Aetna Clinical Policy Guidelines

In a workshop organized by the Clinical Research roundtable, representatives from purchaser organizations (employers), payer organizations (health plans and insurance companies), and other stakeholder organizations (voluntary health associations, clinical researchers, research organizations, and the technology community) came together to explore: What do purchasers and payers need from the Clinical Research Enterprise? How have current efforts in clinical research met their needs? What are purchasers, payers, and other stakeholders willing to contribute to the enterprise? This book documents these discussions and summarizes what employers and insurers need from and are willing to contribute to clinical research from both a business and a national health care perspective.

Chapters on the different aspects of home parenteral nutrition (HPN) in various countries as USA, Australia, New Zealand and European Union are presented, including discussions on the indications for HPN with regard to underlying disease (mainly intestinal failure due to short bowel syndrome, radiation enteropathy, AIDS and cancer), nutritional requirements, HPN complications and epidemiological data (survival and mortality rates). Discussions on practical issues related to HPN, i.e. requirements, organization, funding, teaching, monitoring, etc. are also presented, as well as discussions on the contribution of pharmacists, dietitians, nurses and physicians. A specific section of the book is devoted to the use of HPN in paediatrics, i.e. infants or adolescents. The ethical and legal issues surrounding HPN are also presented in one chapter.

The field of cardiovascular genetics has tremendously benefited from the recent application of massive parallel sequencing technology also referred to as next generation sequencing (NGS). However, along with the discovery of additional genes associated with human cardiac diseases, the analysis of large dataset of genetic information uncovered a much more complex and variegated landscape, which often departs from the comfort zone of the monogenic Mendelian diseases image that clinical molecular geneticists have been well acquainted with for many decades. It is now clear that, in addition to highly penetrant genetic variants, which in isolation are able to recapitulate the full clinical presentation when expressed in animal models, we are now aware that a small but significant fraction of subjects presenting with cardiac muscle diseases such as cardiomyopathies or primary arrhythmias such as long QT syndrome (LQTS), may harbor at least two deleterious variants in the same gene (compound heterozygous) or in different gene (double heterozygous). Although the clinical presentation in subjects with more than one deleterious variant appears to be more severe and with an earlier disease onset, it somehow changes the viewpoint of clinical molecular geneticists whose aim is to identify all possible genetic contributors to a human condition. In this light, the employment in clinical diagnostics of the NGS technology, allowing the simultaneous interrogation of a DNA target spanning from large panel of genes up to the entire genome, will definitely aid at uncovering all such contributors, which will have to be tested functionally to confirm their role in human cardiac conditions. The uncovering of all clinically relevant deleterious changes associated with a cardiovascular disease would probably increase our understanding of the clinical variability commonly occurring among affected

family relatives, and potentially provide with unexpected therapeutic targets for the treatment of symptoms related to the presence of “accessory” deleterious genetic variants other than the key molecular culprit. The objective of this Research Topic is to explore the current challenges presenting to the cardiovascular genetics providers, such as clinical geneticists, genetic counselors, clinical molecular geneticists and molecular pathologists involved in the diagnosis, counseling, testing and interpretation of genetic tests results for the comprehensive management of patients affected by cardiovascular genetic disorders.

Here’s the 5th Edition of the resource you’ll turn to again and again to select the appropriate diagnosis and to plan, individualize, and document care for more than 850 diseases and disorders. A new, streamlined design makes reference easier than ever. Only in the Nursing Diagnosis Manual will you find for each diagnosis…defining characteristics presented subjectively and objectively - sample clinical applications to ensure you have selected the appropriate diagnoses - prioritized action/interventions with rationales - a documentation section, and much more!

Chiropractic Insights is a collection of essays, covering a variety of topics, including philosophy, politics, education, research, and other issues of interest to the chiropractic profession.

