

FEDERAL HEALTH UPDATE

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

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“I want to thank our soldiers, sailors and Marines, airmen, Coast Guardsmen ... for their service to the country, and I thank their families. As we head into the 4th of July, we're a fortunate nation to have people who are willing to volunteer in the face of danger to help secure this country in the long run.” --President George W. Bush visiting wounded service members at Walter Reed Army Medical Center on July 3, 2007.

Congressional Schedule

- Congress is in recess until July 9, 2007.
- On June 28, 2007, President George W. Bush nominated Adm. Michael Mullen to serve as the next Chairman of the Joint Chiefs of Staff and Marine Corps Gen. James “Hoss” Cartwright as his Vice Chairman.

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Military Health Care News

- TRICARE Management Activity is implementing a two-year test authorized by the 2007 National Defense Authorization Act, which would allow TRICARE beneficiaries to substitute over-the-counter (OTC) versions of

certain prescription drugs without a copayment. For now, the test includes the TRICARE Mail Order Pharmacy only. Plans call for expansion to retail network pharmacies once program details are ironed out.

For example, under the test, beneficiaries receiving a prescription proton pump inhibitor are eligible to receive Prilosec OTC, the only proton pump inhibitor available over the counter. The Department of Defense Pharmacy and Therapeutic Committee found there is no significant clinical difference between Prilosec OTC and its prescription-only counterparts.

Once the OTC test is expanded to include retail pharmacies, beneficiaries will have to get a prescription from their doctor for the OTC drugs. Medication classes under consideration for future testing include topical anti-fungals and non-sedating antihistamines. <http://www.tricare.mil/pressroom/news.aspx?fid=297>

- The Department of Defense announced that Maj. Gen. Thomas W. Travis, command surgeon, Headquarters Air Combat Command, Langley Air Force Base, Va., has been assigned to be commander, 59th Medical Wing (Wilford Hall Medical Center), Air Education and Training Command, Lackland Air Force Base, Texas.
- The *Winston-Salem Journal* reports that 65 U.S. military medical personnel will be deployed as part of a medical outreach program designed as both a training exercise and a humanitarian trip.

The mission, officially called MEDFLAG 07, will have three distinct phases: teaching doctors in Gabon the latest in primary care, emergency medicine, preventive care and tropical diseases; training the Gabonese to deal with mass casualties; and visiting six Gabonese villages to see 10,000 to 15,000 patients where they might not ever have access to medical care.

This is one of many trips that the military performs to help developing nations and provide medical care or engineering assistance. Missions like these have proven that military it is quite capable of delivering a lot of help fast when people need it the most. For example, American hospital ships such as the USNS Mercy responded quickly after a huge tsunami swamped parts of southeastern Asia in December 2004.

http://www.journalnow.com/servlet/Satellite?pagename=WSJ%2FMGArticle%2FWSJ_ColumnistArticle&c=MGArticle&cid=1173351870732&path=!localnews&s=1037645509099

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Veterans Health Care News

- The Department of Veterans Affairs (VA) announced it will establish a 24-hour, national suicide prevention hot line to ensure veterans with mental health crises have immediate access to trained coordinators. The hot line, which is scheduled to begin operations by August 31, 2007, will be based at the Canandaigua VA Medical Center in New York state. Staffed by mental health professionals, it will operate seven days a week, 24 hours a day.

In addition to staffing the hot line, the suicide prevention coordinators will take part in training clinicians and non-clinicians on warning signs for suicide, guide veterans into care and work within facilities to identify veterans at risk for suicide. VA's Canandaigua facility is already a VA center of excellence focused on suicide prevention, mental health education and research. VA has the nation's largest mental health program. The Department recently

announced plans to provide suicide prevention coordinators at each of its 153 medical centers, joining more than 9,000 mental health professionals.

