

FEDERAL HEALTH UPDATE

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Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)

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Executive and Congressional News

- The Senate and House are in recess until April 12, 2010.
- **On April 1, 2010, the White House released a fact sheet on the small business health care tax credit, which was included in H.R. 3590, the Patient Protection and Affordable Care Act.**

According to the fact sheet, the tax credit :

- Is effective immediately and can cover up to 35 percent of the premiums a small business pays to cover its workers. In 2014, the rate will increase to 50 percent.
- Will save small businesses \$40 billion by 2019 (Congressional Budget Office estimate) .
- Is available to both small for-profit businesses and small not-for-profit organizations.

To read the entire fact sheet, please visit: <http://www.whitehouse.gov/the-press-office/fact-sheet-small-business-health-care-tax-credit>

Military Health Care News

- **Efforts are under way in Congress to protect three military and veterans health care programs left out of the healthcare overhaul bill and the corresponding health care reconciliation bill.**

The three programs — TRICARE, the VA spina bifida program and CHAMPVA — weren't specifically labeled as meeting "minimum essential coverage" standards in the healthcare overhaul.

Bills have been introduced to rectify this oversight. One, sponsored by Sen. Richard Burr (R-NC) along with Sen. Daniel Akaka (D-Hawaii), protects the spina bifida program and the CHAMPVA program. That bill has passed the Senate and awaits action in the House.

Another bill protecting the TRICARE program has passed the House and awaits Senate action, Burr's office said.

TRICARE is the federal program that provides civilian health benefits for members of the military and their dependants.

The spina bifida program provides monetary allowances, vocational training, rehabilitation and health care benefits to certain Korea and Vietnam veterans' birth children who have been diagnosed with spina bifida.

CHAMPVA is a health care program for spouses and dependent children of veterans who have died or are profoundly disabled as a result of military service.

- **The Department of Defense announced:**
 - Navy Rear Adm. Karen A. Flaherty will be assigned as deputy chief, Bureau of Medicine and Surgery, Washington, D.C. Flaherty is currently serving as deputy chief, wounded, ill, and injured, Bureau of Medicine and Surgery, Washington, D.C.
 - Army Brig. Gen. Keith W. Gallagher, commanding general, Europe Regional Medical Command/command surgeon, U.S. Army Europe and Seventh Army, Germany, will be assigned as commanding general, Tripler Army Medical Center/Pacific Regional Medical Command/U.S. Army Pacific surgeon/lead agent, TRICARE Pacific, Honolulu, Hawaii.
 - Army Brig. Gen. Stephen L. Jones, commanding general, Tripler Army Medical Center/Pacific Regional Medical Command/U.S. Army Pacific surgeon/lead agent, TRICARE Pacific/chief, U.S. Army Medical Corps, Honolulu, Hawaii, will be assigned as deputy commander, Joint Task Force - National Capital Region Medical Command, Bethesda, Md.

- **Military families now have free access to an online network of caregivers who can assist with everything from babysitting to dog walking.**

Sittercity is the nation's largest online source for local babysitters, nannies, elder care providers, dog walkers, housekeepers and tutors, and contains more than a million caregiver profiles.

The Sittercity Corporate Program, funded by the Defense Department, offers military families — including active duty, Guard and Reserve — with a paid membership to the site.

The paid membership enables military families entry to a custom-built Defense Department Web site portal where they can match up caregivers to their situation; gain instant access to caregiver profiles that include background checks, references and reviews; and find military-certified care providers as well as caregivers who are military-subsidized and authorized access to a military installation.

The site will help meet the unique needs of military families as they face deployments, long hours at work and assignments to remote locations. While the membership is free, service members will be responsible for the hiring and payment of caregivers, officials said.

Military members and their families can activate their membership by going to <http://www.sittercity.com/dod>.

- **A new DoD board has been established to offer certain veterans an opportunity to appeal their service disability evaluation ratings.**

At a meeting in late February, Michael LoGrande, president of the DoD [Physical Disability Board of Review](#) (PDBR), provided a group of military and veterans service organizations (MSO/VSO) with an overview of the new board, which was mandated by the 2008 National Defense Authorization Act.

The PDBR offers a reassessment of service-assigned disability ratings to eligible veterans who apply. The PDBR uses the VA Schedule of Rating Disabilities only, without any service-specific rules, which provides for a more uniform rating across all services.

