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Produced by Kate Connelly Theroux in collaboration with the U.S. Medicine Institute for Health Studies

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"We need to become a society that thinks of staying healthy rather than simply being treated after we're sick. We need to create a culture of wellness in our society." HHS Secretary Mike Leavitt commenting on the importance of the 2006 Guide to Clinical Preventive Services.

Congressional Schedule

• The House and Senate are in recess until Nov. 9, 2006.

Military Health Care News

• TRICARE Management Activity (TMA) announced that on November 10 it is combining the current tricare.osd.mil Web site and TRICAREonline.com Web site to create one universal TRICARE Web site: 
www.tricare.mil. This will be the official Web site for all TRICARE information.

• On October 23, TRICARE Management Activity (TMA) announced that two antilipidemic medications were approved to be placed on the non-formulary (or third tier), effective Feb. 1, 2007. The medication classes reviewed included thiazoladinedione drugs, antilipidemic agents, histamine-2 antagonists and other gastrointestinal protectant agents. Medications on the third tier (non-formulary) require a $22 co-payment in the retail and mail-order pharmacy programs and are not available at military treatment facility (MTF) pharmacies unless medical necessity has been established and the prescription is written by an MTF provider. To view the chart of affected medications, please visit UF Formulary Changes.

• TRICARE Management Activity (TMA) published a news release: “Point-of-Service Overseas Differs from the Stateside Option,” on October 20. In the news release, TMA advises all active duty family members enrolled in TRICARE Prime options overseas of the differences between the point-of-service requirements for overseas programs differ significantly from those for stateside TRICARE Prime programs.

    Specifically, in the TRICARE Overseas Program Prime, TRICARE Global Remote Overseas and TRICARE Puerto Rico Prime enrollees must get an authorization for routine or specialty care from an overseas host nation provider to avoid point-of-service charges; however, overseas Prime enrollees don’t need authorization when seeking urgent care, regardless of location. Additionally, active duty family members enrolled overseas do not need authorization for routine or specialty care while visiting the United States and point-of-service doesn’t apply to such care. http://tricare.osd.mil/news/news.aspx?fid=235

• On October 20, TRICARE Management Activity (TMA) announced that point-of-service charges now apply to active duty family members enrolled in the TRICARE Global Remote Overseas and TRICARE Puerto Rico Prime programs. Point-of-service was already in effect for those enrolled in overseas military treatment facilities under TRICARE Overseas Program Prime. Point-of-service allows all TRICARE Prime enrollees to get non-referred, non-authorized care from providers of their choice.

    There is an annual deductible of 300 per individual or $600 per family to use this option, as well as higher cost shares than those associated with referred and/or authorized care. These cost shares do not apply to the annual fiscal year catastrophic cap of $1,000 for active duty family members. http://tricare.osd.mil/news/news.aspx?fid=234

Veterans Health Care News

• On Oct. 16, 2006, Secretary of Veterans Affairs (VA) Jim Nicholson attended the first meeting of the Genomic Medicine Program Advisory Committee, a committee of internationally recognized scientists and veterans’ advocates established to advise the VA on emerging issues in genomic medicine. The goal is to understand the role of genetics in the diagnosis and treatment of illnesses, such as prescribing medications more effectively, while preventing adverse drug reactions.
The 12-member committee, chaired by Dr. Wayne W. Grody of the University of California, Los Angeles, is expected to meet up to three times annually and to advise VA on a wide range of issues, including the scope of research and assuring that VA meticulously protects veterans’ privacy and maintains the highest ethical standards.  List of Committee Members

- The Department of Veterans announced it broke ground for a $295-million, full-service medical center in North Las Vegas on October 20. The 750,000 square-foot facility on 154 acres is expected to be opened in 2011, and will accommodate 90 inpatient beds and a 120-bed extended and skilled care nursing home care unit, an ambulatory care center and a Veterans Benefits Administration office. Outpatient care will be offered at the new facility and at sites around the city to ensure a geographic balance in access to health care for veterans. VA will continue to share health care resources with Nellis Air Force Base.  http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1195

