Executive and Congressional News

- The Senate and House are in recess until Sept. 13, 2010.

- On Sept. 8, 2010, First Lady Michelle Obama and NFL Commissioner Roger Goodell announced that the First Lady's Let's Move! campaign and NFL PLAY 60 are teaming to fight childhood obesity.

  The First Lady's office and the NFL will work to promote the joint goals of NFL PLAY 60 and the First Lady's Let's Move! campaign to combat childhood obesity and help the nation's youth lead healthier, more active lives.


Military Health Care News

- Former Air Force Surgeon General George Peach Taylor Jr., M.D., M.P.H., published a message on the Health Affairs Web site announcing that he would be performing the duties of the assistant secretary of defense for health affairs. He is relieving Dr. Charles L. Rice, who returns to his post as president of the Uniformed Services University of the Health Sciences (USUHS).

- Allgov.com reports that Defense Secretary Robert Gates is proposing raising premiums for the first time since creation of the TRICARE system in 1996.

  Health care costs for the Pentagon have ballooned from $19 billion in 2000 to an estimated $50 billion for next year and $65 billion by 2015. Gates wants to avoid increasing premiums for active-duty personnel and their families. Instead, he's suggesting charging higher premiums and co-pay fees for retired service members using TRICARE who have access to private health care plans through their current employers.

  Gates' idea is likely to have a tough time gaining approval in Congress, where both Democrats and Republicans have been reluctant to increase TRICARE premiums for any military personnel.

  augmenting the current occupational therapy life skills classes with dogs, researchers will be able to provide data that will possibly add to the current success with WINTAP.

  Wounded Warriors participating in the study attended their regular life skills classes and an additional 30 minutes with a certified therapy dog and their handler - known as pet teams. During the sessions the Wounded Warriors learned to train the dog in obedience tasks, and the rest of the session was spent on "playful interaction."

  Some of the Warriors participating in the study already feel like they are experiencing benefits from spending time with the dogs. For other participants it's about getting over fears and moving forward with their healing. While the results of the study won't be ready for a few months, investigators are hopeful the study will provide data that will add to current efforts and ultimately change soldiers' lives.

- Health Net Federal Services, LLC announced it has reached its target enrollment of 1,180 engaged patients in the enhanced Chronic Obstructive Pulmonary Disease (COPD) Management Program established in partnership with the Department of Defense in October 2009.

  The enhanced program offers a unique approach to managing COPD. A team of licensed disease specialists, including RNs, respiratory therapists, dieticians and social workers, is assigned to each patient's case. The addition of a social worker is a critical component, as it is common for patients with unmanaged chronic conditions to develop depression, hindering a patient's motivation to effectively manage his or her health care. The team works with each patient to help the patient learn how to monitor, regulate and control their disease through regular screenings, medication, diet and exercise, and effective communication with medical professionals.

  Program enhancements were made to manage health care costs and continue to improve the quality of military health care services.

- The Department of Defense (DoD) announced that Rear Adm. (lower half) Bruce A. Doll will be assigned as medical advisor to supreme allied commander transformation/command surgeon, U.S. Joint Forces Command, Norfolk, Va. Doll is currently serving as deputy commander, Navy Medicine East/deputy chief, Navy Dental Corps, Portsmouth, Va.

- TRICARE announced it is observing Childhood Obesity Awareness Month during the month of September.

  TRICARE is an active participant in the Let's Move! program for military kids. The national Let's Move! program works to combat the epidemic of childhood obesity through engaging every sector affecting a child's health. It provides schools, families and communities simple tools to help kids be more active, eat better and get healthy.

  TRICARE's Web page at www.tricare.mil/getfit offers resources on childhood obesity to it beneficiaries. The page highlights ongoing efforts to raise awareness of childhood obesity and encourages children to eat right and exercise. It has links to informational Web sites and games emphasizing good nutrition and fitness for kids.

  The Let's Move! campaign reports that over the past three decades, childhood obesity rates in America have tripled, and today, nearly one in three children in America is overweight or obese. One-third of all children born in 2000 or later, will suffer from diabetes at some point in their lives. Many others will face chronic obesity-related health problems such as heart disease, high blood pressure, cancer and asthma.