About 77,000 veterans are eligible to apply to the board and appeal their original Physical Evaluation Board ratings. These include veterans who were medically separated from their service between Sept. 11, 2001, and Dec. 31, 2009, with a combined disability rating of 20 percent or less.

Although the PDBR is a DoD board, it is operated by the Air Force with representatives from all the Services (Army, Navy, Air Force, Marines and Coast Guard). Often the board's recommendations result in higher disability ratings for veterans. The board gathers their physical evaluation board documentation, service treatment records and any VA medical records. After a thorough review of all the documentation, the board convenes to re-adjudicate their case and make a recommendation to the appropriate service secretary."

The service secretaries (or their designees) act as the final decision authority in determining the applicant's overall disability rating.

About 800 veterans applied to the board in its first year, and that number is increasing daily. To date, the PDBR's recommendations in 61 percent of the cases reviewed by the board have resulted in ratings which made applicants eligible for disability retirement. The Army and Air Force have adopted nearly 100 percent of the board's recommendations, while the Navy has approved about 68 percent.

Expressing concern, LoGrande said, "We currently have only six adjudicators and 77,000 potential applications. This is not something that we as DoD can ignore. It is mandated by Congress and we hope to get more resources and manpower to do this right."

- **Military hospitals are realizing that creating new "healing environments" can enhance the mental, physical and emotional recuperation process essential to recovery from injury or disease.**

In 2007, Dr. William Winkenwerder, then assistant secretary of defense for health affairs, provided the initial policy guidance for implementation of Evidenced Based Design across the MHS. He directed design teams to apply patient-centered and evidence-based design principles across all future medical military construction projects. This policy direction supported the establishment of system-wide principles, goals and design strategies intended to produce measurable improvements in clinical, safety and organizational outcomes.

New designs will provide a welcoming environment for the patient and their family members, with the intent of decreasing the stress that usually accompanies a hospital stay. In addition to providing single-patient bedrooms with dedicated space for family members, other "de-stressing" design features include the introduction of more natural elements such as gardens and fountains, increased use of glass to facilitate improved natural lighting and views of nature, enhanced use of sound-absorbing materials and visual cues to facilitate way finding.

This concept is guiding construction of the new community hospital and ambulatory care center at Fort Belvoir, Va. As the anchor for health care delivery in the southern portion of the National Capital Region, the new 1.2 million square foot facility will replace the DeWitt Army Community Hospital, which first opened in 1957.

The new facility will open in spring 2011 and offers MHS beneficiaries in Northern Virginia an expanded array of inpatient and outpatient services. The new hospital will provide 120 patient beds, including intensive care, medical/surgical, behavioral health, obstetrics and pediatrics. In addition to primary care, the outpatient portion of the new facility will support many specialty services, including a cancer center, emergency department, ambulatory surgery, pharmacy, and diagnostics centers (such as pathology and radiology).

It's the first military hospital ever built with all single-patient rooms. Single-patient rooms not only reduce the possibility of infection from close quarters to other patients, but also allow families to be closer to loved ones. With this configuration comes reduced noise, which in turn facilitates rest and sleep. Ft. Belvoir's new facility also showcases natural views, more parking for visiting family members and clear signage within the hospital.

The facility will provide state-of-the-art services for advanced diagnostics, initial treatment plans and family education, therapeutic modalities, and referral and reintegration support for military personnel and veterans with traumatic brain injury, post traumatic stress disorder and other complex psychological health issues.

In conjunction with the Ft. Belvoir hospital, the new Walter Reed in Bethesda, Md., will be an approximately 345-bed medical center with a full range of intensive and complex medical services. It will include specialized facilities for seriously injured service members. WRNMMC is scheduled for completion in 2011.

- **Science Applications International Corporation (SAIC) announced it has been awarded a task order by the U.S. Army Medical Acquisition Activity to support the Tri-Service Infrastructure Management Program Office (TIMPO) with capacity planning and management (CPM) services.**

The task order has a one-year base period of performance and four one-year options, with a total value of more than \$22 million if all options are exercised. Work will be performed primarily in Falls Church, Va., and San Diego. The task order was awarded under the Defense Medical Information System/Systems Integration, Design, Development, Operations and Maintenance Services (D/SIDDOMS) 3 contract.