Although transgender persons have been present in various societies throughout human history, it is only during the last several years that they have become widely acknowledged in our society and their right to quality medical care has been established. In the United States, endocrinologists have been providing hormonal therapy for transgender individuals for decades; however, until recently, there has been only limited literature on this subject, and non-endocrine aspects of medical care for transgender individual have not been well addressed in the endocrine literature. The goal of this volume is not only to address the latest in hormonal therapy for transgender individuals (including pediatric and geriatric age groups), but also to familiarize the reader with other aspects of transgender care, including primary and surgical care, fertility preservation, and the management of HIV infection. In addition to medical issues, psychological, social, ethical and legal issues pertinent to transgender individuals add to the complexities of successful treatment of these patients. A final chapter includes extensive additional resources for both transgender patients and providers. Thus, an endocrinologist providing care to a transgender person will be able to use this single resource to address most of the patient’s needs. While Transgender Medicine is intended primarily for endocrinologists, this book will be also useful to primary care physicians, surgeons providing gender-confirming procedures, mental health professionals participating in the care of transgender persons, and medical residents and students.

Chermak and Musiek's two-volume, award-winning handbooks are back in newly revised editions. Extensively revised and expanded, Volume II provides expanded coverage of rehabilitative and professional issues, detailing intervention strategies for children and adults. Volume I provides comprehensive coverage of the auditory neuroscience and clinical science needed to accurately diagnose the range of developmental and acquired central auditory processing disorders in children, adults, and older adults. Building on the excellence achieved with the best-selling 1st editions which earned the 2007 Speech, Language, and Hearing Book of the Year Award, the second editions include contributions from world-renowned authors detailing major advances

in auditory neuroscience and cognitive science; diagnosis; best practice intervention strategies in clinical and school settings; as well as emerging and future directions in diagnosis and intervention. Exciting new chapters for Volume II include: Evidence Supporting Auditory Training in Children, by Jeffrey Weihing, Gail D. Chermak, Frank E. Musiek, and Teri James BellisSchool Polices, Process, and Services for Children with CAPD. by Georgina T.F. Lynch and Cynthia M. RichburgHistorical Foundations/Pioneers, by James W. Hall III and Anuradha R. BantwalRemediation of Spatial Processing Issues in CAPD, by Sharon Cameron and Harvey DillonThe Dichotic Interaural Intensity Difference (DIID) Training, by Jeffrey Weihing and Frank E. MusiekConsiderations for the Older Adult Presenting Peripheral and Central Auditory Dysfunction, by Gabrielle Saunders, M. Samantha Lewis, Dawn Konrad-Martin and M. Patrick FeeneyCase Studies, by Annette E. Hurley and Cassandra BillietClinical and Research Issues in CAPD, by Jeffrey Weihing, Teri James Bellis, Gail D. Chermak, and Frank E. Musiek

Minimize complications with Creasy and Resnik's Maternal-Fetal Medicine.This medical reference book puts the most recent advances in basic science, clinical diagnosis, and management at your fingertips, equipping you with the up-to date evidence-based guidelines and knowledge you need to ensure the best possible outcomes in maternal-fetal medicine. "... Creasy & Resnik's Maternal-Fetal Medicine: Principles and Practice remains an authoritative reference book for clinical residents, fellows and practicing specialists in Maternal-Fetal Medicine." Reviewed by Ganesh Acharya , Feb 2015 Apply today's best practices in maternal-fetal medicine with an increased emphasis on evidence-based medicine. Find dependable, state-of-the-art answers to any clinical question with comprehensive coverage of maternal-fetal medicine from the foremost researchers and practitioners in obstetrics, gynecology and perinatology. Take advantage of the most recent diagnostic advances with a new section on Obstetrical Imaging, complemented by online ultrasound clips as well as cross references and links to genetic disorder databases. Stay on top of rapidly evolving maternal-fetal medicine through new chapters on Recurrent Spontaneous Abortion, Stillbirth, Patient Safety, Maternal Mortality, and Substance Abuse, as well as comprehensive updates on the biology of parturition, fetal DNA testing from maternal blood, fetal growth, prenatal genetic screening and diagnosis, fetal cardiac malformations and arrhythmias, thyroid disease and pregnancy, management of depression and psychoses during pregnancy and the puerperium, and much more. Access the complete contents online at Expert Consult. Your purchase entitles you to access the web site until the next edition is published, or until the current edition is no longer offered for sale by Elsevier, whichever occurs first. If the next edition is published less than one year after your purchase, you will be entitled to online access for one year from your date of purchase. Elsevier reserves the right to offer a suitable replacement product (such as a downloadable or CD-ROM-based electronic version) should access to the web site be discontinued.

