publications continues to undergo sharp increases, however, at a time when academic libraries find it increasingly difficult to meet the costs of their current subscriptions, let alone possessing the financial resources to acquire new journals.

A radically different model for conducting business was presented in a White Paper from the Max Planck Digital Library that was presented in a conference held in Berlin in December 2015. Referred to as OA 2020, the initiative calls for modifying the financial model of academic journal publishing by replacing subscriptions for journals with an open access model funded through fees charged to scholarly authors. The paper makes a strong, fact-based case for a large-scale transformation of the current corpus of scientific subscription journals to an open access business model.

The White Paper proposes that existing journals, with their well-tested functionalities, should be retained and developed to meet the demands of 21st century research, while the underlying payment streams undergo a major restructuring. It is believed that sufficient momentum exists for this decisive push towards open access publishing. All indications are that the money already invested in the research publishing system is sufficient to enable a transformation that will be sustainable for the future. Moreover, there needs to be a shared understanding that the money currently locked in the journal subscription system must be withdrawn and re-purposed for open access publishing services.