TIMPO delivers and manages the communications and computing infrastructure necessary to support information technology systems deployed throughout the Military Health System (MHS). It provides the products and services required to design, test, install, upgrade and sustain the MHS infrastructure worldwide. Under the task order, SAIC will provide comprehensive CPM support of current and future infrastructure, including application server sizing, network bandwidth analysis, and performance management. This information will be used in planning, fiscal calculations, optimization efforts and analysis concerning networks, servers and applications.

Veterans Health Care News

- **The Department of Veterans Affairs' (VA) Gulf War Veterans' Illnesses Task Force has completed the final draft of a comprehensive report that will redefine how the VA addresses the concerns of veterans who deployed during the Gulf War in 1990 and 1991.**

Notification of the draft written report was published in the [Federal Register](#), and the draft written report identifies seven areas where VA will improve services for this group of veterans.

Among these improvements, VA will reconnect with veterans from the 1990–1991 Gulf War, strengthen the training of clinicians and claims processors, and reenergize its research effort. VA will also proactively strengthen partnerships and medical surveillance to address the potential health impacts on veterans from the environmental exposures on today's battlefields.

The mission of VA's Gulf War Veterans' Illnesses Task Force is to identify both gaps in services as well as opportunities to better serve veterans of the Gulf War. Of the almost 700,000 service members who deployed to Operation Desert Shield in 1990 and Operation Desert Storm in 1991, more than 300,000 have filed disability claims and over 85 percent have been granted service connection for at least one condition.

VA's Gulf War Veterans' Illnesses Task Force recommendations build on the findings of The Gulf War Veterans Illnesses Advisory Committee, VA Research Advisory Committee on Gulf War Illnesses, the interagency Deployment Health Working Group, and other related sources. Some of the Task Force's recommendations include:

- Improve data sharing with Department of Defense to notify veterans of potential exposures, monitor their long-term health and inform them about decisions regarding additional follow up.
- Improve the delivery of benefits to veterans with Gulf War-related disabilities by:
 - Reviewing and, if necessary, updating regulations affecting Gulf War veterans.
 - Expanding training for VBA examiners on how to administer disability claims with multiple known toxin exposure incidents.
 - Improve VA healthcare for veterans through a new model of interdisciplinary health education and training.
 - Increase number of long-term, veteran-focused studies of veterans to enhance the quality of care VA provides.
 - Transition from reactive to proactive medical surveillance to help better manage veterans' potential hazardous exposures.
 - Find new treatments for Gulf War veterans through new research.
 - Enhance outreach to provide information and guidance to veterans about benefits and services available to them for injuries/illnesses associated with Gulf War service.

As a first step, VA is seeking public comments on the draft written report before final publication. The public notice will be posted at www.Regulations.gov, and the draft written report will be open for comment for thirty (30) days.

To view the report without making recommendations, please visit: http://www1.va.gov/opa/vadocs/gwvi_draft_report.pdf.

- **The Department of Veterans Affairs (VA) will invite women veterans and their advocates to a forum in July to discuss the quality of VA health care, the provision of benefits for women, and ways to improve access to the care and benefits for women veterans.**

The purpose of this one-day forum is to continue to identify how best to serve this growing population of veterans through quality health care, benefits for service-connected disabilities, mental health services, or supporting their community.

VA has undertaken major initiatives to transform the department to meet the unique health care needs of women veterans. Health care improvements include comprehensive primary care and specialized medical care at every VA medical center, enhanced mental health care specifically for women veterans, staffing every VA medical center with a women veterans program manager, a mini-residency on women's health for primary care physicians and a multi-faceted research program on women's health.

The Department's 2011 budget provides \$217.6 million to meet the gender-specific health care needs of women veterans, an increase of \$18.6 million (or more than 9 percent) over the 2010 level.

VA's 2011 budget proposal will enable the establishment of a peer call center and social networking site for women combat veterans. This call center would be open 24 hours a day, seven days a week.

There are about 1.8 million women veterans among the nation's total of 23 million living veterans. VA estimates women veterans will comprise 10.5 percent of the veteran population by 2020.

