

# Trends

**Association of  
Schools of  
Allied Health  
Professions**

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**ASSOCIATION OF SCHOOLS OF  
ALLIED HEALTH PROFESSIONS**

*Vanguard of  
Allied Health Education*

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## CAREFUL READING OF WORD MEANINGS IS WARRANTED

During his 2016 State of the Union Address, President Obama announced the launching of a *Cancer Moonshot* “to cure cancer once and for all.” This ambitious goal is being constructed on the shoulders of a *War on Cancer* that was declared by the Nixon Administration in 1971. The term war implies that the ultimate objective is to eliminate cancer. Designating the current initiative as a moonshot also equates it with a 1960s engineering challenge of reaching a far off destination, whereas curing cancer, which occurs in hundreds of different forms, is of another order of magnitude altogether. Additionally, the proposed Cancer Moonshot also will depend on the provision of adequate financing that has not yet materialized in appropriations for the fiscal year that begins on October 1, 2016.

Among the 10 recommendations developed by a Cancer Blue Ribbon panel that were announced in September 2016 is one to organize a cancer immunotherapy clinical trials network with the goal of increasing the cure rate and producing vaccines to prevent cancer of all types. As noted in the March 2016 issue of *Nature Immunology*, “Nomina sunt consequentia rerum,” (names are a consequence of how things are). Seemingly obvious, the idea that names, including scientific names, have the primary function of “carving nature at its joints” is philosophically controversial.

This ancient Latin motto does not always apply to immunological nomenclature and its development (or evolution), wherein a trade-off can sometimes be observed between the accuracy of a name and its pragmatic value in communicability and theorization. The immunological community is faced with important challenges related to nomenclature at a time of genomic landscaping and single-cell analysis. Addressing unsolved issues; monitoring and amending appropriateness and usage; and addressing new issues raised by the deconvolution of complexity are outstanding challenges that must be met.

In any clinical trial or study of cancer, researchers must compare how tumors grow and respond to therapy, which requires everyone calling the same thing by the same name. In the March 2016 issue of the *Journal of the National Cancer Institute*, ambiguities in TNM (tumor–node–metastasis) staging can arise when a patient has a second tumor in the lung. Is one tumor the primary tumor and the other a metastasis or are both primary tumors? Biopsies cannot reliably answer those questions. How such cases are considered affects the approach to treatment and also patient outcomes. If the second tumor is viewed as another primary stage 2 lung cancer, both are treated with curative intent. If the second one is a metastasis, however, it might not be cured and surgery or radiation will not be used.

Thus, health professionals are advised to pay close attention both to words that are spoken and those bandied about in periodicals. For example, the term “confidence” pertains to a probability that a decision or a proposition is correct given the evidence. The term “certainty” is not evidence and should not be used in that way.

## PERSPECTIVE FROM THE PRESIDENT'S CORNER

By *Linda Petrosino, ASAHP President*



Universities and colleges are all now back into the new academic year and despite the enrollment decline that many programs at our universities are experiencing most of our allied health programs continue to enjoy strong enrollments. We do not have the stress of under enrolled programs or the lack of postgraduate opportunities for our students, but we do face other challenges.

The demand for our programs has created stress on clinical placement sites requiring new thinking. Standards requiring interprofessional education and practice, regulatory issues, issues of diversity and inclusion across higher education, and changing technology, to name a few, have also created many challenges.

Our upcoming Annual Conference in New Orleans in a few weeks has been prepared by the conference committee to feature many of the contemporary issues that face our programs, faculty and students. We are pleased to have a strong group of speakers this year with outstanding credentials and experiences that will help us take a look at issues directly impacting allied health education.

Speakers will address higher education policy, accreditation, diversity strategies, and aspects of health professions education. Close to 100 presentations and poster sessions will serve to address the aforementioned issues as well as aspects of simulation and technology related to health professions education. A special addition will include an up to the minute analysis and a crystal ball look at the upcoming elections and what they mean to us.

With already 238 attendees registered at the time of this writing, we will come together to discuss, understand and become more knowledgeable about these challenging issues.

I look forward to once again getting together with the allied health leaders to collectively address our topics of concern and interest. Safe travels and I hope to see you in a few weeks in New Orleans.