Mental health services are provided at each of VA's 153 medical centers and more than 900 outpatient clinics. Last month, VA Secretary James Nicholson announced an initiative to hire 100 new employees to provide readjustment counseling at each of the Department's 207 community-based Vet Centers. In July, VA will convene a four-day mental health forum in Washington with the Department's top mental health professionals to review a wide range of issues, such as integrating mental health services with primary care, combat trauma, suicide prevention and the special needs of the newest generation of combat veterans.

<http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1352>

- On June 29, 2007, the White House announced that President Bush has nominated Paul J. Hutter, of Virginia, to be General Counsel at the Department of Veterans Affairs. Mr. Hutter currently serves as Executive in Charge of General Counsel and Executive in Charge of Human Resources and Administration at the Department of Veterans Affairs. Prior to this, he served as Acting Assistant Secretary in the Office of Policy, Planning and Preparedness at the Department of Veterans Affairs. Mr. Hutter received his bachelor's degree from Rice University and his master's degree from Pepperdine University. He received his JD from the University of Santa Clara Law School and his LLM from the Army Judge Advocate General's School.

- The President's Commission on Care for America's Returning Wounded Warriors held its seventh public meeting in Washington, D.C. on June 29, 2007. The Commissioners received an overview of Congressional legislation relating to care for returning wounded warriors, and heard reports from Commission Subcommittees. Senator Carl Levin and Representative Bob Filner testified before the committee about the legislation that the Senate and House have proposed respectively to address problems identified in the health care of veterans. There was some debate whether the legislative measures proposed would help or further confuse an already bureaucratic system.

Co-chair Donna Shalala reviewed the extent of issues it has examined in the last few months. In 23 site visits, 50 expert reports and countless interviews with veterans, their families and VA staff, the commission has collected a vast amount of data to create a first-of-its-kind national survey to determine scientifically the extent of health-care problems for veterans returning from Iraq and Afghanistan to help determine a course of action and support its goal is to create a seamless system of care that meets the needs of injured veterans.

This was the last public meeting of the Commission before it discusses its recommendations at a public meeting to be held in July.

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Health Care News

- The Centers for Disease Control and Prevention issued a new report, "[*Ambulatory Medical Care Utilization Estimates for 2005*](#)," which contains information on patient visits to emergency departments, outpatient centers and hospitals.

Highlights of the report include:

- The emergency department visit rate for patients with no insurance was about twice that of those with private insurance.
- Patient visits to physician offices were higher for individuals with private health insurance compared to uninsured persons.
- More than 29 percent of all ambulatory care visits were for chronic diseases such as heart disease and diabetes, and one in four were for preventive care, including check-ups, prenatal care, and post-surgical care.
- There were 2.4 billion medications prescribed or administered at these visits.

<http://www.cdc.gov/od/oc/media/pressrel/2007/a070629.htm>

- On July, 2, 2007, the [European Food Safety Authority \(EFSA\)](#) and the U.S. Food and Drug Administration (FDA) signed the first U.S./European agreement in the area of assessing food safety risk. This is the first formal international cooperation agreement EFSA has signed and the first formal step in cooperation between the two bodies.

This agreement is designed to facilitate the sharing of confidential scientific and other information between EFSA and the FDA, such as methodologies to ensure that food is safe. A formal agreement ensures appropriate protection of such confidential information under the applicable legal frameworks in both the United States and the European Union. Informal cooperation and dialogue have already been established between the two bodies; this agreement will enable these to be formalized and extended. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01664.html>

- The U.S. Food and Drug Administration approved the first generic versions of prescription Lamisil (terbinafine hydrochloride) tablets, used to treat nail fungus infection (onychomycosis) on July 2, 2007. Such infections occur when fungi invade a fingernail or toenail or the skin underneath the nail.

FDA approved applications from multiple generic drug manufacturers for terbinafine hydrochloride tablets in 250-milligram formulations. The remaining patent or exclusivity for Lamisil expired on June 30, 2007. According to the online trade magazine, *Drug Topics*, Lamisil tablets are the 57th highest selling brand-name prescription drug by retail dollars in the United States.