- **The U.S. Department of Veterans Affairs is slated to open a new clinic on April 13, 2010, in St. Petersburg, Fla.**

The Bradenton Community-based Outpatient Clinic will replace two local VA clinics, whose last day except for urgent care will be April 8.

The new clinic offers 12,455-square feet, a considerable increase in the amount of space currently available.

When it opens, it will offer expanded primary care teams, a women veterans' health care team, mental health services, referrals to specialty care, pharmacy and social work staff, EKGs, lab services, plus three specialty services yet to come — eye care, dental and basic radiology, such as x-ray and ultrasound.

The clinics that are scheduled to close are the Ellenton Primary Care VA Clinic and the Bradenton Mental Health Clinic.

For information, consult the Web site <http://www.baypines.va.gov/visitors/ellenton.asp>.

- **The U.S. Department of Veterans Affairs announced it will contract with Cincinnati-based Sterling Medical Associates to operate the clinic in the Lewis County Mall in Chehalis, Wash.**

Sterling manages more than 14 primary care clinics nationwide.

Employees at the clinic will see the first patients in mid-May, and an open house and celebration also are scheduled for May. Veterans who choose to transfer to the clinic will no longer have to drive to Tacoma, Seattle or an outpatient clinic in Federal Way for primary and mental health care, social work and lab and basic x-ray services.

During its first year, the clinic expects to see nearly 6,000 veterans.

For more information: <http://www.theolympian.com/2010/03/30/v-print/1189309/a-new-clinic-for-area-veterans.html#ixzz0jOU3O9s>.

Health Care News

- **The Indian Health Care Improvement Act (IHCA), the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives, was made permanent when President Obama signed the bill on March 23, as part of the Patient Protection and Affordable Care Act.**

The authorization of appropriations for the IHCA had expired in 2000, and while various versions of the bill were considered by Congress since then, the act now has no expiration date.

The version of the IHCA signed into law differs in several respects from the original version passed by Congress in 1976. It includes many major changes and improvements to facilitate the delivery of health care services, such as:

- Enhancing the authorities of the IHS Director, including the responsibility to facilitate advocacy and promote consultation on matters relating to Indian health within the Department of Health and Human Services.
- Providing authorization for hospice, assisted living, long-term and home- and community-based care.
- Extending the ability to recover costs from third parties to tribally operated facilities.
- Updating current law regarding collection of reimbursements from Medicare, Medicaid and CHIP (Children's Health Insurance Program) by Indian health facilities.
- Allowing tribes and tribal organizations to purchase health benefits coverage for IHS beneficiaries.
- Authorizing IHS to enter into arrangements with the Departments of Veterans Affairs and Defense to share medical facilities and services.
- Allowing a tribe or tribal organization carrying out a program under the Indian Self-Determination and Education Assistance Act and an urban Indian organization carrying out a program under Title V of IHCA to purchase coverage for its employees from the Federal Employees Health Benefits Program.
- Authorizing the establishment of a Community Health Representative program for urban Indian organizations to train and employ Indians to provide health care services.
- Directing the IHS to establish comprehensive behavioral health, prevention and treatment programs for Indians.

The IHS provides a comprehensive health service delivery system for approximately 1.9 million of the nation's estimated 3.3 million American Indians and Alaska Natives.

- **Department of Health and Human Services Secretary Kathleen Sebelius announced the award of the \$27 million in grants to help older Americans with chronic diseases learn how to manage their conditions and take control of their health.**

The [Communities Putting Prevention to Work Chronic Disease Self-Management Program](#), funded by the American Recovery and Reinvestment Act of 2009, will allow 45 states, Puerto Rico and the District of Columbia to provide self-management programs to older adults with chronic diseases, build statewide delivery systems and develop the workforce that delivers these programs.

Chronic diseases can negatively affect quality of life and threaten the ability of older adults to remain independent within their own homes and communities. The more chronic diseases an individual has, the more likely that individual will become hospitalized. Two-thirds of Medicare spending is for beneficiaries with five or more chronic conditions.

The Stanford University Chronic Disease Self-Management Program, which serves as a model for this initiative, emphasizes patients' role in managing their illness and building their self-confidence so they can be successful in adopting healthy behaviors.

