

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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To all veterans—thank you for your service to our nation.

Happy Veterans Day!

Executive and Congressional News

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

Military Health Care News

- **The Center of Excellence for Medical Multimedia (CEMM), located on campus at the U.S. Air Force Academy in Colorado Springs, is providing education-based treatment tools for traumatic brain injury (TBI)**

The CEMM's "[Traumatic Brain Injury: The Journey Home](#)," is a comprehensive and interactive web-based program that focuses on providing patients, their families and caregivers with a one-stop shop for information on different types of TBI, common causes, symptoms, diagnosis, treatments and coping techniques. It enables patients, families and caregivers alike to obtain the tools they need to begin the healing process.

One of the most innovative features of the *Traumatic Brain Injury: The Journey Home* site is the "[Interactive Brain](#)," which shows the different parts of the brain and their associated functions, and how the brain is affected by various types of TBI from mild concussion to severe blast. This function helps viewers better understand how and where TBI occurs, and how individuals who have experienced a TBI are affected. These interactive capabilities led the website to be recognized with the Freddie Award, a top communications industry honor, in September 2009.

The CEMM is an initiative from the Air Force Office of the Surgeon General aimed at supplying the most powerful interactive technologies available to Medical Treatment Facilities, Health and Wellness Centers and TRICARE civilian medical facilities. The CEMM is a nationally recognized leader in patient-related interactive multimedia. To learn more, please visit the CEMM's website at www.cemm.org.

- **The Department of Defense (DoD) and the US Army Medical Research and Materiel Command (USAMRMC) have published a request for proposal (RFP) to identify safe and effective FDA approved product(s) with minimal side effects that can be used to treat PTSD.**

DoD and USAMRMC have a requirement for a US Food and Drug Administration (FDA) approved pharmacotherapeutic(s) for the treatment of Combat Related Post Traumatic Stress Disorder (PTSD).

PTSD may result from exposure to a variety of stressors/events. However, this solicitation specifically addresses PTSD associated with combat related to service in support of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). The objective of this RFP is to identify safe and efficacious FDA approved product(s) with minimal side effects that can be used to treat PTSD in two populations of service members and veterans with PTSD diagnosed using the criteria in the fourth edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-IV-TR).

The first population is service members and veterans with combat related PTSD of less than one year duration, while the second population is service members and veterans with PTSD of greater than or equal to one year duration.

For the purpose of this RFP, these two populations include any service member with a diagnosis of PTSD incurred while on active duty status and deployed in support of OEF/OIF. OEF/OIF veterans diagnosed with PTSD who are not presently on active duty (e.g., retired, discharged, reserve status, etc.) are included in the populations identified above. PTSD is a serious issue in combat troops and veterans, and a new pharmacotherapeutic agent(s) to address PTSD is urgently needed.

Preference will be given to promising mature products such as those already FDA approved for another indication in order to reduce the developmental timeline. For more information, please visit:

To submit a proposal, please visit: http://fhp.osd.mil/pdfs/Nov2010_AdvancedDevelopmentofPharmacotherapeuticsfortheTreatmentofCombatRelatedPostTraumaticStressDisorder.pdf.

To submit a proposal, please visit: https://www.fbo.gov/index?s=opportunity&mode=form&id=2603c1b84783d9d5d5bd673204f0e370&tab=core&_cview=1.

Veterans Health Care News

- **Television viewers across the country will be able to see a new video advertisement promoting the "care package" of services offered by the Department of Veterans Affairs to veterans.**

The 30-second ad made its national debut November 10 during broadcast of the Country Music Awards.

The ad will be broadcast through December in six communities with a high concentration of veterans and active-duty personnel. Those cities are Norfolk, Va.; Raleigh, N.C.; Savannah, Ga.; Seattle; Watertown, N.Y. and El Paso, Texas.

In the ad, family members will be shown preparing "care packages" for their loved ones in uniform. It ends with a VA representative offering a VA "care package," which includes health care, education benefits and home loans.

The video encourages veterans, service members and family members to learn more about VA benefits at www.va.gov/myVA.

The video can be viewed on YouTube at <http://www.youtube.com/watch?v=6smlLYUDPaM>.

- **The U.S. Department of Veterans Affairs (VA) announced a program designed to provide enhanced services to low-income veterans and their families who are at risk of being homeless.**

Under the Supportive Services for Veteran Families Program, VA will provide grants to private non-profit organizations and consumer cooperatives that will help break the cycle of homelessness among veterans at risk.

The program will deliver grants to community agencies for vocational and rehabilitation counseling, employment and training service, educational assistance and health care services.

Agencies will also provide direct financial assistance for daily living, transportation, child care, rent and utilities and other expenses. Agencies may also propose funding for additional services in their supportive services grant application based on the specific needs of their communities and local veterans.