In addition to terbinafine tablets, FDA also approved an application for a generic version of over-the-counter Lamisil cream (terbinafine hydrochloride, one percent) to treat athlete's foot, a skin disease caused by a fungus that usually occurs between the toes. <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01662.html>

- The Centers for Medicare and Medicaid Services (CMS) projects that it will pay approximately \$58.9 billion to 900,000 physicians and other health care professionals in calendar year (CY) 2008, under a proposed rule released on July 2 that would revise payment rates and policies under the Medicare Physician Fee Schedule (MPFS).

The Tax Reform and Health Care Act of 2006 (TRHCA) directed that quality measures in future years be developed through the notice and comment rulemaking process. In this proposed rule, CMS outlines measures from seven categories for inclusion in the 2008 Physician Quality Reporting Initiative (PQRI), provided that the measures are

either endorsed by the National Quality Forum (NQF) or adopted by the AQA Alliance.

The 2008 proposed measures include existing measures from the AQA Starter Set, other measures from the NQF Ambulatory measure set, and new quality measures currently being developed with input from American Medical Association (AMA) Physician Consortium for Performance Improvement (physician measures), the Pennsylvania Quality Improvement Organization (QIO) (non-physician and structural measures), and the American Podiatric Medical Association. The proposed rule would also retain the 2007 PQRI measures to the extent that they have been NQF endorsed.

The proposed rule would make a number of changes to payments for specific services paid under the MPFS. In addition, it would adopt the recommendations of the RUC with regard to more than 50 procedures which were included in the 2007 five year review of work, but for which a decision was deferred until the 2008 proposed rule.

Other provisions in the proposed rule include: updating the Geographic Practice Cost Indices (GPCI) to reflect more recent data; revising certain physician payment localities according to one of three proposed options; and requiring that persons furnishing physical and occupational therapy services to people with Medicare meet licensing, registration, or certification requirements in the state in which they practice.

The final rule will be effective for services on or after Jan. 1, 2008. [CMS NR 07-02-2007](#)

- According to a new study published in the [Archives of General Psychiatry](#), autism can be spotted as early as 14 months, which is much earlier than previously thought. The study, "Social and Communication Development in Toddlers With Early and Later Diagnosis of Autism Spectrum Disorders," by researchers from Baltimore's Center for Autism and Related Disorders suggests that children can exhibit signs of the disorder much earlier than previously thought and some symptoms can be evident before a child reaches his or her second birthday.

Autism spectrum disorders affect about one in 150 children. The disability is characterized by problems with social interaction and communication and is not usually confirmed until between 2 and 3 years of age.

The researchers analyzed 107 high-risk children whose siblings had autism and a control group of 18 low-risk children with no family history of autism. They monitored the children until their third birthday and noticed subtle signs of the disorder in children as young as 14 months old.

Researchers concluded that children with poor eye contact, who are unresponsive when people call their name, or do not initiate social interaction, likely have delayed communication development.

Until now, researchers thought autism couldn't be diagnosed until about two years old but recognizing the signs of autism as early as possible is important because children who get early medical intervention tend to have better outcomes.

Early intervention can prevent certain behavioral aspects of the disorder autism becoming a major problem and can teach autistic children how to interact with people, how to play, and how to learn to learn. Autistic children's attention often becomes over focused on things that are incidental and needs to be redirected and engaged on the matter at hand. They also need to be taught how to pay attention to really important social signals such as people's eyes and faces. <http://www.news-medical.net/?id=27121>

- The Association for the Accreditation of Human Research Protection Programs ([AAHRPP](#)) has accredited its largest group of institutions at one time in its six-year history. In total, 16 organizations gained AAHRPP approval.

The certification is valid for three years. The AAHRPP is a non-profit organization that offers accreditation to organizations that conduct or review research with humans.