The first baby boomers will turn 65 in 2011 and of these, more than 37 million — or 6 out of 10 — will be managing more than one chronic condition by 2030. For example, 14 million boomers will be living with diabetes while almost half of the boomers will live with arthritis (that number peaks to just over 26 million in 2020).

State agencies on aging, public health departments and Medicaid agencies will work together to support the deployment of evidence-based chronic disease self-management programs targeted at older adults with chronic conditions. Grantees will serve at least 50,000 older adults and gather evidence regarding the impact of these programs on health behavior and the health status outcomes of the participants.

Two federal evaluation activities will complement required state reporting. Additionally, AoA will collaborate with the Centers for Medicare and Medicaid Services (CMS) to develop a pilot test in one state as a quality assurance process that will track Medicare claims data of chronic disease self-management program participants and Medicare beneficiaries not participating in the program. Data from all these sources will be used to assess the impact of this Recovery Act program on participant health behaviors, health status, health care utilization and health care costs.

To see the Chronic Disease Self-Management Program State Funding Table, visit www.hhs.gov/recovery/cdc/awardschronicdisease.html

To learn more about the Chronic Disease Self-management Program grantees, visit http://www.aqa.gov/AoAroot/PRESS_Room/News/2009/03_18_09.aspx.

- **An estimated 1.7 million deaths, hospitalizations, and emergency department visits related to traumatic brain injury (TBI) occur in the U.S. each year, according to a report released by the CDC.**

The report, [Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Death](#), is based on data from 2002-2006 and identifies the leading causes of TBI and incidence by age, race, and gender.

There were 52,000 deaths and 275,000 hospitalizations annually, according to the report. Almost 1.4 million, or 80 percent, of the people who sustained a TBI were treated and released from an emergency department.

According to the report, TBIs contribute to nearly a third or 30.5 percent of injury-related deaths in the U.S. The report also found:

- Children from birth to 4 years of age, older adolescents ages 15-19, and adults 65 and older are most likely to sustain a TBI.
- Falls are the leading cause of TBI (35.2 percent). Rates are highest for children from birth to 4 years and for adults aged 75 years and older.
- Among all age groups, road traffic injury is the second leading cause of TBI (17.3 percent) and results in the largest percentage of TBI-related deaths (31.8 percent).
- In every age group, TBI rates are higher for males than for females.

- **In 2009, 191 million prescriptions were routed electronically, up from 68 million in 2008 and 29 million in 2007, according to a new report from Surescripts.**

Meanwhile, electronic requests for prescription benefit information increased from 79 million in 2008 to 303 million in 2009, the report found.

In addition, the number of prescribers transmitting electronic prescriptions increased from 74,000 at the end of 2008 to 156,000 by the end of 2009.

According to the report, the key drivers of e-prescribing in 2009 were:

- Government incentives;
- The Certification Commission for Health IT's expansion of certification programs;
- Increased adoption by large clinics and health systems;
- Government and NGO education and awareness programs;
- Payer/pharmacy benefit management initiatives; and
- State- and regional-level initiatives.

- **According to media reports, President Obama soon will nominate health care quality expert Donald Berwick to serve as CMS administrator.**

Berwick is currently the president and CEO of the Institute for Healthcare Improvement in Cambridge, Mass. Charlene Frizzera has been serving as chief operating officer and acting administrator of CMS since January 2009. If confirmed, Berwick would take over as administrator, and Frizzera would stay on as COO.

As CMS administrator, Berwick would be charged with overseeing the allocation of the estimated \$25 billion in Medicare and Medicaid incentive payments to health care providers that demonstrate "meaningful use" of electronic health records.

- **A bipartisan group of 27 senators [sent a letter to acting CMS Administrator Charlene Frizzera calling for changes to the agency's proposed rule on the "meaningful use" of electronic health records.](#)**

The 2009 federal economic stimulus package includes incentive payments for hospitals and physicians who demonstrate meaningful use of EHRs. Health care providers who do not meet the rule's EHR adoption standards could face payment penalties beginning in 2015.

The senators wrote that very few hospitals will be able to meet all 23 EHR objectives or requirements necessary to qualify for incentive payments. The senators are calling for a more gradual implementation process and the relaxation or revision of many of the requirements.