### TIME ENROLLED AND ELAPSED FOR DEGREE EARNERS

The article that appears in the above space by ASAHP President **Linda Petrosino** describes some challenges in allied health programs that pertain to enrollment. Although students who matriculate in humanities and other non-health majors may experience difficulty in finding suitable employment at satisfactory paying jobs upon graduation, the health arena by and large is immune from this problem. Current health workforce shortages that are aided and abetted by a rapidly growing aged segment of the population characterized by experiencing multiple chronic health problems offers a guarantee that employment of health personnel will continue to be robust for the foreseeable future.

A new report from the National Student Clearinghouse Research Center examines time to degree completion for a cohort of students who earned an associate degree as their first and only postsecondary degree or a bachelor's degree as their first four-year degree between July 1, 2014, and June 30, 2015. Overall, the average time enrolled for associate and bachelor's degree earners was 3.3 years and 5.1 years, respectively. As the report shows, however, the time required for successful degree attainment could be influenced by the pathway the student followed as well as by factors, such as stop outs and less than full-time enrollment status. .

## PRESIDENTIAL ELECTION YEAR DYNAMICS



Congress tends to function differently every 4th year when the election to determine the next inhabitant of the White House is at stake. If the incumbent's party is successful in achieving legislative victories, a strong rationale can be made for having someone from that same party serve as the nation's chief executive for the upcoming four-year period. Meanwhile, the party not in power at that level of government finds it more convenient to impede the passage of legislation as a means of making a strong case that because little of value is being accomplished by the incumbent's colleagues in Congress, it is time to elect a different individual to head the nation.

The result usually is more gridlock and a failure to address existing problems. A second factor is that the legislative schedule is more compressed as members of Congress adjourn earlier than usual in the summer to attend their party's convention followed by the necessity of having to go on the hustings to campaign to retain their own respective House and Senate seats.

Despite these reasons, along with the low esteem that the nation's voters have for Congress because of a perception that it does not function adequately, useful work does occur. Page eight of this issue of the newsletter describes some flaws attributed by critics to a hospital rating system developed by the Centers for Medicare & Medicaid Services (CMS). For example, in a spirit of bipartisanship a group of House Members introduced the Hospital Quality Rating Transparency Act of 2016 (H.R. 6088) to delay release of the Hospital Compare Star Ratings in order to address concerns with the methodology.

Typically, each year Congress has difficulty completing all spending bills before a new fiscal year begins on October 1 and 2016 has not been an exception. As September wound down, efforts were made in the final days to complete negotiations and pass a short-term continuing resolution (CR) to keep the government open through early December 2016. Various contentious issues had to be agreed upon, such as the inclusion of Planned Parenthood language to make it possible to produce funding to combat the Zika virus and agree on separate legislation to provide federal assistance for a range of water projects for Flint, Michigan. To ensure that the bill adheres to a \$1.067 trillion discretionary spending cap, the text of the legislation also must apply to a 0.496 percent cut to 11 of the 12 appropriations bills in the CR.

Another consideration that often leads to disagreement is the length of the CR. Should it end sometime in December, for example, or carry over to the next calendar year? December was the result this year and President Obama signed the CR on September 29 to prevent a government shutdown.

### 2016 ASSOCIATION CALENDAR OF EVENTS

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

**October 17-18, 2016**—Leadership Development Program in New Orleans, LA—Part II

**October 19-21, 2016**—Annual Conference in New Orleans, LA

**November 30, 2016**—Institutional Profile Survey Data Collection Period Ends

Note: Efforts are underway to identify future conference locations and dates.

## AFFORDABLE CARE ACT DEVELOPMENTS

Among the various positions that distinguish the two candidates in the 2016 U.S. presidential election, one of them is their differing views on the Affordable Care Act (ACA). Democrat **Hillary Clinton** has indicated that the law will remain in place if she is elected while her opponent Republican **Donald Trump** has stated that he will eliminate and replace it. Disagreements over the nature of this health reform legislation have persisted since the law was enacted in March 2010. This issue of TRENDS continues to describe manifestations of the ACA that separate Democrats and Republicans.

### Increasing The Number Of Americans With Health Insurance Coverage

Supporters of the ACA are pleased that according to the annual report on health insurance coverage from the Census Bureau, the uninsured rate dropped to 9.1%, down from 10.4% in 2014. The number of Americans without insurance also dropped to 29 million from 33 million the year before. The Census numbers are considered the gold standard for tracking who has insurance and who does not because its survey samples are quite large. Between 2013 and 2015, the first two full years the health law was in effect, the uninsured rate dropped by more than four percentage points. The total number of uninsured fell by 12.8 million. Meanwhile, the percentage of Americans with insurance for at least some part of the year climbed to 90.9%.