Health Care News

- The Agency for Healthcare Research and Quality (AHRQ).released a report “‘Off-pump’ Bypass Surgery Associated with Reduced Occurrence of Stroke and Other Complications,” on October 25. The study found that performing a common heart surgery, coronary artery bypass graft (CABG), without bypassing the cardiopulmonary system may cut down on the number of surgery-related strokes and other short-term complications. The report found that the off-pump procedure could prevent approximately 10 strokes per 1,000 CABGs, a 50 percent reduction in the risk faced by patients undergoing the surgery. Approximately 280,000 CABGs are performed in the United States each year.  CABG, the nation's most common cardiac surgery, creates new paths around blocked arteries to improve blood flow to the heart. http://www.ahrq.gov/news/press/pr2006/offpumppr.htm

- The Department of Health and Human Services (HHS) awarded a one-year, $2 million contract, called “State Alliance for e-Health,” to the National Governors Association. The money will be used to create state advisory panels, similar to those established by the federal American Health Information Community, to advance healthcare IT nationwide. The state-based forums will draw from healthcare IT and industry experts, consumers, state and federal government, and other relevant organizations for discussing ways to build interoperability between states to improve healthcare. http://www.gcn.com/online/vol1_no1/42349-1.html

- The Food and Drug Administration (FDA) and the Federal Trade Commission (FTC) are working with Mexican and Canadian officials to stop deceptive Internet marketing of products misrepresented as diabetes cures or treatments. The joint effort has resulted in about 180 warning letters and other advisories being sent to online outlets. About a quarter of the targeted businesses have changed claims or removed their online pages. http://www.fda.gov/bbs/topics/NEWS/2006/NEW01494.html
On October 25, the Advisory Committee on Immunization Practices recommended that Americans 60 and older be vaccinated against shingles, an excruciatingly painful rash caused by the same virus that causes chickenpox. These recommendations are usually accepted by federal health officials and can influence insurance companies' decisions on which vaccinations to cover. Shingles is a blistering skin rash that is most common in older people. It usually goes away after four weeks, but one in five develops severe long-term nerve pain known as postherpetic neuralgia. Complications also can include scarring and loss of vision or hearing.

Antiviral medications are of limited help, and some doctors say such drugs do not prevent shingles from progressing into postherpetic neuralgia. No vaccine was available until May, when the Food and Drug Administration (FDA) licensed Zostavax, made by Merck & Co. The vaccine is a souped-up version of Merck's chickenpox vaccine for children, with a live virus that is 14 times more potent. [http://news.yahoo.com/s/ap/20061025/ap_on_he_me/shingles_vaccine](http://news.yahoo.com/s/ap/20061025/ap_on_he_me/shingles_vaccine)

The Department of Health " Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ) unveiled its new Electronic Preventive Services Selector (ePSS) tool for primary care clinicians to use when recommending preventive services for their patients at the National Prevention Summit. The interactive tool is designed for use on a personal digital assistant (PDA) or desktop computer to allow clinicians to access the latest recommendations from the AHRQ-sponsored U.S. Preventive Services Task Force, an independent panel of private-sector experts in prevention and primary care. The ePSS is designed to serve as an aid to clinical decision-making at the point of care and contains 110 recommendations for specific populations covering 59 separate preventive services topics. [http://www.ahrq.gov/news/press/pr2006/eppspr.htm](http://www.ahrq.gov/news/press/pr2006/eppspr.htm)

The Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ) is partnering with United Health Foundation to distribute more than 400,000 copies of the 2006 Guide to Clinical Preventive Services, a new guide to evidence-based clinical preventive services recommendations, to clinicians nationwide. The Guide to Clinical Preventive Services is just one part of a larger HHS prevention initiative designed to promote preventive health care to both patients and clinicians. The guide contains 53 new or revised recommendations focused on screenings for obesity, breast cancer, abdominal aortic aneurysm, and HIV; hormone therapy for the prevention of chronic conditions in postmenopausal women; and diet and behavioral counseling from the AHRQ-sponsored U.S. Preventive Services Task Force.