They wrote that the proposed rule "goes against the intent of Congress to reward those hospitals that have already taken important steps toward implementing EHR systems and to provide incentives to encourage further development." They added that the proposed rule is "too restrictive and could result in many hospitals, particularly rural and safety-net providers, being financially penalized for an inability to comply."

The letter also raises concerns about the:

- Proposed definition of a hospital-based physician excluding those who practice in outpatient centers and clinics because their facilities are owned by the hospital system;
- "Punitive treatment" of some hospitals that have multiple campuses but one federal provider number;
- Exclusion of crucial access hospitals with 25 or fewer acute care beds from being eligible for incentive payments.

Sens. Amy Klobucher (D-Minn.) and Orrin Hatch (R-Utah) initiated the letter.

- **Officials with the Center Disease Control and Prevention (CDC) are continuing to urge Americans to get the H1N1 vaccine, particularly immunocompromised patients and pregnant women, as a small uptick in H1N1 cases has been reported in the Southeast.**

Anne Schuchat, MD, director of the CDC's National Center for Immunization and Respiratory Diseases, said seasonal influenza activity is low this season, with H1N1 reported as the predominant strain. However, federal health officials are noticing a slight increase in cases in the Southeast, particularly in Georgia, where H1N1 vaccination rates are among some of the lowest in the country. Schuchat said 40 Georgia residents were hospitalized with laboratory-confirmed H1N1 in the past week.

Nationally, most influenza markers remained flat through mid-March. Deaths from pneumonia and influenza are below the epidemic threshold.

No states are reporting widespread flu activity, and only three states — Alabama, Georgia and South Carolina — are reporting regional activity. Local activity was reported by Puerto Rico and eight states: Arkansas, Hawaii, Louisiana, Mississippi, New Mexico, North Carolina, Tennessee and Virginia.

- **William Jarvis, MD, and four other infectious disease professionals have received Lifetime Achievement Awards from the US Centers for Disease Control and Prevention's (CDC)/ Division of Healthcare Quality Promotion (DHQP).**

The CDC Lifetime Achievement Award is given once every 10 years to people who have made significant contributions through a lifetime of dedication and productive contributions to infection prevention, healthcare epidemiology, and patient protection.

The awards were presented by the DHQP's director Denise Cardo, MD, at the Fifth Decennial International Conference on Healthcare-Associated Infections 2010.

- Dr. Jarvis won for epidemiology; Robert Weinstein, MD, won for infection control and prevention; T. Grace Emori, RN, MS, won for surveillance; P.J. Brennan, MD, won for policy impact; and Martin Favero, PhD, won for laboratory methods.

Dr. Jarvis has held a number of supervisory positions in epidemiology, research, and infectious diseases at the CDC. Most recently, he was the director of the Office of Extramural Research at the National Center for Infectious Diseases, CDC.

- Dr. Weinstein won the award for infection control and prevention. He chaired the Healthcare Infection Control and Prevention Advisory Committee (HICPAC) for many years and was responsible for many of the most important guidelines that were developed to lead contemporary infection prevention efforts.
- Ms. Emori, who won the award for surveillance, was trained as a nurse and for the past 20 years has worked at the CDC as an epidemiologist. She is a commissioned officer in the US Public Health Service and holds a rank equivalent to a Navy captain. She has also worked at Loma Linda University Medical Center in California and has taught at Atlantic Union College in Lancaster, Mass.
- Dr. Brennan received the award for policy impact because as president of SHEA and chair of HICPAC he led the effort to inform legislators about healthcare-associated infections and was instrumental in developing guidelines for model legislation.

In addition, Dr. Brennan has been instrumental in Pennsylvania's public reporting of hospital infection rates and in setting the direction and tone of critical policy decisions and providing guidance to policymakers at state and national levels. Public reporting is the ultimate next step in healthcare reform and healthcare transparency.

- Dr. Favero, who received the award for laboratory methods, developed many of the contemporary laboratory techniques used to detect healthcare-associated infections. Dr. Favero was probably the first person to apply contemporary microbiology and molecular techniques to the detection of healthcare-associated infections. He helped develop the techniques used today to determine if organisms are related to one another, to see if the same organism is causing an infection or is responsible for an outbreak.

