

## 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 House will stand adjourned until Nov. 15, 2010.
- The Senate will stand in recess until Nov. 12, 2010.

- **On Oct. 29, 2010, President Barack Obama proclaimed November to be Military Family Month.**

In the proclamation, the President Obama urged Americans to "celebrate the exceptional contributions of our military families, and reaffirm our commitments to these selfless individuals who exemplify the highest principles of our nation."

To read the full proclamation, please visit: <http://www.whitehouse.gov/the-press-office/2010/10/29/presidential-proclamation-military-family-month>.

### Military Health Care News

- **In an interview with *Military Update*, Dr. George Peach Taylor Jr. says he doesn't yet know if President Obama's defense budget for fiscal 2012 will propose higher TRICARE fees for military retirees or any other beneficiary group.**

Taylor, a retired three-star officer and former Air Force surgeon general, is deputy assistant secretary for force health protection and readiness and performing the duties of the assistant secretary of defense for health affairs until Congress confirms Dr. Jonathan Woodson, Obama's nominee.

According to Taylor, the health system's top priority is ensuring that fighting forces have the medical teams on scene that they need — properly equipped, properly staffed and with the most advanced technology and procedures available anywhere.

A second priority is that soldiers get the best possible care to recover from injuries, particularly lost limbs, traumatic brain injury and post-traumatic stress disorder.

On whether higher TRICARE fees are in the offing, Taylor said, "Every year for most of the years I've been around, the department has proposed changes to the benefit structure."

If past budget requests are any guide, going back deep into the George W. Bush's presidency, then higher TRICARE fees could be sought anew and perhaps now a more deficit-conscious Congress will be receptive.

Up until now, Congress has blocked most attempts to raise out-of-pocket TRICARE costs, even for working-age retirees and their families.

- **There will be a new Army Community-based Primary Care Clinic near Fort Stewart and Hunter Army Airfield in the spring 2011.**

The clinic, which will be located in Richmond Hill, was selected due to its centralized location and close proximity to those living in the areas of Pooler, southwestern Savannah and Richmond Hill.

A lease has been signed for the clinic to be located at 2451A U.S. 17, in Richmond Hill, which formerly housed the Harvey's grocery store.

A contractor is currently building out the leased space which will be outfitted with brand new equipment, making it a state-of-the-art facility. The clinic will be named the "Richmond Hill Medical Home."

The clinic is among 17 clinics the Army is opening near installations across the U.S. and Hawaii.

### Veterans Health Care News

- **The Department of Veterans Affairs (VA) has begun distributing disability benefits to Vietnam veterans who qualify for compensation under recently liberalized rules for Agent Orange exposure.**

Up to 200,000 Vietnam veterans are potentially eligible to receive VA disability compensation for medical conditions recently associated with Agent Orange. The expansion of coverage involves B-cell (or hairy-cell) leukemia, Parkinson's disease and ischemic heart disease.

VA has launched a variety of initiatives — both technological and involving better business practices — to tackle an anticipated upsurge in Agent Orange-related claims.

Providing initial payments or increases to existing payments to the 200,000 veterans who now qualify for disability compensation for these three conditions is expected to take several months, but VA officials encourage all Vietnam veterans who were exposed to Agent Orange and suffer from one of the three diseases to make sure their applications have been submitted.

VA has offered veterans exposed to Agent Orange special access to health care since 1978, and priority medical care since 1981. VA has been providing disability compensation to veterans with medical problems related to Agent Orange since 1985.

In practical terms, veterans who served in Vietnam during the war and who have a "presumed" illness do not have to prove an association between their illnesses and their military service. This "presumption" simplifies and speeds up the application process for benefits.

The three new illnesses — B-cell (or hairy-cell) leukemia, Parkinson's disease and ischemic heart disease — are added to the list of presumed illnesses previously recognized by VA.

Veterans interested in applying for disability compensation under one of the three new Agent Orange presumptives should go to [www.fastrack.va.gov](http://www.fastrack.va.gov) or call 1-800-827-1000.

- **The seventh annual National Veterans Small Business Conference and Exposition will be held on August 15-18, 2011, in New Orleans.**

In 2011, VA replaces the U.S. Army as the principal conference sponsor. The Army established the event, previously held in Las Vegas, with the goal of providing veteran business owners with important information about federal Veterans programs, business development strategies, and veteran-Owned Small Business (VOSB) and Service-Disabled Veteran-Owned Small Business (SDVOSB) legislation.