Veterans Health Care News

- An international study of clinical data led by a Department of Veterans Affairs (VA)-Harvard University cardiologist found that patients with deposits of fatty plaque in their arteries are at especially high risk for life-threatening cardiovascular events if they have diabetes, disease in multiple arteries or a history of heart attack or stroke.

  The findings, from a study of more than 45,000 patients in nearly 30 countries, was published online August 30 by the Journal of the American Medical Association. The findings may guide future clinical trials and help doctors decide which patients need more aggressive treatment.

  The four-year study included patients who had at baseline clinical evidence of atherosclerosis — in which fatty deposits break off from artery walls to form clots — or who had risk factors for the condition. Ruptured plaque deposits can form clots that block blood flow to the heart or brain, resulting in heart attack or stroke.
Depending on their medical status and history, different groups of patients in the trial were at higher or lower risk for stroke, heart attack, or cardiovascular death. On the low end of the risk scale—7 percent—were those with no diabetes and only risk factors for atherothrombosis. The risk rose to as high as 25 percent for those with clinical evidence of atherothrombosis in multiple arteries and a history of heart attack or stroke. The presence of diabetes also raised the risk considerably.

According to VA Chief Research and Development Officer Dr. Joel Kupersmith, “this study illustrates the importance of basic clinical information in determining the best care for the individual patient.”

- Veterans who suffer post-traumatic stress disorder (PTSD) may be more likely to develop dementia late in life, according to the findings of a recent study done by the VA Medical Center in Houston.

  The authors of the study examined more than 10,000 veterans over age 65 who visited Veterans Affairs (VA) medical centers in the late 1990s. They found that veterans who suffered PTSD were twice as likely to have Alzheimer’s disease or some other form of dementia.

  Psychiatrist Salah Dureshi, with the Houston VA Center, said the study did not prove that PTSD causes dementia — but further study could reach that conclusion.

  He added that both PTSD and dementia affect the hippocampus, a part of the brain that stores memory. About 25 percent of today’s combat veterans who visit San Diego’s VA Medical Center suffer from post-traumatic stress.

- The VA Maryland Health Care System will open an annex next spring in the former world headquarters of Catholic Relief Services in Baltimore to help keep up with an increase in its patient population, fueled largely by a new generation of veterans returning from the wars in Iraq and Afghanistan.

  VA health system officials said the eight-level building in downtown Baltimore will be renovated starting later this summer or early fall and will contain a mix of outpatient services for veterans and administrative offices for the health system.

  The project, less than four blocks east of the Baltimore VA Medical Center on North Greene Street, marks the center’s first expansion since it opened in 1993 and is intended to help alleviate a space shortage there. It will bring about 250 VA employees to the Fayette Street property.

- The Department of Veterans Affairs (VA) has selected Kiewit-Turner to build the Denver VA Medical Center (VAMC) replacement hospital.

  The new hospital will be on the same campus as the University of Colorado Hospital complex in Aurora, site of the former Fitzsimons Army Medical Center. It is expected to be a state-of-the-art facility close to VA’s medical school affiliate, the University of Colorado’s hospital. This will ensure every patient receives an optimal complement of clinical services, including expanded telehealth, polytrauma and traumatic brain injury programs.

  The contract, worth $1,313,100, provides pre-construction services to assist VA and the architect/engineer team in the design of a new 206-bed tertiary care medical center with approximately 1.126 million square feet. The project includes a new 120-bed inpatient bed-tower with a 30-bed spinal cord injury unit, plus a separate 30-bed nursing home community living center.

  The project provides collaboration and joint operation of both VA and Buckley Air Force Base/Department of Defense (DoD) medical services on the new site. DoD will have a separate clinic on the entire fourth floor of the south clinic building.

  VA will increase the number of employees at the new hospital from the current 1,815 employees to more than 2,000. Of the 24 architecture, engineering and various supporting firms working on the new medical center, 17 are Colorado companies.