United Health Foundation is working with medical and nursing societies, including the American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Nurse Practitioners, and the American Osteopathic Association to provide free copies of the guide to their members. [http://www.ahrq.gov/news/press/pr2006/gcps06pr.htm](http://www.ahrq.gov/news/press/pr2006/gcps06pr.htm)

Reserve/Guard

The total number of Guard and Reserve currently on active duty has decreased by 813 from the last
report to 100,332. The totals for each service are Army National Guard and Army Reserve, 80,279; Navy Reserve, 5,797; Air National Guard and Air Force Reserve, 6,723; Marine Corps Reserve, 7,268; and the Coast Guard Reserve, 265.

www.defenselink.mil

Contracts/Procurements

• The Department of Health and Human Services (HHS), Center for Disease Control and Prevention (CDC) in Atlanta issued a solicitation notice to fulfill a requirement for support in the areas of health communication, social and health marketing, media outreach, Web and other electronic communication, and communication and marketing research and evaluation activities for all of its Coordinating Centers, Offices and Programs. The performance period is for seven years, including options periods. This will be a Small Business set-aside in accordance with FAR Part 19.5.

The Government expects that more than one award will be made from this RFP. All inquiries concerning the solicitation document must be submitted via email to hjm3@cdc.gov, and must be received by this office no later than COB, Thursday, Nov. 2, 2006. All proposals must be received by the Contracting Officer no later than 2:00 pm, Tuesday, Nov. 28, 2006.


• The U.S. Army Medical Command, Center for Health Care Contracting, MEDCOM Health Care Acquisition Activity intends to pursue a Competitive 8(a), firm-fixed price contract to provide services to the Patient Administration Systems and Biostatistics Activity (PASBA) for improving data quality through greater accuracy in assigning diagnoses, Evaluation/Management and Procedures, codes and their subsets for health care and services rendered to DoD health care beneficiaries. This requirement consists of the purchase of outpatient medical records coding auditing services at Fort Sam Houston, Texas.

The performance period is a one base year plus four option periods. The solicitation will be posted to the FedBizOpps Web site on or about Nov. 9, 2006, with an estimated closing date of Dec. 11, 2006. Point of contact is Kenneth McDonough, Contract Specialist, phone (210) 221-6057 or email: kenneth.mcdonough@amedd.army.mil.

http://www.fbo.gov/spg/USA/MEDCOM/DADA10/W81K04%2D07%2DR%2D0001/listing.html

Reports/Policies

• The GAO released “Health Professional Shortage Areas (HPSA): Problems Remain with Primary Care Shortage Area Designation System,” (GAO-07-84) on Oct. 24, 2006. In the report, the GAO reviewed the number and location of HPSAs and federal programs that use HPSA designations to allocate resources or provide benefits; available research on HPSA designation criteria and methodology; and the impact of a

- The GAO issued “Influenza Pandemic: DoD Has Taken Important Actions to Prepare, but Accountability, Funding, and Communications Need to be Clearer and Focused Department-wide,” (GAO-06-1042) on Sept. 21, and released it Oct. 23, 2006. The report focuses on DoD's planning for its workforce, specifically the actions DoD has taken to prepare; and challenges DoD faces going forward. [http://www.gao.gov/new.items/d061042.pdf](http://www.gao.gov/new.items/d061042.pdf)


**Legislation**

- No legislation was proposed this week.

**Hill Hearings**

- There are no hearings scheduled.

**Meetings / Conferences**


If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at [kate@usminstitute.org](mailto:kate@usminstitute.org). To subscribe, please visit [http://usminstitute.org/subscriber.cfm](http://usminstitute.org/subscriber.cfm). To unsubscribe, please send an email to [update@usminstitute.org](mailto:update@usminstitute.org) with UNSUBSCRIBE as the subject.