Attendance has grown about 32 percent a year since its inception. In 2010, more than 3,300 people attended, well beyond the 2,600 expected. Half of the attendees at the 2010 conference were veterans who owned small businesses. Other attendees included veterans contemplating opening their own businesses and firms that wanted to do business with veteran business owners.

The Morial Convention Center is one of the most technologically advanced convention centers in the United States. Selection of the site will offer an economic boost to a region devastated by Hurricane Katrina and this summer's Gulf Oil spill — both considerations factored into the VA Secretary's decision to move the conference to New Orleans.

Scheduled to speak at the 2011 conference are Secretary Shinseki and New Orleans Mayor Mitch Landrieu. There will be VA services and benefits information kiosks available through the exposition. VA invites all interested persons and businesses to attend. Visit [www.va.gov/osdbu](http://www.va.gov/osdbu) and check back frequently for new details.

- **Patients taking warfarin, a widely used blood-thinning pill that requires careful dose monitoring, have similar outcomes whether they come to a clinic or use a self-testing device at home, according to a recent Department of Veterans Affairs (VA) study.**

Traditionally, doctors, pharmacists and nurses monitor patients who are taking warfarin, sold as Coumadin, over several clinic visits. They test how fast the blood clots and adjust the dose accordingly: Too low a dose will not prevent dangerous blood clots and blood flow to the heart, brain or other areas of the body could be inadvertently blocked. Too high a dose could lead to dangerous internal bleeding.

Patients have the option of tracking their own blood response at home, using blood analyzers known as international normalized ratio (INR) monitors. Patients do a finger stick, apply a small amount of blood to a test strip and feed the strip into the device. The procedure resembles the one used by people with diabetes to check their blood sugar. Patients can then call in the results to their provider and get advice on dose adjustments without coming to the clinic. In some cases, they can even set the proper dose of warfarin on their own.

The authors of the VA study expected home monitoring to work better than clinic monitoring, partly because self-testing can be done at home more frequently-weekly, compared with the typical monthly schedule of the best clinic-based monitoring. As a result, off-target INR values can be adjusted more regularly and more quickly.

However, the VA study found little difference between weekly self-testing and monthly testing by clinic-based care teams in the measured outcomes, which are strokes, major bleeding incidents and death.

The study did find, though, that self-testing at home may offer advantages in other areas: It moderately boosted patients' satisfaction with the medication and slightly increased the length of time they were in the appropriate dose range.

The study was sponsored by VA's Cooperative Studies Program, part of the VA Office of Research and Development.

- **The U.S. Department of Veterans Affairs (VA) has awarded QuadraMed a five-year, \$211 million contract to implement its Quantim coding, compliance and abstracting solution.**

The aim is to improve the VA healthcare system's coding productivity and accuracy through real-time compliance monitoring and customizable billing processes.

The agreement expands and builds upon QuadraMed's Quantim solution, which has been optimized for the VA's specific requirements. The VA has been utilizing QuadraMed's Quantim solution since 2005 at 150 VA medical centers.

Under the new agreement, the VA will also be purchasing QuadraMed's innovative Physician Query Tracking and Central Reporting tools, in addition to implementation, technical training and support services.

## Health Care News

- **The U.S. Food and Drug Administration (FDA) announced a partnership agreement with the University of Rochester to form the Analgesic Clinical Trial Innovations, Opportunities, and Networks (ACTION) Initiative.**

The initiative is aligned with the FDA's recently launched Initiative for the Advancement of Regulatory Science, and is designed to streamline the discovery and development process for new pain-reducing (analgesic) drug products.

This multi-year, multi-phased initiative will address major gaps in scientific information that can slow down analgesic clinical trials and analgesic drug development. Key objectives include:

- Establishing a scientific and administrative infrastructure to support a series of projects;
- Establishing relationships with key expert stakeholders, industry, professional organizations, academia and government agencies;
- Coordinating scientific workshops with key experts in the field of anesthesia and analgesia; and
- Conducting in-depth and wide-ranging data analyses of analgesic clinical trial data to determine the effects of specific research designs and analysis methods.

Study results, best practices, and outcomes of the ACTION Initiative will be available at <http://www.fda.gov/AboutFDA/PartnershipsCollaborations/PublicPrivatePartnershipProgram/ucm166082.htm> as they are developed.

- **A team led by researchers at the National Human Genome Research Institute (NHGRI) has captured the most comprehensive snapshot to date of DNA regions that regulate genes in human pancreatic islet cells, a subset of which produces insulin.**

The study highlights the importance of genome regulatory sequences in human health and disease, particularly type-2 diabetes, which affects more than 20 million people in the United States and 200 million people worldwide. The findings appear Nov. 3 in [Cell Metabolism](#).