- **The White House Office of Science and Technology Policy and the National Economic Council have released a Request for Information (RFI) seeking ideas from the public on how to promote commercialization of federally funded research.**

The purpose of gathering the information is to not only find ways encourage commercialization of university research, but also to see whether the establishment of "Proof of Concept Centers" (POCC) can be a way to stimulate the commercialization of early stage technologies.

For example, in the information and communications sector, university-based research has played a key role in the development of technologies such as the internet and especially in the life sciences along with the development of new tools to diagnose, prevent and treat diseases. Innovative technologies can come from not-for-profit research institutions such as hospitals and foundations as well as from federal laboratories and the private sector.

The federal government funds much of this early-stage research and also provides incentives so that entrepreneurial businesses can bring new technologies to the marketplace. Despite the resources provided, too many technologies fail to cross what is referred to as the "valley of death" when product development goes between the research laboratory and commercialization by the private sector. Transferring viable research discoveries to the marketplace is posing a challenge to innovators and entrepreneurs.

The National Economic Council and the Office of Science and Technology Policy will use the input from this RFI to shape the Administration's future policy on the commercialization of federally funded research.

The goal is to find ways that the federal agencies, research institutions, federal researchers, and the private sector can work together to foster more successful POCCs to accelerate the commercialization of research into the marketplace. Answers are also needed to find other funding resources other than in the federal government, such as in state, regional or local governments.

Responses for this RFI are to be submitted by April 26, 2010. Information obtained from the RFI will be used only for program planning purposes and does not mean that a binding contract or grant will be issued.

For further information, go to the March 25, 2010 [Federal Register](#).

- **AHRQ has released a new report that found that vaginal birth after cesarean section is a safe and reasonable choice for a majority of women.**

Each year, more than 1 million cesarean surgeries are performed, and in 2007 nearly one in three births was cesarean in the U.S. A steady increase in repeat cesarean births over the past decade has been attributed, in part, to studies that suggested there may be significant harms associated with vaginal birth after cesarean section. Investigators found evidence which showed that while rare, maternal mortality was significantly higher for elective repeat cesarean versus trial of labor.

The report, [Vaginal Birth After Cesarean: New Insights](#), was conducted by AHRQ's Oregon Health and Science University Evidence-based Practice Center.

- As of March 30, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,877 to 135,832. The totals for each service are Army National Guard and Army Reserve 106,334; Navy Reserve, 6,252; Air National Guard and Air Force Reserve, 16,059; Marine Corps Reserve, 6,432; and the Coast Guard Reserve, 755. www.defenselink.mil

Reports/Policies

- **The GAO published "Defense Health Care: 2008 Access to Care Surveys Indicate Some Problems, but Beneficiary Satisfaction Is Similar to Other Health Plans," (GAO-10-402) on March 31, 2010.** <http://www.gao.gov/new.items/d10402.pdf>
- **The GAO published "VA Health Care: VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Improve Oversight Processes," (GAO-10-287) on March 31, 2010.** This report is based on the findings of GAO visits to 19 Veterans Affairs medical facilities to determine which provided basic gender-specific and outpatient mental health services to women veterans on site. <http://www.gao.gov/new.items/d10287.pdf>
- **The GAO published "Medicare Recovery Audit Contracting: Weaknesses Remain in Addressing Vulnerabilities to Improper Payments, Although Improvements Made to Contractor Oversight," (GAO-10-143), on March 31, 2010.** <http://www.gao.gov/new.items/d10143.pdf>
- **The GAO published "VA's Fiduciary Program: Improved Compliance and Policies Could Better Safeguard Veterans' Benefits," (GAO-10-241) on March 29, 2010.** In this report, GAO examined how effective program policies and procedures are in monitoring fiduciaries and safeguarding beneficiary assets, and challenges VA faces in improving program performance and oversight. <http://www.gao.gov/new.items/d10241.pdf>
- **The Institute of Medicine (IOM) published "Preliminary Assessment of Readjustment Needs of Veterans, Service Members, and Their Families," on March 31, 2010.** This report provides several recommendations that the Department of Defense (DoD) and Department of Veterans Affairs (VA) can act on now, including: estimating the number of mental health professionals needed and where they should be located to best care for the full population of returning service members and their families; conducting or funding research to develop guidelines for long-term management of polytrauma and traumatic brain injury; assessing the potential benefits of third-location decompression; examining how multiple deployments may affect domestic violence; and evaluating the effectiveness of mental health treatments for women and minorities; coordinating and evaluating the many existing readjustment and support programs to maximize their reach and effectiveness; and producing annual long-term forecasts to ensure the VA will have the resources to care for and support this generation of veterans and family members throughout their lifetimes. <http://www.iom.edu/Reports/2010/Returning-Home-from-Iraq-and-Afghanistan-Preliminary-Assessment.aspx>

Legislation

- No legislation was proposed this week.