### Reducing Avoidable Hospital Readmissions

Potentially avoidable hospital readmissions that occur within 30 days of a patient's initial discharge are estimated to account for more than \$17 billion in Medicare expenditures annually. Apart from cost, they often are a sign of poor quality care. Many readmissions can be avoided through improvements in care. To address the problem, the ACA created the Hospital Readmissions Reduction Program, which adjusts payments for hospitals with higher than expected 30-day readmission rates for targeted clinical conditions such as heart attacks, heart failure, and pneumonia. The data show that the combined efforts of different initiatives are working. Between 2010 and 2015, readmission rates fell by 8% nationally. The data show that since 2010: all states but one have seen Medicare 30-day readmission rates fall, in 43 states readmission rates fell by more than 5%, and in 11 states readmission rates fell by more than 10%.

### Stability Of State Exchanges

Opponents of the health reform law noted that a report issued on September 13, 2016 by the House Energy and Commerce Committee chronicled the failures of state exchanges established under the ACA. It states that by 2017, at least five of the original SBEs (state-based exchanges) will have closed, leaving only 12 remaining. These five SBEs alone represent hundreds of millions in wasted taxpayer dollars. Neglecting to limit the dollars granted to SBEs and inadequate oversight of documented wasteful spending has cost the American taxpayer millions of dollars. Six years into the implementation of the law, the Administration is advised to strengthen its measures to account for the significant waste of taxpayer dollars and improve oversight on the SBE program.

### Undercover Testing Of The Federal Marketplace And Selected State Marketplaces

Health-insurance marketplaces are required to verify application information to determine eligibility for enrollment and, if applicable, determine eligibility for income-based subsidies or Medicaid. Verification steps include reviewing and validating an applicant's Social Security number, if one is provided; citizenship, status as a U.S. national, or lawful presence; and household income and family size. A report from the Government Accountability Office (GAO), a Congressional watchdog agency, on September 14, 2016 found that coverage obtained from private insurers remains vulnerable to fraud. The federal Health Insurance Marketplace or selected state marketplaces approved each of 10 fictitious applications GAO made for subsidized health plans. Although eight of these 10 fictitious applications failed the initial online identity-checking process, all 10 subsequently were approved.

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## DEVELOPMENTS IN HIGHER EDUCATION

Two topics in higher education that continue to attract the attention of policymakers are accreditation and the pricing system for college and university tuition. Recent events worth noting are as follows:

### Accreditation and Increased Accountability

Traditionally, the principal role of accreditation is to assure and improve educational quality by working in conjunction with academic institutions and programs. In recent years, efforts have been launched by critics to implement a more direct oversight of accreditation by the federal government through entities, such as Congress or the U.S. Department of Education (USDE). A current example is the introduction on September 22, 2016 of the *Accreditation Reform and Enhanced Accountability Act of 2016 (S. 3380)* by Senators Elizabeth Warren (D-MA), Dick Durbin (D-IL), and Brian Schatz (D-HI). Provisions of the proposed legislation include:

- Requiring USDE to establish standards for student outcome data to be used by accrediting organizations when reviewing and evaluating colleges and universities, including student graduation rates, loan repayment rates, loan default rates and job placement rates, and setting minimum standards that colleges must meet.
- Requiring that accrediting organizations carry out an enhanced accreditation review immediately upon learning of any fraud investigations or lawsuits by federal or state governments and requiring that accreditors take action in the case of any warning signs of institutional instability.
- Increasing the information that accrediting organizations must provide to USDE and make publicly available and direct the accreditation process to establish common definitions for accreditation statuses and actions.
- Giving the Secretary of Education increased authority to fine accreditors or terminate recognition under a variety of conditions.

In a related development, the USDE announced on September 22, 2016 its decision to terminate recognition of the Accrediting Council for Independent Colleges and Schools (ACICS). Schools accredited by ACICS will remain accredited pending outcome of an appeal and a possible legal challenge if one is filed. If the decision by the USDE remains intact, those accredited institutions then would have 18 months to find a new accreditor.