  Total project cost for the new VAMC is $800 million. Construction is scheduled to be completed in 2014.

Health Care News

- On Sept. 3, 2010, U.S. Department of Health and Human Services Secretary Kathleen Sebelius and U.S. Department of Education Secretary Arne Duncan highlighted the “Connecting Kids to Coverage Challenge” to enroll 5 million children in Medicaid and CHIP within five years.

  Since Sebelius announced the Challenge last February, the Centers for Medicare & Medicaid Services (CMS) have built an unprecedented coalition of partners, ranging from state governors to national advocacy organizations, who have stepped up to the challenge to enroll kids and educate families.

  Although health coverage is currently available to children in families with incomes up to about $45,000 per year in nearly every state, an estimated 5 million uninsured children are eligible for Medicaid or CHIP but not enrolled.

  Secretaries Sebelius and Duncan were joined by Genevieve Kenney of the Urban Institute, whose new report Five Million Eligible But Uninsured: Who and Where Are the Children Yet to Enroll in Medicaid And The Children’s Health Insurance Program? was released in Health Affairs along with a Health Affairs commentary by Secretary Sebelius, Rising to the Challenge: Tools for Enrolling Eligible Children in Health Coverage.

  For years, researchers have struggled to produce accurate estimates on the number of uninsured children in each state. The paper released today by Health Affairs successfully created a new model, using data from The American Community Survey, that enabled researchers to produce meaningful national and state estimates.

  Together, the Children’s Health Insurance Program Reauthorization Act (CHIPRA) and the Affordable Care Act provide $120 million for grants designed to promote enrollment and retention strategies that will increase the prevalence of health coverage.

  To date, 17 national organizations and a number of states have agreed to sign on to the ‘Connecting Kids to Coverage Challenge.’ To view the full list, please visit http://www.hhs.gov/news/press/2010pres/09/20100903a.html

  More information on the Secretary’s Challenge can be found at insurekidsnow.gov.

- One in five American adults continues to smoke cigarettes, according to the Centers for Disease Control and Prevention.

  Among children between the ages of 3 and 11 years old, 54 percent were exposed to secondhand smoke. Nearly all (98 percent) children who live with a smoker are exposed and have measurable levels of toxic chemicals from cigarette smoke.

  According to the report, the number of adult smokers dropped between 2000 and 2005, but smoking has remained at about 20-21 percent since 2005. In 2009, more men (nearly 24 percent) than women (about 18 percent) smoked and about 31 percent of those living below poverty level smoked. Fewer than 6 percent of adults with a graduate degree smoke compared to more than 25 percent of adults with no high school diploma. Further, nearly 90 million non-smoking Americans are exposed to secondhand smoke and have measurable levels of toxic chemicals from cigarette smoke. Black non-smokers are one-third more likely than white smokers, and twice as likely as Mexican-American smokers, to have measurable exposure to tobacco.

  In 2009, smoking among adults was lowest in Utah, followed by California. California has had a long-running comprehensive tobacco control program. Adult smoking in California declined by about 40 percent during 1998-2006, and as a result lung cancer in California has been declining four times faster than in the rest of the nation. Maine, New York, and Washington have seen 45-60 percent reductions in adult smoking with sustained statewide efforts. If each state supported comprehensive tobacco control programs for five years with CDC recommended levels of funding, an estimated 5 million fewer smokers in the country would smoke, resulting in prevention of premature tobacco-related deaths.

  The federal government is intensifying its efforts to reduce tobacco use in order to achieve the tobacco use targets in Healthy People 2010 and Healthy People 2020. The 2006 Family Smoking Prevention and Tobacco Control Act gives the Food and Drug Administration authority to regulate the manufacturing, marketing, and distribution of tobacco products and has provided new opportunities to reduce tobacco use.

  For more information on tobacco control, please visit www.cdc.gov/ VitalSigns or www.cdc.gov/tobacco.

- Older men may be at risk of developing mild cognitive impairment (MCI), often a precursor to Alzheimer’s disease, earlier in life than older women, according to a study appearing in Neurology magazine.