A Core Curriculum for Nurse Life Care Planning helps registered nurse life care planners prepare to take the CNLCP credentialing exam and serves as a foundation for a successful nurse life care planning practice. This textbook is based on the nursing process of assessment, critical thinking, and nursing diagnoses, and it also covers applying nursing research, evidenced-based practice, case management skills, and legal nursing practices. Written by practicing nurse life care planners and peer-reviewed by AANLCP

member nurse life care planners, this core curriculum includes basic nurse life care planning knowledge on • The history of nurse life care planning • The use of critical thinking in the life care planning process • How to critique a life care plan • How to address spinal cord injuries, traumatic brain injuries, chronic pain, amputations, burns, cerebral palsy, and considerations with aging • How to understand disability rights laws • The legal aspects of nurse life care planning • Litigation processes Providing a foundation to encourage nurse life care planners to research and learn, A Core Curriculum for Nurse Life Care Planning offers a valuable resource for nurses practicing in this field.

Advances in genomic and proteomic profiling of disease have transformed the field of molecular diagnostics, thus leading the way for a major revolution in clinical practice. While the range of tests for disease detection and staging is rapidly expanding, many physicians lack the knowledge required to determine which tests to order and how to interpret results. Molecular Diagnostics provides a complete guide to the use and interpretation of molecular testing in the clinical arena. No other available resource offers this emphasis, comprehensive scope, and practical utility in the clinical setting. Serves as the definitivereference for molecular pathologists worldwide Covers a variety of molecular techniques including next generation sequencing, tumor somatic cell genotyping, infectious and genetic disease tecting, and pharmacogenetics Discusses in the detail issues concerning quality assurance, regulation, ethics, and future directions for the science

Long recognized as the authoritative leader in the field, Creasy and Resnik's Maternal-Fetal Medicine, 8th Edition, continues to provide the latest evidence-based guidelines for obstetric and neonatal management, helping you minimize complications and offer patients the best possible care. Written by renowned experts in obstetrics, gynecology, and perinatology, this comprehensive resource has been thoroughly updated and reflects new information in every area, including recent tremendous advances in genetics, imaging, and more. Focuses on complicated obstetric issues, highlighting the most commonly encountered anomalies and providing clear guidelines for obstetric and neonatal management. Offers comprehensive updates on rapidly changing topics, including a completely revised section on genetics and genetic technology for prenatal diagnoses, as well as an expanded imaging section on abdominal, urogenital, and skeletal imaging. Includes four new chapters: Molecular Genetic Technology, MRI in Obstetrical Imaging, Obesity in Pregnancy, and Pregnancy as a Window to Future Health. Features numerous flow charts for quick access to diagnosis and treatment protocols and to clarify complex material. Presents the knowledge and expertise of new editors Dr. Joshua Copel, an expert in the field of fetal therapy who has pioneered new diagnostic techniques for unborn patients and their mothers, and Dr. Robert Silver, a leader in the maternal-fetal medicine community.

In 2010, an estimated 50 million people were uninsured in the United States. A portion of the uninsured reflects unemployment rates; however, this rate is primarily a reflection of the fact that when most health plans meet an individual's needs, most times, those health plans are not affordable. Research shows that people without health insurance are more likely to experience financial burdens associated with the utilization of health care services. But even among the insured, underinsurance has emerged as a barrier to care. The Patient Protection and Affordable Care Act (ACA) has made the most comprehensive changes to the provision

of health insurance since the development of Medicare and Medicaid by requiring all Americans to have health insurance by 2016. An estimated 30 million individuals who would otherwise be uninsured are expected to obtain insurance through the private health insurance market or state expansion of Medicaid programs. The success of the ACA depends on the design of the essential health benefits (EHB) package and its affordability. Essential Health Benefits recommends a process for defining, monitoring, and updating the EHB package. The book is of value to Assistant Secretary for Planning and Evaluation (ASPE) and other U.S. Department of Health and Human Services agencies, state insurance agencies, Congress, state governors, health care providers, and consumer advocates.