### Pricing System For College And University Tuition

The Subcommittee on Oversight of the House Ways and Means Committee conducted a hearing on September 13, 2016 to examine college and university endowments, tuition increases, and student debt, presenting challenges many colleges face to reduce costs and provide high-quality educational experiences to a diverse student body. Among the individuals presenting testimony, **Sheila Bair** (former Chairperson of the Federal Deposit Insurance Corporation and current President of Washington College) pointed to a new program of income share agreements (ISAs) developed at Purdue University that she believes hold great promise as a pathway to a truly debt-free education and hopes that Congress would seriously consider adoption of an ISA program as an alternative, if not a replacement, for the current debt-driven federal system. She indicated that if access to college financing is to be broadly accessible, it would be advisable to move away from a debt financing model to an equity financing model as represented by ISAs. Currently, federal loans are granted with no underwriting. As a result, many students and their families receive loans they have no realistic hope of repaying. It would be much better to move to an equity financing model, where students are required to pay a small percentage of their income up to a certain cap, over a longer period of time, instead of a frequently unaffordable fixed payment loan amortized over the current 10-year period.

## QUICK STAT (SHORT, TIMELY, AND TOPICAL)

### **Exercise Among Adults Aged 50 Or Older**

According to the Centers for Disease Control and Prevention (CDC), approximately 28% of U.S. adults aged 50 or older reported not being involved in physical activity outside of work in 2014. Inactivity increased with age, from 25% of adults under age 65 to 35% of adults age 75 or older. Inactivity outside work was higher among women than men, Hispanics and blacks than whites, and adults with at least one chronic condition than those without. As a means of encouraging adults with and without chronic disease to start or maintain an active lifestyle, communities can implement evidence-based strategies, such as creating or enhancing access to places for physical activity, designing communities and streets to encourage physical activity, and offering programs that address specific barriers to physical activity.

### **Preventable Emergency Department Visits Related to Dental Conditions**

The National Healthcare Quality and Disparities Report indicates that dental conditions such as dental caries, pulpal lesions, and gingival or periodontal conditions are treated routinely in dental offices. When neglected, these minor localized infections can progress to form cellulitis or systemic infection and can even result in death. Evidence shows that care provided in hospitals is less effective in managing oral health complaints and therefore may represent a highly inefficient use of limited hospital resources. From 2009 to 2013, the overall rate of emergency department visits with a principal diagnosis related to dental conditions increased from 307.0 to 316.1 per 100,000 population. In 2013, the rate of emergency department visits with a principal diagnosis of dental conditions was lowest for individuals age 85 and over (45.0 per 100,000 population) and highest for individuals ages 18-44 (633.7 per 100,000 population).

## HEALTH TECHNOLOGY CORNER

### **Cybersecurity Vulnerabilities In Health Care**

Due to recent high-profile breaches and ransomware attacks, securing health information is a top focus of health care providers, according to the 2016 Healthcare Information and Management Systems Society (HIMSS) Cybersecurity Study. The survey found that 85% of health care providers have made health information security an elevated business priority over the past year. Ransomware is the biggest cybersecurity concern for 69% of surveyed health care providers. Other threats include phishing attacks and advanced persistent threat attacks. Cybersecurity vulnerabilities can come from email, mobile devices, and the internet of things (IoT). Most respondents believe the most common reason for attacking health information is for medical identify theft. Acute and non-acute providers differ in their concerns. For example, 87% of acute providers and 81% of non-acute providers made information security the highest business priority the past year.

### **Potential Nanotechnology Contributions And Challenges**

According to a report from the Congressional Research Service (CRS), nanotechnology has the potential to make important contributions to the environment, health, and safety (EHS), while at the same time posing potential EHS challenges. Unique properties of nanoscale materials, e.g., their small size and high ratio of surface area to volume, have given rise to concerns about their potential implications for EHS. Health risks of nanoscale particles depend in part on their potential to penetrate and accumulate, especially in vital organs such as the lungs and brain. Several products on the market today contain nanoscale silver, an effective antibacterial agent used in wound dressings, clothing, cosmetics, and many other consumer products. Some scientists have raised concerns that the dispersion of nanoscale silver in the environment could kill microbes that are vital to ecosystems.

## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### **Training the 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 21<sup>st</sup> 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>.

### **Patients' Concerns About Health Care And Insurance Coverage**

The Partnership to Fight Chronic Disease (PFCD) released a poll examining Americans' concerns about their health care and coverage. The survey of more than 20,000 health care consumers, conducted by Morning Consult, underscores the importance of access to health care services in the fight against chronic disease. The survey takes a closer look at how consumers use the health care system, the barriers they face, and the solutions they would like to see. Data are available at the state and Congressional district level. Survey results can be accessed at <http://data.fightchronicdisease.org/>.