  Primarily funded by the National Institute on Aging (NIA), the study raises the question of whether there may be a gender difference in the development and progression of MCI.

  Scientists evaluated the cognitive health of 1,969 dementia-free older people and found 16 percent showed signs of MCI, a condition usually marked by memory problems or other cognitive problems greater than those expected for their age. Prevalence was greater among the older participants, and it was consistently higher in men than women across all age ranges.

  Ronald C. Petersen, Ph.D., M.D., and his team at the Mayo Clinic, Rochester, Minn., conducted the research, which was also supported by the National Institute of Mental Health (NIMH), also part of the NIH. Additional funding was provided by the Robert H. and Clarice Smith and Abigail van Buren Alzheimer’s Disease Research Program and the Rochester Epidemiology Project, also supported by NIA.
The researchers noted that estimates of MCI prevalence vary in studies conducted around the world but generally fall into a range of 11 to 20 percent. The Mayo Clinic's evaluation of participants included detailed in-person assessments that helped to capture the subtle changes in daily function that may mark the onset of MCI, Petersen said. The researchers also noted that the study’s limitations include a relatively low participation rate by Olmstead County residents and the fact that the population is predominantly white. Thus, the findings may not apply to other ethnic groups.

- The National Institutes of Health (NIH) will launch a multi-year study this fall to look at the potential health effects from the oil spill in the Gulf region.

  The Gulf Worker Study, announced by NIH Director Francis S. Collins, M.D., Ph.D., in June, is in response to the largest oil spill in U.S. history, caused by the explosion of the Deepwater Horizon offshore drilling oil rig in the Gulf of Mexico. Dr. Collins pledged $10 million in NIH funding for the study’s initial phases. To help expedite the launch of the study, BP will contribute an additional $10 million to NIH for this and other important health research. The BP funding will come through the Gulf of Mexico Research Initiative (GRI). The GRI is a ten-year, $500 million independent research program established by BP to better understand and mitigate the environmental effects of the Gulf spill. The NIH will have full autonomy regarding the distribution of the $10 million, with input from external scientific experts in environmental health and who are familiar with the Gulf region. The study will focus on workers’ exposure to oil and dispersant products, and potential health consequences such as respiratory, neurobehavioral, carcinogenic, and immunological conditions. The study is also expected to evaluate mental health concerns and other oil spill-related stressors such as job loss, family disruption, and financial uncertainties.

  The National Institute of Environmental Health Sciences, part of NIH, is hosting webinars and other community engagement activities to obtain input. To help expedite the launch of the study, BP will contribute an additional $10 million to NIH for this and other important health research. The BP funding will come through the Gulf of Mexico Research Initiative (GRI). The GRI is a ten-year, $500 million independent research program established by BP to better understand and mitigate the environmental effects of the Gulf spill. The NIH will have full autonomy regarding the distribution of the $10 million, with input from external scientific experts in environmental health and who are familiar with the Gulf region. The study will focus on workers’ exposure to oil and dispersant products, and potential health consequences such as respiratory, neurobehavioral, carcinogenic, and immunological conditions. The study is also expected to evaluate mental health concerns and other oil spill-related stressors such as job loss, family disruption, and financial uncertainties.

  The National Institute of Environmental Health Sciences, part of NIH, is hosting webinars and other community engagement activities to obtain input.

  The Health & Human Services Department launched a Web site that provides a single point of entry for health professionals across the nation to sign up to volunteer in advance of an emergency or disaster in their state. The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a national network of state-based programs that verifies the identity, licenses and credentials of health professionals before an emergency happens. The Web site would make it easier and faster to register potential volunteers by connecting them with each state’s ESAR-VHP program. Health professionals include doctors, nurses, dentists, veterinarians, medical technologists, clinical social workers, medical records technicians and mental health counselors. Registering with ESAR-VHP does not obligate health professionals to serve. Once registered, participants can opt in or out when contacted for volunteer service. The advance registration has about 150,000 volunteers listed with 49 state programs to date, but the number of volunteers who could be needed in a disaster is unknown.