Epigenomic research focuses on the mechanisms that regulate the expression of genes in the human genome. Genetic information is written in the chemical language of DNA. The researchers used DNA sequencing technology to search the chromatin of islet cells for specific histone modifications and other signals marking regulatory DNA. Computational analysis of the large amounts of DNA sequence data generated in this study identified different classes of regulatory DNA.

Among the results, the researchers detected about 18,000 promoters, which are regulatory sequences immediately adjacent to the start of genes. Promoters are like molecular on-off switches and more than one switch can control a gene. Several hundred of these were previously unknown and found to be highly active in the islet cells.

The researchers also identified at least 34,000 distal regulatory elements which were bunched together, suggesting they may cooperate to form regulatory modules. These modules may be unique to islets and play an important role in the maintenance of blood glucose levels.

Of the 50 single nucleotide polymorphisms, or genetic variants, identified, six variants associated with type-2 diabetes were found to boost gene activity. These results suggest that regulatory elements may be a key component to understanding the molecular defects that contribute to type-2 diabetes.

Previously known as adult-onset, or non-insulin dependent diabetes mellitus, type-2 diabetes usually appears after age 40, often in overweight, sedentary people. However, a growing number of younger people — and even children — are developing the disease.

Diabetes is a major cause of heart disease and stroke in U.S. adults, as well as the most common cause of blindness, kidney failure and amputations not related to trauma. Type-2 diabetes is characterized by the resistance of target tissues to respond to insulin, which controls glucose levels in the blood. This leads to gradual failure of insulin-secreting cells in the pancreatic islets. For more information about diabetes, visit <http://diabetes.niddk.nih.gov/index.htm>.

- **Secretary of the Treasury Tim Geithner and Secretary of Health and Human Services Kathleen Sebelius joined with NIH Director Dr. Francis Collins to announce the recipients of the \$1 billion in new therapeutic discovery project credits and grants created by the Affordable Care Act.**

This program will help nearly 3,000 small biotechnology companies in nearly every state in the country produce new and cost-saving therapies, support good jobs and increase U.S. competitiveness.

A total of 2,923 companies specializing in biotechnology and medical research in 47 states and the District of Columbia received awards under the therapeutic discovery project program created by the Affordable Care Act. In all, 4,606 applications from these nearly 3,000 companies were awarded funding.

The therapeutic discovery project program is targeted to projects that show significant potential to produce new therapies, address unmet medical needs, reduce the long-term growth of health care costs, or advance the goal of curing cancer within the next 30 years. The allocation of the credit also reflects which projects show the greatest potential to create and sustain high-quality, high-paying jobs in the United States and to advance our competitiveness in the fields of life, biological, and medical sciences. Today, the biotechnology industry employs 1.3 million workers, and the industry continues to be a key growth engine for our economy.

The credit covers up to 50 percent of the cost of qualifying biomedical research and is only available to firms with fewer than 250 employees. To provide an immediate boost to U.S. biomedical research and the small businesses that conduct it, the credit is effective for investments made in 2009 and 2010. Firms could opt to receive a grant instead of a tax credit, so start-ups that are not yet profitable can benefit as well.

To view the full list of recipients, click [here](#).

- **The Centers for Medicare & Medicaid Services (CMS) issued a final rule will expand preventive services for Medicare beneficiaries, improve payments for primary care services and promote access to health care services in rural areas.**

The new policies will apply to payments under the Medicare Physician Fee Schedule (MPFS) for services furnished on or after Jan. 1, 2011.

The final rule implements provisions in the Affordable Care Act that expand beneficiary access to preventive services and, for the first time, provide coverage under the traditional fee-for-service program for an annual wellness visit beginning Jan. 1, 2011. This visit augments the benefits of the Initial Preventive Physical Examination (IPPE or "Welcome to Medicare Visit") with an annual visit that allows the physician and patient to develop a personalized prevention plan

that considers not only the age-appropriate preventive services generally available to Medicare beneficiaries, but additional services that may be appropriate because of the patient's individual health status.

The rule also implements a provision that improves access to primary care services by providing a 10 percent incentive payment for primary care services furnished by primary care practitioners. The primary care incentive payment is available for family physicians, general internists, geriatricians, pediatricians, nurse practitioners, clinical nurse specialists and physician assistants for whom primary care services represent 60 percent or more of their MPFS allowed charges in a prior period.