Can the ethical mission of health care survive among organisations competing for survival in the marketplace? On this question hinges not only the future of health care in the US, but that of the health care systems of all advanced countries. This book presents both an analytic framework and a menu of pragmatic answers. How can health plans determine medical necessity in a way that ensures quality care, controls costs, and builds trust with patients and physicians? What are the strategies for caring for vulnerable populations that meet their special needs without dramatically increasing costs? To answer these and other similar questions the authors blend ethical analysis with real-world examples. The outcome is a rich analysis of the ethical challenges facing health care organisations, combined with tangible examples of exemplary methods to address these challenges.

Rev. ed. of: Nurse practitioner/physician collaborative practice / edited by Geraldine M. Collins-Bride and JoAnne M. Saxe. San Francisco, Calif.: School of Nursing, University of California, UCSF Nursing Press, c1998.

Preceded by Acute & chronic wounds / [edited by] Ruth A. Bryant, Denise P. Nix. c2012.

The Patient Protection and Affordable Care Act (herein known as the Affordable Care Act [ACA]) was signed into law on March 23, 2010. Several provisions of the law went into effect in 2010 (including requirements to cover children up to age 26 and to prohibit insurance companies from denying coverage based on preexisting conditions for children). Other provisions will go into effect during 2014, including the requirement for all individuals to purchase health insurance. In 2014, insurance purchasers will be allowed, but not obliged, to buy their coverage through newly established health insurance exchanges (HIEs)--marketplaces designed to make it easier for customers to comparison shop among plans and for low and moderate income individuals to obtain public subsidies to purchase private health insurance. The exchanges will offer a choice of private health plans, and all plans must include a standard core set of covered benefits, called essential health benefits (EHBs). The Department of Health and Human Services requested that the Institute of Medicine (IOM) recommend criteria and methods for determining and updating the EHBs. In response, the IOM convened two workshops in 2011 where experts from federal and state government, as well as employers, insurers, providers, consumers, and health care researchers were asked to identify current methods for determining medical necessity, and share decision-making approaches to determining which benefits would be covered and other benefit design practices. Essential Health Benefits summarizes the presentations in this workshop. The committee's recommendations will be released in a subsequent report.

According to current statistical data, one in eight women will be diagnosed with breast cancer. The five-year survival rate for breast cancer patients has improved in recent years, but the overall mortality rates have changed little. In 1993 Congress allocated $210 million for breast

cancer research as part of the Department of Defense budget. An Institute of Medicine (IOM) committee was convened at that time to advise the U.S. Army Medical Research and Development Command on strategies for managing a breast cancer research program. This book evaluates the program's management and achievements to date. Although it is too early to evaluate the program in terms of breakthrough results and new insights produced by the funded projects or investigators, this book documents the process used to select research proposals for funding and analyzes the portfolio of funded projects in terms of their responsiveness to the recommendations and fundamental questions articulated in the 1993 IOM report.

This book presents a comprehensive state-of the-art approach to digital health technologies and practices within the broad confines of healthcare practices. It provides a canvas to discuss emerging digital health solutions, propelled by the ubiquitous availability of miniaturized, personalized devices and affordable, easy to use wearable sensors, and innovative technologies like 3D printing, virtual and augmented reality and driverless robots and vehicles including drones. One of the most significant promises the digital health solutions hold is to keep us healthier for longer, even with limited resources, while truly scaling the delivery of healthcare. Digital Health: Scaling Healthcare to the World addresses the emerging trends and enabling technologies contributing to technological advances in healthcare practice in the 21st Century. These areas include generic topics such as mobile health and telemedicine, as well as specific concepts such as social media for health, wearables and quantified-self trends. Also covered are the psychological models leveraged in design of solutions to persuade us to follow some recommended actions, then the design and educational facets of the proposed innovations, as well as ethics, privacy, security, and liability aspects influencing its acceptance. Furthermore, sections on economic aspects of the proposed innovations are included, analyzing the potential business models and entrepreneurship opportunities in the domain.