By mid-December, VA officials will provide local agencies with the instructions necessary to apply for grants under the program.

Eligible veteran families include those who are residing in permanent housing, are homeless and scheduled to become residents of permanent housing within a specified time period, or who have left permanent housing and are seeking other housing that is responsive to such very low-income veteran family's needs and preferences.

The program is available for public viewing at <http://www.ofr.gov/>.

- **A report now appearing online in the national publication *Medical Care* finds that the Department of Veterans Affairs (VA) health system generally outperforms the private sector in following recommended processes for patient care.**

A research team with VA, RAND Corp. (a non-profit research institution) and two universities reviewed 36 studies published between 1990 and 2009. While the review did not include studies of surgical care, it did cover a range of studies of diseases common among veterans, such as diabetes, heart disease and depression.

The study authors, led by Dr. Amal Trivedi of the Providence, R.I., VA Medical Center and Brown University, cite possible reasons for VA's more positive performance, including integration of health care settings, use of performance measures with an accountability framework, disease-management practices and electronic medical record or health information technology. Among the specific findings of the review were:

- Nine studies comparing VA and non-VA care in general showed greater adherence to accepted processes of care—or better health outcomes—in VA.
- Five studies of mortality following a heart attack or other coronary event found similar survival rates in VA and non-VA settings.
- Three studies of care after a heart attack found greater rates of evidence-based drug therapy in VA; one found lower use of clinically appropriate angiography (blood vessel imaging) in VA.
- Three studies of diabetes care found VA to have better adherence to guidelines.
- Three studies found higher rates of vaccination against flu and pneumonia for the elderly in VA.

To gain greater insight into differences between VA and non-VA care and to also identify ways to improve VA care even further, the authors recommend continuing research with even more recent data. They also say there's a need for studies that compare VA specifically to high-performing private health care systems, rather than to a broad cross section of non-VA facilities.

- **The Department of Veterans Affairs (VA) launched its first official blog, opening a new line of communication between the department and its stakeholders.**

The blog, called *VAntage Point*, will be edited by VA's Director of New Media, Brandon Friedman. The blog has two primary features: a main column of articles written each day by VA staff and a section comprised of guest pieces submitted by other stakeholders including employees and the public. Readers will be able to comment and participate on all articles.

The main column will initially be authored by two VA employees. VA staff writer Alex Horton, a former infantryman who began his writing career by blogging from Iraq, will address veterans issues, while Lauren Bailey, special assistant to the chief technology officer, will provide readers with the latest on VA's information technology initiatives meant to modernize the department. Both writers will interact frequently with readers.

VAntage Point's guest pieces will function as "letters to the editor." Whether from a VA physician, a student going to school on the Post-9/11 GI Bill or a representative from a veterans service organization, all pieces will be considered for publication based on their rationale and reasoned points—not on how closely their views align with those of the department.

VAntage Point is the latest expansion of the department's outreach efforts to increase transparency, participation and collaboration via social media. Since creating an Office of New Media in late 2009, VA has launched a presence on Facebook, Twitter, Flickr and YouTube. Each major component of VA (health, benefits, and national cemeteries) has its own Facebook page and Twitter feed, while the department has simultaneously begun to roll out these platforms to all 153 VA medical centers. Currently, 55 medical centers maintain a presence on Facebook and 30 are operating Twitter feeds. The department currently has the largest Facebook subscriber base among cabinet-level agencies with over 70,000 subscribers.

To view the blog, please visit <http://www.blogs.va.gov>.

Health Care News

- **Nearly 59 million Americans went without health insurance coverage for at least part of 2010, many of them with conditions or diseases that needed treatment, according to the Centers for Disease Control and Prevention (CDC).**

The study found that there are 4 million more Americans without insurance in the first part of 2010 than during the same time in 2008.

The findings have implications for U.S. healthcare reform efforts. A bill passed in March promises to get health insurance coverage to 32 million Americans who currently lack coverage.

But Republicans who just took control of the House of Representatives last week have vowed to derail the new law by cutting off the funds for it, and some want to repeal it. Experts from both sides predict gridlock in Congress for the next two years in implementing healthcare reform's provisions.

Even before the healthcare reform act, Congress passed provisions expanding free health coverage for children. However, 9 percent of adults lost private insurance, and public insurance picked up just 5 percent of them. Twenty-two percent of adults aged 18 to 64 are uninsured.

The CDC analyzed data from the National Health Interview Survey or NHIS for 2006, 2007, 2008, and 2009 and the first quarter of 2010 for its report. The analysis found that in the first quarter of 2010, an estimated 59.1 million people had no health insurance for at least part of the year, an increase from 58.7 million in 2009 and 56.4 million in 2008.