The list of hospitals or health systems that received full accreditation includes the Cincinnati Children's Hospital, The MetroHealth System in Cleveland, Ohio and the University Hospitals Case Medical Center in Cleveland. Among the list of universities were: University of Cincinnati, University of Kentucky, University of Utah, University of Rochester, University of Southern California, and the Virginia Commonwealth University.

Three Veterans Affairs (VA) facilities were granted full accreditation, including Cincinnati VA Medical Center, VA Salt Lake City Health Care System, VA Pacific Islands Health Care System in Honolulu; VA Palo Alto Health Care System and VA Healthcare Network Upstate New York at Albany. Austin, Texas-based IntegReview Ethical Review Board also received full certification.

Lexington VA Medical Center received qualified accreditation, which means it met the standards with only a few minor deficiencies in administrative processes, not involving patient care. It will still be accredited for three years and if these deficiencies are corrected within that time, the institution will receive full accreditation status.

AAHRPP has accredited 68 organizations since 2001 and is currently working on nearly 400 new accreditation assessments. <http://www.aahrpp.org/www.aspx?PageID=223>

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Reserve/Guard

- The total number of Guard and Reserve currently on active duty has **increased** by 367 from the last report to 94,083. The totals for each service are Army National Guard and Army Reserve, 76,757; Navy Reserve, 5,093; Air National Guard and Air Force Reserve, 5,942; Marine Corps Reserve, 5,933; and the Coast Guard Reserve, 358. www.defenselink.mil

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Contracts/Procurements

- TRICARE Management Activity (TMA) issued a Request For Information (RFI) to determine current functionality of systems offering a commercially available automated telephone and Internet solution for pharmacy refill request processing, processing refill requests while the electronic information medical system (currently Composite Health Care System) is unavailable, processing appointment reminders, and reminder calls to beneficiaries who fail to pick up prescription refills based on business rules provided by the Government. The intent is to maintain and if possible enhance capabilities within the Military Health System (MHS) direct care system. Responses are due to this RFI by 4:00 PM on July 13, 2007. <http://www.fbo.gov/spg/USA/USAMRAA/DAMD17/W81XWH%2D07%2DSS%2DPHARM/SynopsisR.html>

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Reports/Policies

- The GAO issued “*Military Health: DoD's Vaccine Healthcare Centers Network*,” (GAO-07-787R) on June 29, 2007. This report describes the efforts the Vaccine Healthcare Centers (VHC) Network is undertaking to address the needs of service members arising from mandatory military immunizations and how DoD has supported the mission of the VHC Network.

<http://www.gao.gov/new.items/d07787r.pdf>

- The GAO issued “*Nursing Homes: Federal Actions Needed to Improve Targeting and Evaluation of Assistance by Quality Improvement Organizations*,” (GAO-07-373) on May 29, 2007. The GAO assessed Quality Improvement Organizations (QIO) activities during the three-year contract starting in 2002, focusing on characteristics of homes assisted intensively; types of assistance provided; and effect of assistance on the quality of nursing home care.

<http://www.gao.gov/new.items/d07373.pdf>

- The Congressional Budget Office (CBO) released a report “*Evaluating Military Compensation*,” on June 28, 2007. The CBO study offers an overview of military compensation particularly that of active-duty enlisted personnel. It considers various ways to measure military compensation and compare military and civilian pay, as well as issues raised by such comparisons. The study also examines the connection between the components of military compensation and Defense Department’s recruiting and retention. Finally, it discusses options to make military compensation more efficient. <http://www.cbo.gov/ftpdocs/82xx/doc8271/06-29-Compensation.pdf>

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Legislation

- No legislation was proposed this week.

