

Federal Health Update

OCT. 26, 2012

Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until after the election.**

MILITARY HEALTH CARE NEWS

- **TRICARE Management Activity announced that two advanced laboratory tests aimed at assessing breast cancer risks and guiding treatment options were recently approved for coverage for some TRICARE beneficiaries.**

The tests –the BRACAnalysis BRCA1 and BRCA2 tests, and also, the Oncotype DX Breast Cancer Assay– assess breast cancer risks. The BRACAnalysis tests a woman’s risk of developing hereditary breast or ovarian cancers based on mutations in their genes. The Oncotype DX breast cancer assay examines a breast cancer patient’s tumors at the molecular level which doctors say could help tailor the patient’s treatment.

Coverage for the tests is retroactive to May 2012, so TRICARE beneficiaries should contact their doctors to find out if they are eligible for having the tests performed as TRICARE benefit.

- **Assistant Secretary of Defense for Health Affairs Jonathan Woodson released a statement outlining the goals of the new MHS governance announced by the Deputy Secretary of Defense in March 2012.**

The three goals are:

- Establish a Defense Health Agency that will have the structure and authority to drive common clinical and business processes across the enterprise. The second focus area involves
- Identify multi-service markets and provide additional authority in areas such as budget, work force and work load to a single market manager in designated markets.

- Transition to a permanent organizational structure for National Capital Area by establishing a NCR Medical Directorate within the Defense Health Agency, into which we will transition Joint Task Force CAPMED.

To read the full statement, please visit: http://www.health.mil/blog/12-10-24/Assistant_Secretary_of_Defense_for_Health_Affairs_Outlines_New_Focus.aspx

- **TRICARE and Military OneSource will host a webinar on TRICARE benefits available to National Guard and Reserve members on Monday, Oct. 29, 2012, from 10 a.m. to 11:00 a.m. EDT.**

The different stages of the National Guard and Reserve deployment cycle can make it challenging for members and their families to know what TRICARE benefits are available.

Brian Smith, policy and program analyst, warrior support branch, TRICARE Management Activity, will discuss which benefits Guard and Reserve members can use throughout the deployment cycle, how to update eligibility status and who to contact for help with enrollment or purchasing the different health and dental plans.

To register for TRICARE's webinar with Military OneSource go to: www.militaryonesource.mil/webinar.

- **Science Applications International Corporation (SAIC) was awarded a prime contract by the Defense Health Services System (DHSS).**

Under the contract SAIC will provide ongoing sustainment, operation and maintenance of the TRICARE Online (TOL) system and expand Blue Button capability in support of the Program Executive Office (PEO) Clinical Support Division.

The single-award cost-plus fixed-fee (CPFF) contract has a six-month base period of performance, two one-year options, one-three month transition period, and a total contract value of approximately \$11 million, if all options are exercised. Work will be performed primarily in [San Diego](#), Calif. and [Falls Church](#), Va.

TOL is the military health system's internet point of entry that provides all TRICARE beneficiaries access to available healthcare services through an enterprise-wide secure portal. The TOL Blue Button is an open-government initiative that provides authorized users convenient access to their personal health information.

Under the contract, SAIC will expand Blue Button capability including radiology results, vital signs, immunizations, outpatient discharge summary, surgical results, insurance and other patient information to provide civilian partner information as available through the Virtual Lifetime Electronic Record (VLER) exchange service; allow reconciliation of active medications for download and/or print; include Personal Health Journaling (PHJ) in collaboration with the [Veterans Health Administration](#); and expand TOL to include mobile device access and appointment center, and prescription refill capabilities to incorporate Patient Centered Medical Home (PCMH) requested improvements.

VETERANS AFFAIRS NEWS

- **Veterans Affairs Department medical centers are not effectively or securely**

sharing data with research and university facilities, according to an Oct. 23 VA office of inspector general [report](#).

The department regularly exchanges medical and patient information with external organizations for healthcare services and collaborative research studies. But auditors say medical centers lack an accurate inventory of research data exchanged, knowledge of where data is housed and assessments of the sensitivity levels of the data.

Auditors are particularly concerned that sensitive data is managed in a decentralized way, leading to inadequate oversight.

In an effort to physically separate VA and partner networks, the department began using air-gapped network connections several years ago--a security measure that eliminates the direct connection of computers and networks, forcing users to rely on other media to transfer data.

Rather than limit direct interconnections, the approach increased the use of internal and external hard drives, CDs, DVDs and flash drives, says the report. The use of such unencrypted storage devices for transporting sensitive data is strictly prohibited by VA.

The agency has not safeguarded the sensitive information and data shared with partners, putting it at risk of unauthorized access, loss and disclosure, says the OIG.

Report authors recommend VA Chief Information Officer Roger Baker and the undersecretary for health create a centralized data governance model to better oversee network connections and data exchanges. Baker should also craft formal agreements to ensure research partners implement controls and protect sensitive data in accordance with VA information security requirements, says the report.

VA officials concurred with the report's recommendations.

GENERAL HEALTH CARE NEWS

- **The National Institutes of Health's Office of Behavioral and Social Sciences Research (OBSSR) released four videos highlighting outstanding behavioral and social science research on mindless eating, risk-taking, diabetes management, and the evolution of skin pigmentation.**

The videos, called Research Highlights, are available on both the [OBSSR website](#) and the [NIH YouTube channel](#) and feature prominent researchers describing their work and its implications for society.