Rapid advances in technology have lowered the cost of sequencing an individual's genome from the several billion dollars that it cost a decade ago to just a few thousand dollars today and have correspondingly greatly expanded the use of genomic information in medicine. Because of the lack of evidence available for assessing variants, evaluation bodies have made only a few recommendations for the use of genetic tests in health care. For example, organizations, such as the Evaluation of Genomic Applications in Practice and Prevention working group, have sought to set standards for the kinds of evaluations needed to make population-level health decisions. However, due to insufficient evidence, it has been challenging to recommend the use of a genetic test. An additional challenge to using large-scale sequencing in the clinic is that it may uncover "secondary," or "incidental," findings - genetic variants that have been associated with a disease but that are not necessarily related to the conditions that led to the decision to use genomic testing. Furthermore, as more genetic variants are associated with diseases, new information becomes available about genomic tests performed previously, which raises issues about how and whether to return this information to physicians and patients and also about who is responsible for the information. To help develop a better understanding of how genomic information is used for healthcare decision making, the Roundtable on Translating Genomic-Based Research for Health of the Institute of Medicine held a workshop in Washington,DC in February 2014. Stakeholders, including clinicians, researchers, patients, and government officials, discussed the issues related to the use of genomic information in medical practice. Assessing Genomic Sequencing Information for Health Care Decision Making is the summary of that workshop. This report compares and contrasts evidence evaluation processes for different clinical indications and discusses key challenges in the evidence evaluation process.

Prevent and manage wounds with this expert, all-inclusive resource! Acute & Chronic Wounds: Current Management Concepts, 5th Edition provides the latest diagnostic and treatment guidelines to help you provide quality care for patients with wounds. This textbook presents an

interprofessional approach to maintaining skin integrity and managing the numerous types of skin damage including topics that range from the physiology of wound healing, general principles of wound management, vulnerable patient populations, management of percutaneous tubes, and specific care instructions to program development. Written by respected nursing educators Ruth Bryant and Denise Nix, this bestselling reference also provides excellent preparation for all wound certification exams. A comprehensive approach to the care of patients with acute and chronic wounds guides students and health care providers to design, deliver and evaluate quality skin and wound care in a systematic fashion; the comprehensive approach includes the latest advances in diagnosis, differentiation of wound types, nutrition, prevention, treatment, and pharmacology. Self-assessment questions and answers in each chapter help you assess your knowledge and prepare for all wound certification exams. Checklists offer a concise, easy-to-read summary of the steps needed to achieve the best patient care outcomes. Risk assessment scales help in determining a patient's risk for developing a wound, and wound classification tools identify the proper terminology to be used in documentation. Learning objectives at the beginning of each chapter focus your study on the most important content. Principles for practice development boost outcomes and productivity in agencies and institutions, home care, acute care, long-term care, and long-term acute care settings. NEW coverage includes the latest guidelines from WOCN, AAWC, NPUAP, EPUAP, and PPPIA, and the American College of Physicians. New sections cover the prevention and management of biofilm, the new skin tear classification system, MASD and MARCI, CTP terminology and classification scheme, and integration of the Health Belief Model. NEW! Additional full-color photographs show the differential diagnosis of types of skin damage, management of fistulas, and NPWT procedures. NEW! Clinical Consult features help in applying concepts to clinical practice, showing students and health care professionals how to assess, manage, and document real-life patient and staff encounters using the ADPIE framework. NEW two-color illustrations and design make the book more visually appealing.

Nursing-focused and easy-to-read, this manual delivers all of the information you need to understand how tests work, interpret their results, and provide quality patient care—pre-test, intra-test, and post-test. Tests and procedures are listed in alphabetical order by their complete names for quick reference. The integrated index allows fast searches by abbreviation, synonym, disease/disorder, specimen type, or test classification. Plus, a Body Systems Appendix includes a list of common laboratory and diagnostic tests for each body system as well as nutrition-related lab tests.

Like its predecessor, New Dimensions in Bioethics, this volume developed out of a series of lectures at Yale University’s Institution for Social and Policy Studies. Each speaker in the Bioethics & Public Policy Seminar Series was invited because of her or his expertise in a given area of bioethics. Each of the more successful participants was invited to contribute a manuscript for publication. The essays are bound together by the application of an ethical analysis to scientific questions, and by consideration of policy implications. At its inception, bioethics was virtually synonymous with medical ethics. As the field grew and attracted new practitioners, it became clear that other applications of this new subject required extension of its scope. For example, environmental ethics, propelled by such authors as Aldo Leopold and Rachel Carson, quickly developed a vigorous literature of its own. More recently, developments in the analysis of the human genome, the enticing medical possibilities offered by the therapeutic use of stem cells, the complexities surrounding the cloning of animals and possibly humans and the development of transgenic agricultural crops have given new impetus to the expansion of traditional bioethical horizons. Bioethics must now adjust