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Hill Hearings

- The House Veterans Affairs Committee will hold a **field hearing on July 9, 2007, to examine the future** of VA health care in South Louisiana. This hearing will be held in New Orleans, La.
- The Senate Veterans Affairs Committee will hold a hearing on **July 11, 2007**, to examine Veterans Affairs health care funding.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **July 12, 2007**, to examine issues facing women and minorities.
- The House Armed Services Military Personnel Subcommittee will hold a hearing on **July 12, 2007**, to receive

testimony on mental health.

- The House Veterans Affairs Subcommittee on Health will hold a hearing on **July 19, 2007**, to examine issues regarding Vet Centers.
- The Senate Veterans Affairs Committee will hold an oversight hearing on **July 25, 2007**, to examine Department of Veterans Affairs health care funding.
- The Veterans Affairs committees for the Senate and House will hold a joint hearing on **Sept. 20, 2007**, to hear the American Legion's legislative presentation.

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Meetings / Conferences

- Cancer Health Disparities Summit 2007: Catalyzing Trans-Disciplinary Regional Partnerships To Eliminate Cancer Health Disparities will held **July 16-18, 2007**, in Bethesda, Md. <http://cancermeetings.org/CHDSummit07/>
- The Society of Ghana Women's Medical and Dental Practitioners, the 27th International MWIA Congress is scheduled for **July 31 to Aug. 4, 2007** in Accra, Ghana. www.mwiainghana.org
- The 21st Annual Madigan Army Medical Center Otolaryngology Seminar - "About Face: Updates in Facial Plastic & Reconstructive Surgery" will be held on Aug. 3-4, 2007, in Tacoma, Wash. www.hjf.org/events
- The Force Health Protection Conference will be held **Aug. 4 – 10, 2007**, in Louisville, Ky. <http://chppm-www.apgea.army.mil/fhp/>
- The 2007 Advance Technology Applications for Combat Casualty Care (ATACCC) Conference will be held on **Aug. 13-15, 2007** in St Petersburg Beach, Fla. <http://www.usacc.org/ATACCC/index.htm>
- The 13th Annual San Antonio Trauma Conference will be held on **Aug. 20-22, 2007**, in San Antonio, Texas. www.hjf.org/events
- The Defense and Veterans Brain Injury Center will hold a conference on Traumatic Brain Injury: Training for Military Health Care Providers on **Sept. 9-20, 2007**, in College Park, Md. www.hjf.org/events
- The 44th Annual Meeting of the Association of Reproductive Health Professionals (ARHP) will hold the *Reproductive Health 2007 Conference* on **Sept. 26-29, 2007**, in Minneapolis, Minn. www.arhp.org/rh2007/
- The American Academy of Family Physicians (AAFP) will host a meeting for family physicians on **Oct. 3-6, 2007**,

in Chicago, Ill. www.aafp.org/online/en/home/cme/aafpcourses/conferences.html

- The 14th Annual Meeting of the ACP Navy Chapter will be held on **Oct. 4-6, 2007**, in Portsmouth, Va. www.hjf.org/events
- The 20th Annual Infectious Diseases in Children Symposium will be held on **Oct. 20-21, 2007**, in New York City, N.Y. <http://www.vindicomeded.com/meetings/idc/ny/default.htm>
- 46th Annual Research in Medical Education (RIME) Conference will be held **Nov. 2-7, 2007**, in conjunction with the AAMC Annual Meeting in Washington, D.C.
- The 27th AMEDD Neurology Meeting will be held on **Nov. 14-16, 2007**, in Washington, D.C. www.hjf.org/events
- The 2007 meeting of the Army and Air Force Chapters of the ACP will be held on **Nov. 14-18, 2007**, in San Antonio, Texas. www.hjf.org/events
- The 13th International Congress on Infectious Diseases will be held **June 19-22, 2008**, in Kuala Lumpur, Malaysia. http://www.isid.org/13th_icid/

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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. To subscribe, please visit <http://usminstitute.org/subscriber.cfm>. To unsubscribe, please send an email to update@usminstitute.org with UNSUBSCRIBE as the subject.