The study also found that more people went for a year or more with no health insurance — from 27.5 million in 2008 to 30.4 million in the first quarter of 2010 — an increase of 3 million in chronically uninsured adults.

- **On Nov. 10, 2010, the Centers for Medicare & Medicaid Services (CMS) made three significant announcements: (1) updated star plan ratings for 2011 Medicare health and drug plans, (2) a 3-year demonstration to provide Medicare Advantage plans financial incentives to provide high-quality care, and (3) proposed regulations to implement several provisions of the Affordable Care Act to strengthen and improve the Medicare Advantage and Medicare prescription drug programs.**

The 5-star rating system is used by CMS to monitor plans to ensure that they meet Medicare's quality standards. The ratings provide Medicare beneficiaries with a tool to compare the quality of care and customer service that Medicare health and drug plans offer. In addition, a "low performer" icon is to be placed next to the names of plans that have received fewer than three stars for the past three years. CMS' star rating system considers 53 quality measures, such as success in providing preventive services, managing chronic illness, and keeping consumer complaints to a minimum. All ratings can be found on Medicare's Plan Finder at www.Medicare.gov.

Further, the 2011 ratings released will serve as the basis for a quality bonus payment in the demonstration for Medicare Advantage plans in Calendar Year 2012. The demonstration builds on the quality bonus payments authorized in the Affordable Care Act by providing stronger incentives for plans to improve their performance, thereby accelerating quality improvements. Medicare Advantage plans earning the highest performance rating — 5 stars — are eligible to receive the largest bonuses equal to 5 percent. Additionally, all Medicare Advantage plans that have a score of at least three stars will qualify for a bonus payment in 2012.

The notice of proposed rulemaking also includes other policies that aim to improve the Medicare Advantage and Medicare prescription drug programs. They include codifying clarifications to CMS authority to negotiate plan bids, expanding restrictions on charging higher cost-sharing than traditional Medicare for certain services, and limiting long-term care pharmacy waste by specifying efficient dispensing practices.

More detailed information on this year's current and previous ratings scores is available on a master table at the *Federal Register* at: www.cms.gov/PrescriptionDrugCovGenIn/06_PerformanceData.asp

- **CDC has released two reports on "Maintaining Limits on Days and Hours of Sale of Alcoholic Beverages to Prevent Excessive Alcohol Consumption and Related Harms."**

These reports were posted online by the [American Journal of Preventive Medicine](http://www.ajph.org) and will be published in their December 2010 issue.

The reports show that increasing the number of hours and days when alcohol can be sold in bars, restaurants, and liquor stores leads to greater alcohol use and related harms, especially motor-vehicle crashes. National, state, and local policies that remove previously banned alcohol sales on weekend days (usually Sundays) or that increase the hours of sale by 2 or more hours contribute to excessive drinking and many dangerous outcomes, including driving after drinking and alcohol-related assault and injury.

The Task Force on Community Preventive Services, an independent, nonfederal body of public health experts, recommends maintaining limits on the days or hours during which alcohol can legally be sold, based upon a state-of-the-art systematic review process of all available studies on the topic.

Laws and policies regulating the availability of alcohol, including limits on the number of days of the week or hours when alcoholic beverages can be sold, are effective public health strategies to prevent the harms that result from drinking too much.

Excessive alcohol use causes more than 79,000 deaths in the U.S. each year and contributes to a wide range of health and social problems. For more information, see <http://www.thecommunityguide.org/>.

Reserve/Guard

- As of Nov. 9, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 392 to 96,610. The totals for each service are Army National Guard and Army Reserve 73,247; Navy Reserve, 6,570; Air National Guard and Air Force Reserve, 10,923; Marine Corps Reserve, 5,072; and the Coast Guard Reserve, 798. www.defenseink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "Certifying Personal Protective Technologies: Improving Worker Safety," on Nov. 11, 2010.** The report examine the various approaches to performance testing and verification that are currently used to certify the effectiveness of PPT; reviews the standards and regulations that cover PPT; and assesses the benefits of certification to worker safety. <http://www.iom.edu/Reports/2010/Certifying-Personal-Protective-Technologies-Improving-Worker-Safety.aspx>
- **The GAO published "Food and Drug Administration: Response to Heparin Contamination Helped Protect Public Health; Controls That Were Needed for Working With External Entities Were Recently Added," (GAO-11-95) on Nov. 9, 2010.** This report examines how FDA prevented additional contaminated heparin from reaching U.S. consumers; how FDA coordinated its response to the contaminated heparin crisis; and FDA's monitoring and analysis of adverse events associated with heparin. <http://www.gao.gov/new.items/d1195.pdf>

Legislation

- There was no legislation proposed this week.

Hill Hearings

- There are no hearings scheduled.

Meetings / Conferences

- 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.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
- 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
- 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/

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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