to these new realities, for it is clear that public interest in the field is growing as these new challenges appear.
Perspectives on Essential Health BenefitsWorkshop ReportNational Academies Press
Rev. ed. of: Acute and chronic wounds / [edited by] Ruth A. Bryant, Denise P. Nix. 3rd ed. c2007.
Increasingly over the past five years, uncertainty about reimbursement for routine patient care has been suspected as contributing to problems enrolling people in clinical trials. Clinical trial investigators cannot guarantee that Medicare will pay for the care required, and they must disclose this uncertainty to potential participants during the informed consent process. Since Medicare does not routinely "preauthorize" care (as do many commercial insurers) the uncertainty cannot be dispelled in advance. Thus, patients considering whether to enter trials must assume that they may have to pay bills that Medicare rejects simply because they have enrolled in the trial. This report recommends an explicit policy for reimbursement of routine patient care costs in clinical trials. It further recommends that HCFA provide additional support for selected clinical trials, and that the government support the establishment of a national clinical trials registry. These policies (1) should assure that beneficiaries would not be denied coverage merely because they have volunteered to participate in a clinical trial; and (2) would not impose excessive administrative burdens on HCFA, its fiscal intermediaries and carriers, or investigators, providers, or participants in clinical trials. Explicit rules would have the added benefit of increasing the uniformity of reimbursement decisions made by Medicare fiscal intermediaries and carriers in different parts of the country. Greater uniformity would, in turn, decrease the uncertainty about reimbursement when providers and patients embark on a clinical trial.
Minimize complications with Creasy and Resnik's Maternal-Fetal Medicine. This medical reference book puts the most recent advances in basic science, clinical diagnosis, and management at your fingertips, equipping you with the up-to date evidence-based guidelines and knowledge you need to ensure the best possible outcomes in maternal-fetal medicine. Consult this title on your favorite e-reader, conduct rapid searches, and adjust font sizes for optimal readability. Apply today’s best practices in maternal-fetal medicine with an increased emphasis on evidence-based medicine. Find dependable, state-of-the-art answers to any clinical question with comprehensive coverage of maternal-fetal medicine from the foremost researchers and practitioners in obstetrics, gynecology and perinatology. Take advantage of the most recent diagnostic advances with a new section on Obstetrical Imaging, complemented by online ultrasound clips as well as cross references and links to genetic disorder databases. Stay on top of rapidly evolving maternal-fetal medicine through new chapters on Recurrent Spontaneous Abortion, Stillbirth, Patient Safety, Maternal Mortality, and Substance Abuse, as well as comprehensive updates on the biology of parturition, fetal DNA testing from maternal blood, fetal growth, prenatal genetic screening and diagnosis, fetal cardiac malformations and arrhythmias, thyroid disease and pregnancy, management of depression and psychoses during pregnancy and the puerperium, and much more. Access the complete contents online at Expert Consult.
Comparative Effectiveness Research: Evidence, Medicine, and Policy provides the first complete account of how — and why — the federal government decided to make comparative effectiveness research (CER) an important feature of health reform and the

Affordable Care Act of 2010.

This book is the first comprehensive text on utilization management in the clinical laboratory and other ancillary services. It provides a detailed overview on how to establish a successful utilization management program, focusing on such issues as leadership, governance, informatics, and application of utilization management tools. The volume also describes ways to establish utilization management programs for multiple specialties, including anatomic pathology and cytology, hematology, radiology, clinical chemistry, and genetic testing among other specialties. Numerous examples of specific utilization management initiatives are also described that can be imported to other heath care organizations. A chapter on utilization management in Canada is also included. Edited by an established national leader in utilization management, Utilization Management in the Clinical Laboratory and Other Ancillary Services is a valuable resource for physicians, pathologists, laboratory directors, hospital administrators, and medical insurance professionals looking to implement a utilization management program.

What information and decisionmaking processes determine how and whether an experimental medical technology becomes accepted and used? Adopting New Medical Technology reviews the strengths and weaknesses of present coverage and adoption practices, highlights opportunities for improving both the decisionmaking processes and the underlying information base, and considers approaches to instituting a much-needed increase in financial support for evaluative research. Essays explore the nature of technological change; the use of technology assessment in decisions by health care providers and federal, for-profit, and not-for-profit payers; the role of the courts in determining benefits coverage; strengthening the connections between evaluative research and coverage decisionmaking; manufacturers' responses to the increased demand for outcomes research; and the implications of health care reform for technology policy.