The videos, each under seven minutes in length, showcase:

- Dr. Brian Wansink (Cornell University)
Mindless Eating: Why We Eat More Than We Think
Small changes in our physical environment can greatly affect our food eating behavior and totally change our eating habits.
- Dr. Carl Lejuez (University of Maryland)
Risk-Taking Behavior and Substance Use
A person's willingness to take risks and his or her ability to tolerate psychological stress are key to substance use and successful treatment.
- Dr. Charlene Quinn (University of Maryland)
Using mHealth to Manage Diabetes
Mobile health technologies hold promise in encouraging people to change their behavior and improve their health.

- Dr. Nina Jablonski (Penn State University)
Evolution of Skin Pigmentation
Understanding our personal ancestry and the general evolution of pigmentation are essential to our own health and society's well-being.

The OBSSR mission is to stimulate behavioral and social sciences research throughout NIH and to integrate these improving our understanding, treatment, and prevention of disease. For more information, please visit <http://obssr.od.nih.gov>.

- **The Advisory Committee for Immunization Practices voted 13 to 1, with 1 abstention, to recommend that infants at increased risk for meningococcal disease should be vaccinated with four doses of HibMenCY at 2, 4, 6, and 12 through 15 months.**

These include infants with recognized persistent complement pathway deficiencies and infants who have anatomic or functional asplenia including sickle cell disease. HibMenCY can be used in infants ages 2 through 18 months who are in communities with serogroup C and Y meningococcal disease outbreaks.

Meningococcal disease is a serious, vaccine-preventable bacterial infection caused by *Neisseria meningitidis* bacteria. The two most severe common illnesses caused by these bacteria include meningitis and bloodstream infections. Infants with certain medical conditions, such as sickle cell disease or complement component deficiency, are at increased risk for meningococcal disease.

Meningococcal disease incidence has declined to historically low levels since the last peak in disease in the late 1990s. About 50 of infant cases are potentially preventable by available vaccines. The majority of infant cases are caused by a type of the bacteria that are not prevented by meningococcal vaccines. Also, the majority of infant cases occur within the first 6 months of life, before a vaccine would likely be able to protect since 3 doses are needed (at 2, 4 and 6 months) to maximize the immune response.

- **The Advisory Committee for Immunization Practices voted today 14 to 0, with one abstention, to recommend that providers of prenatal care implement a Tdap immunization program for all pregnant women.**

Health-care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. If not administered during pregnancy, Tdap should be administered immediately postpartum.

This builds upon a previous recommendation made by ACIP in June 2011 to administer Tdap during pregnancy only to women who have not previously received Tdap. By getting Tdap during pregnancy, maternal pertussis antibodies transfer to the newborn, likely providing protection against pertussis in early life, before the baby starts getting DTaP vaccines. Tdap will also protect the mother at time of delivery, making her less likely to transmit pertussis to her infant. If not vaccinated during pregnancy, Tdap should be given immediately postpartum, before leaving the hospital or birthing center.

The U.S. remains on track to have the most reported pertussis cases since 1959, with more than 32,000 cases already reported along with 16 deaths, the majority of which are in infants.

REPORTS/POLICIES

- **The Institute of Medicine (IOM) published “The Human Microbiome, Diet, and Health - Workshop Summary,” on Oct. 24, 2012.** This report explores current and emerging knowledge on the human microbiome, its role in human health, its interaction with the diet, and the translation of new research findings into tools and products that improve the healthfulness of the food supply. <http://www.iom.edu/Reports/2012/The-Human-Microbiome-Diet-and-Health.aspx>

HILL HEARINGS

- There are no hearings scheduled.

LEGISLATION

- No legislation was proposed this week.

MEETINGS

- The American Public Health Association (APHA) 140th Annual Meeting and Exposition will be held on **Oct. 27-31, 2012**, in San Francisco, Calif. <http://www.apha.org/meetings/AnnualMeeting/>
- The International Society for Traumatic Stress Studies (ISTSS) 28th Annual Meeting will be held on **Nov. 1-3, 2012**, in Los Angeles, Calif. <http://www.istss.org/Home1.htm>
- The AMIA 2012 Annual Symposium will be held on **Nov. 7-11, 2012**, in Chicago Ill. <http://www.amia.org/amia2012>
- The 118th AMSUS Annual Continuing Education Meeting will be held **Nov. 11-15, 2012**, in Phoenix, Ariz. <http://amsusmeeting.org>
- The 2012 American Academy of Medical Administrators (AAMA) Annual Conference will be held on **Nov. 13 - 16, 2012**, San Antonio, Texas <http://www.aameda.org/Conference/Annual/AnnualMain.html>
- The Radiological Society of North America (RSNA) 2012: Patients First will be held on **Nov. 25-30, 2012**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
- The 2012 Special Operations Medical Association (SOMA) Conference will be held on **Dec. 15-18, 2012**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>
- The International Meeting of Simulation in Healthcare (IMSH) 2013 will be held on **Jan. 26-30, 2013**, in Orlando, Fla. <http://ssih.org/events/imsh-2013-central>
- The 2013 Military Health System Conference will be held **Feb. 11-14, 2013**, in National Harbor, Md.

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