  The U.S. Department of Health and Human Services unveiled CuidadodeSalud.gov, the first Web site in Spanish providing consumers information and resources that will help them access quality, affordable health care coverage. Consistent with the mandate in the Affordable Care Act, CuidadodeSalud.gov is the partner site of HealthCare.gov, which was launched in July 2010. It provides consumers with both private and public health coverage options tailored specifically for their needs in a single, easy-to-use tool. In addition, the Web site is a one-stop-shop for information about the implementation of the Affordable Care Act as well as other health care resources. It connects consumers to quality health care providers as well as quality incentive services.

  In October 2010, CuidadodeSalud.gov will include price estimates for health insurance plans. In the weeks and months ahead, new information on preventing disease and illness and improving the quality of health care for all Americans will also be posted. The Web site also includes a series of mechanisms through which users can indicate whether pages were helpful to them.

Reserve/Guard

- As of Sept. 7, 2010, the total number of Guard and Reserve currently on active duty has decreased by 768 to 102,025. The totals for each service are Army National Guard and Army Reserve 74,490; Navy Reserve, 6,931; Air National Guard and Air Force Reserve, 15,502; Marine Corps Reserve, 4,331; and the Coast Guard Reserve, 771. www.defenselink.mil

Reports/Policies


- The Institute of Medicine (IOM) published “Challenges and Opportunities in Using Residual Newborn Screening Samples for Translational Research,” on Sept. 8, 2010. This report examine the issues surrounding the use of newborn screening samples for translational research, including autonomy, confidentiality, privacy, informed consent and consent to future use of samples originally taken for a different purpose. http://www.iom.edu/Reports/2010/Challenges-and-Opportunities-in-Using-Residual-Newborn-Screening-Samples-for-Translational-Research.aspx


Legislation

- There was no legislation published this week.

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on Sept. 15, 2010, to examine personally disorders discharges and the impact on veterans’ benefits.

- The House Veterans Affairs Committee will hold a hearing on Sept. 16, 2010, to examine training requirements of Veterans Benefits Administration claims processing personnel.

- The Senate and House Veterans Affairs Committees will hold a joint hearing on Sept. 22, 2010, to examine the legislative presentation focusing on the American Legion.

- The House Veterans Affairs Committee will hold a hearing on Sept. 23, 2010, to examine Veterans Health Administration contracting and procurement practices.

- The Senate Veterans Affairs Committee will hold an oversight hearing on Sept. 23, 2010; examine Veterans’ Affairs disability compensation, focusing on presumptive disability decision-making.


Meetings / Conferences

- The Institute for Healthcare Improvement’s (IHI’s) Patient Safety Officer Executive Development Program will be held on Sept. 11-17, 2010, in Boston Mass. http://www.ihi.org/IHI/ProfessionalDevelopment/PatientSafetyProgram/Sept2010.htm?TabId=5


The 138th American Public Health Association Annual Meeting & Exposition will be held on Nov. 6-10, 2010, in Denver Colo. http://www.apha.org/meetings/
The 6th Annual World Healthcare Innovation and Technology Congress (WHIT v.6.0) will be held Nov. 8-10, 2010, in Washington D.C. http://www.worldcongress.com/events/HL10100
The AHIP Fall Forum 2009 will be held on Nov. 8-10, 2010, in Chicago, Ill. http://www.ahip.org/links/fallforum2010/
AMIA 2009 Annual Symposium will be held on Nov. 13-17, 2010, in Washington D.C. http://symposium2010.amia.org/
The 21st Annual National Forum on Quality Improvement in Health Care will be held on Dec. 5-8, 2010, in Orlando, Fla. http://www.ihi.org/IHI/Programs/ConferencesAndSeminars/22ndAnnualNationalForumonQualityImprovementinHealthCare.htm
Military Medicine’s Next Gen in Training, Treatment, and Technology will be held on Dec. 6 - 8, 2010, in San Antonio, Texas. www.BattlefieldHealthCare.com
The World Health Care Congress 8th Annual Health IT Interoperability Summit will be held on April 4-6, 2011, in Washington D.C. http://www.worldcongress.com/events/HR11000/

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