### **High-Need, High-Cost Patients And How They Use Health Care**

An Issue Brief from The Commonwealth Fund examines health care spending and use of services among adults with high needs, defined as individuals who have three or more chronic diseases and a functional limitation in their ability to care for themselves (such as bathing or dressing) or perform routine daily tasks (such as shopping or preparing food). The sickest adults are more likely to be female, white, less educated & poorer than adults overall. Understanding how high-need patients differ from others can lead to the design of better interventions. The Issue Brief can be accessed at [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2016/aug/1897\\_hayes\\_who\\_are\\_high\\_need\\_high\\_cost\\_patients.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2016/aug/1897_hayes_who_are_high_need_high_cost_patients.pdf).

### **Families Caring For An Aging America**

At least 17.7 million individuals in the United States are providing care and support to an older parent, spouse, friend, or neighbor who needs help because of a limitation in their physical, mental, or cognitive functioning. The circumstances of individual caregivers are extremely varied. The caregiver may help with household tasks or self-care activities, such as getting in and out of bed, bathing, dressing, eating, or toileting, or may provide complex medical care tasks, such as managing medications and giving injections. The National Academies of Sciences, Engineering, and Medicine convened an expert committee to examine what is known about the nation's family caregivers of older adults and to recommend policies to address their needs and help to minimize the barriers they encounter in acting on behalf of an older adult. The resulting report, *Families Caring for an Aging America*, provides an overview of the prevalence and nature of family caregiving. It can be accessed at <https://www.nap.edu/catalog/23606/families-caring-for-an-aging-america>.

## REPORTING OF ADVERSE HEALTH CARE EVENTS

According to a review published on September 20, 2016 in *PLOS Medicine*, a conclusion derived from a recent investigation is that there is strong evidence that much of the information on adverse health care events remains unpublished and that the number and range of adverse events is higher in unpublished than in published versions of the same study. The inclusion of unpublished data also can reduce the imprecision of pooled effect estimates during meta-analysis of adverse events.

Researchers found that a lower number of side effects generally are reported in published than unpublished studies and a wider range of named side effects are reported in unpublished (e.g., regulatory websites, trial registries, industry contact, personal contact and “grey literature” involving government reports, working papers, press releases, theses, and conference proceedings) than in published studies. It is believed that including unpublished data in research would lead to more precise conclusions.

These findings are important because they suggest that researchers should search beyond journal publications for information side effects of treatments. The findings also support the need for the drug industry to release full data on side effects so that a complete picture can be provided for health professionals, policymakers, and patients.

## CONCERNS EXPRESSED OVER HOSPITAL STAR RATING PROGRAM

In July 2016 the Centers for Medicare & Medicaid Services (CMS) publicly began reporting a one-to-five-star rating system for each hospital on the *Hospital Compare* website. A star rating is a summary score calculated using a weighted average of seven quality measure groups: mortality (seven measures), readmissions (eight measures), safety of care (eight measures), patient experience (11 measures), effectiveness of care (18 measures), timeliness of care (seven measures), and efficient use of medical imaging (five measures). The first four groups each are weighted 22% of the summary score and the last three groups each are weighted 4%. To obtain a star rating, hospitals must have at least enough measure results to score three of the seven groups, and at least one of the groups must be an outcomes group (mortality, readmissions, safety, patient experience).

An analysis by the Medicare Payment Advisory Commission (MedPAC) showed that of the 102 five-star hospitals (the highest rank), only 56% have a rating that is based on all four outcome groups. The Commission encourages the use of outcome over process measures to assess provider quality. Of the 129 one-star hospitals (the lowest rank), all but three (98%) were rated using all four outcome groups. The results indicate that a substantial share of the best-performing hospitals were not rated on a full set of outcome measures, which raises concerns that missing data are associated with higher ratings.

Moreover, the Commission is concerned that the current rating program may not fully account for differences in the intrinsic health risks that patients bring to the hospitals. For example, at one-star hospitals, an average of 78% of patients are admitted through the emergency department, compared to only 36% at five-star hospitals, which suggests that one-star facilities are treating a greater share of likely more severe cases.

Representatives from the hospital industry already expressed their concerns about the accuracy of the rating system as soon as results were made public. Given that many hospitals with a low-star rating are located in inner cities and are serving disadvantaged groups, they have little control over what occurs when patients who smoke and have other inappropriate kinds of health behavior are discharged to home settings where lack of social support, inadequate public transportation systems, and other relevant factors may play a decisive role in determining if hospital readmissions will be necessary.