Clinical trials enable scientific discoveries to advance patient care, in addition to informing and guiding subsequent research. The National Cancer Institute's (NCI's) Clinical Trials Cooperative Group Program works to advance patient care and research. The Cooperative Group Program has been instrumental in establishing the standards for cancer patient care and clinical research methods. Despite broad participation in the program, financial strain and procedural burdens limit the ability of the Cooperative Group Program to undertake medical practice-changing clinical research. Thus, the Institute of Medicine's (IOM's) National Cancer Policy Forum and the American Society of Clinical Oncology held a workshop on March 21, 2011 to follow up on the 2010 IOM report, A National Clinical Trials System for the 21st Century: Reinvigorating the NCI Cooperative Group Program, which made recommendations to strengthen the NCI Cooperative Group Program. In keeping with the established commitment to excellence Implementing a National Cancer Clinical Trials System for the 21st Century outlines how to improve the current system by incorporating innovative science and trial design into cancer clinical trials. It also examines the impact of increasing quality in regards to speed, efficiency, design, launch, and conduct, as well as improving prioritization, and incentivized participation.

The U.S. Census Bureau has reported that 56.7 million Americans had some type of disability in 2010, which represents 18.7 percent of the civilian noninstitutionalized population included in the 2010 Survey of Income and Program Participation. The U.S. Social Security Administration (SSA) provides disability benefits through the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. As of December 2015, approximately 11 million individuals were SSDI beneficiaries, and about 8 million were SSI beneficiaries. SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines. During

determinations of substantial gainful activity and income eligibility for SSI benefits, the reasonable cost of items, devices, or services applicants need to enable them to work with their impairment is subtracted from eligible earnings, even if those items or services are used for activities of daily living in addition to work. In addition, SSA considers assistive devices in its medical disability determination process and assessment of work capacity. The Promise of Assistive Technology to Enhance Activity and Work Participation provides an analysis of selected assistive products and technologies, including wheeled and seated mobility devices, upper-extremity prostheses, and products and technologies selected by the committee that pertain to hearing and to communication and speech in adults.

Technology in American Health Care is a comprehensive, multidisciplinary guide to understanding how medical advances -- new drugs, biological devices, and surgical procedures -- are developed, brought to market, evaluated, and adopted into health care. Cost-effective delivery of evidence-based health care is the sine qua non of American medicine in the twenty-first century. Health care decision makers, providers, payers, policymakers, and consumers all need vital information about the risks, benefits, and costs of new technologies in order to make informed decisions about which ones to adopt and how to use them. Alan B. Cohen and Ruth S. Hanft explore the evolving field of medical technology evaluation (MTE), as well as the current controversies surrounding the evaluation and diffusion of medical technologies, including the methods employed in their assessment and the policies that govern their adoption and use. The book opens with an introduction that provides basic definitions and the history of technological change in American medicine, and a second chapter that explores critical questions regarding medical technology in health care. Part I discusses biomedical innovation, the development and diffusion of medical technology, and the adoption and use of technology by hospitals, physicians, and other health care organizations and professions under changing health care market conditions. Part II examines the methods of MTE -- including randomized controlled trials, meta-analyses, economic evaluation methods (such as cost-benefit, cost-effectiveness, and cost-utility analyses), and clinical decision analysis. Part III focuses on key public policy issues and concerns that affect the organization, financing, and delivery of health care and that relate importantly to medical technology, including safety, efficacy, quality, cost, access, equity, social, ethical, legal, and evaluation concerns.

Representing the most current oncology nutrition research, this new edition is the clinician's guide to understanding the nutritional needs and risks of cancer patients and to anticipating and responding with appropriate nutrition care. This guide explores the fundamentals -- from nutrition screening to therapy protocols to pharmacological management -- with new chapters devoted to ACS survivor guidelines, reimbursement guidelines and outcomes research.

The Alberta clinical practice guidelines program is supporting appropriate, effective and quality medical care in Alberta through promotion, development and implementation of evidence-based clinical practice guidelines.