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **March 29, 2010**, at the New Mexico State University Corbett Center Corbett Center Student Union to examine whether the VA is providing essential services and benefits to veterans in New Mexico and across America.
- The House Veterans Affairs Committee will hold a hearing on **April 7, 2010**, to examine whether the VA is serving America's aging veterans.
- The House Veterans Affairs Committee will hold a hearing on **April 15, 2010**, to examine the status of veterans' employment.
- The Department of Defense Task Force on the Prevention of Suicide will hold a meeting on **April 12, 2010**, in Colorado Springs, Colo. <http://edocket.access.gpo.gov/2010/2010-5457.htm>.

Meetings / Conferences

- The 2010 TRO-West Health Leadership Conference will be held on **April 5-8, 2010**, in San Diego, Calif. <http://www.tricare.mil/conferences/trowest2010/Default.aspx>
- The 10th Annual World Vaccine Congress will be held on **April 19-22, 2010**, in Washington, D.C. <http://www.terrapinn.com/2010/wvdc/index.stm>
- The 5th Annual Conference on Amygdala, Stress and PTSD will be held on **April 21, 2010**, in Bethesda Md. <http://www.amygdalaconference.org/>
- The Military Health Management 2010 Conference will be held on **April 26-28, 2010**, in Arlington, Va. www.MilitaryHealthManagement.com
- The 13th Annual Conference on Vaccine Research will be held on **April 26 - 28, 2010**, in Bethesda Md. <http://www.rfid.org/conferences/>
- The 81st Annual Scientific Meeting of the Aerospace Medical Association will be held on **May 9-13, 2010**, in Phoenix, Ariz. <http://www.asma.org/meeting/>
- The 7th Annual Nutrition & Health Conference will be held on **May 10-12, 2010**, in Atlanta, Ga. <http://www.nutritionandhealthconf.org/>
- The 15th Annual International Meeting of the American Telemedicine Association will be held **May 16-18, 2010**, in San Antonio, Texas. <http://medtechq.ning.com/events/15th-annual-international>
- The Electronic Health Records Summit will be held on **May 24-26, 2010**, in Washington D.C. www.electronichealthrecordssummit.com
- The National Conference on Immunization and Health Coalitions will be held on **May 26-28, 2010**, in Chicago, Ill. <http://www.ilmaternal.org/ncihc/registration.html>
- The 9th National Conference on Immunization and Health Coalitions will be held on **May 26 - 28, 2010**, in Chicago, Ill. <http://www.ilmaternal.org/ncihc2010.html>
- The 9th Annual Optimizing Hospital Patient Flow Conference will be held on **June 9 - 10, 2010**, in Chicago, Ill. www.worldrg.com/patientflow
- The Military Healthcare Convention & Conference will be held on **June 22-25, 2010**, in San Antonio, Texas. www.MilitaryHealthcareConvention.com
- The 24th International Congress and Exhibition on Computer Assisted Radiology will be held on **June 23-26, 2010**, in Geneva Switzerland. <http://www.cars-int.org/>
- The International Papillomavirus Conference & Clinical and Public Health Workshop is scheduled for **July 3-8, 2010**, in Montreal, Canada. <http://hvp2010.org/main/>
- The CDC 7th International Conference on Emerging Infectious Diseases will be held on **July 11-14, 2010**, in Atlanta, Ga. <http://www.iceid.org/>
- 13th Annual Force Health Protection Conference: "Military Preventive Medicine and Public Health" will be held on **Aug. 10-13, 2010**, in Phoenix, Ariz. <http://www.theconferencewebsite.com/conference-info/FHPC-2010>
- National Conference on Health Statistics will be held **Aug. 16-18, 2010**, in Washington, D.C. <http://www.cdc.gov/nchs/events/nchs.htm>

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

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