In addition, the final rule provides a 10 percent incentive payment to general surgeons performing major surgery in areas designated by the Secretary as Health Professional Shortage Areas (HPSAs). The rule also allows physician assistants to order post-hospital extended care services in skilled nursing facilities and pays the same Medicare rates to certified nurse-midwives as physicians.

The final rule with comment period announces a reduction to payment rates for physicians' services in 2011 under the sustainable growth rate (SGR) formula. MPFS rates are currently scheduled to be reduced under the SGR system on Dec. 1, 2010, and then again on Jan. 1, 2011 under current law. The total reduction in MPFS rates between November and January under the SGR system will be 24.9 percent. While Congress has provided temporary relief from these reductions every year since 2003, a long-term solution is critical.

CMS will accept comments on certain aspects of the final rule with comment period until Jan. 2, 2011.

For more information, see: [www.federalregister.gov/inspection.aspx#special](http://www.federalregister.gov/inspection.aspx#special).

- **Twenty percent fewer lung cancer deaths occur when patients are screened with low-dose helical CT than with the standard chest X-ray, according to a National Cancer Institute (NCI) study.**

The National Lung Screening Trial (NLST), a randomized national trial involving more than 53,000 current and former heavy smokers ages 55 to 74, compared the effects of two screening procedures for lung cancer -- low-dose helical computed tomography (CT) and standard chest X-ray -- on lung cancer mortality and found 20 percent fewer lung cancer deaths among trial participants screened with low-dose helical CT.

The NLST was sponsored by NCI, a part of the National Institutes of Health, and conducted by the American College of Radiology Imaging Network (ACRIN) and the Lung Screening Study group. A paper describing the design and protocol of the NLST, "The National Lung Screening Trial: Overview and Study Design" by the NLST research team, was published by the journal *Radiology* and is openly available at <http://radiology.rsna.org/cgi/content/abstract/radiol.10091808>.

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## Reserve/Guard

- As of Nov. 2, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 1,364 to 97,002. The totals for each service are Army National Guard and Army Reserve 73,904; Navy Reserve, 6,582; Air National Guard and Air Force Reserve, 11,496; Marine Corps Reserve, 4,304; and the Coast Guard Reserve, 716. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- **The Institute of Medicine (IOM) published "Providing Healthy and Safe Foods as We Age - Workshop Summary," on Nov. 3, 2010.** This report examines food safety and nutrition concerns for older adults. <http://www.iom.edu/Reports/2010/Providing-Healthy-and-Safe-Foods-as-We-Age.aspx>
- **The Institute of Medicine (IOM) published "Research Priorities for Assessing Health Effects from the Gulf of Mexico Oil Spill - A Letter Report," on Oct. 29, 2010.** This report provides advice on research priorities in assessing the health effects of the Gulf of Mexico oil spill. <http://www.iom.edu/Reports/2010/Research-Priorities-for-Assessing-Health-Effects-from-the-Gulf-of-Mexico-Oil-Spill.aspx>
- **The Institute of Medicine (IOM) published "The 2009 H1N1 Influenza Vaccination Campaign - Summary of a Workshop Series," on Oct. 29, 2010.** <http://www.iom.edu/Reports/2010/The-2009-H1N1-Influenza-Vaccination-Campaign.aspx>

## Legislation

- There was no legislation proposed this week.

## Hill Hearings

- There are no hearings scheduled.

## Meetings / Conferences

- 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 5th Annual World Healthcare Innovation and Technology will be held on **Nov. 7 - 10, 2010**, in Alexandria Va. <http://www.worldcongress.com/events/HL10010/index.cfm?confCode=HL10010>
- 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/HL10010/>
- The AHP 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 21<sup>st</sup> Annual National Forum on Quality Improvement in Health Care will be held on **Dec. 5-8, 2010**, in Orlando, Fla. <http://www.ihl.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](http://www.BattlefieldHealthCare.com)
- The World Influenza Congress will be held **Dec. 7-9, 2010**, in Amsterdam. <http://www.terrapinn.com/2010/flu/conf.stm>
- The 2011 Military Health System (MHS) Conference will be held on **Jan. 24 - 27, 2011** in Washington D.C. [www.health.mil](http://www.health.mil)
- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2011**, in Vienna Austria. <http://imed.isid.org/>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/fhpc/>
- 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/>
- National Veterans Small Business Conference and Exposition will be held on **August 15-18, 2011**, in New Orleans.
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. [http://www.isid.org/15th\\_ICID/](http://www.isid.org/15th_ICID/)

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

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