

**FEDERAL HEALTH UPDATE**

Dec 17, 2010

*Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)*
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**Happy Holidays!**
**Federal Health Update will not be published on Dec. 24, 2010.**

## Executive and Congressional News

- **On Dec. 13, 2010, President Obama signed into law H.R. 3307, the Healthy, Hunger-Free Kids Act of 2010.**

The \$4.5 billion measure increases the federal reimbursement for free school lunches by 6 cents a meal at a time when many school officials say they can't afford to provide the meals. The bill will also expand access to free lunch programs and allow 20 million additional after-school meals to be served annually in all 50 states. Most states now only provide money for after-school snacks.

- **On Dec. 15, 2010, President Obama signed into law H.R. 4994, the Medicare and Medicaid Extenders Act of 2010.**

This legislation delays for one year a reduction in Medicare physician payments that would otherwise take effect on January 1, 2011; extends other expiring Medicare and Medicaid payment provisions; changes limits on the amount of excess health insurance tax credits that must be repaid to the government; and makes other Medicare and Medicaid clarifications and adjustments.

- **The House passed two bills to strengthen benefits and services for U.S. veterans and their families.**
  - **S. 3447** builds on the Post-9/11 G.I. Bill, which provides education benefits for veterans at World War II levels, addresses Reserve and National Guard troops by better aligning their educational benefits with their lengths of service, and allows unused education benefits to be transferred to spouses and children.
  - **S. 3860** addresses recent reports which identified a number of problems at Arlington National Cemetery (ANC). The bill requires reports to Congress on the management of ANC, including gravesite discrepancies, the management and oversight of contracts, and the implementation of recent Army directives. This comprehensive survey will further investigate reported burial errors, determine the full scope of the problem, and provide the first step to a concrete solution.

The bills will be sent to the President's desk for signature.

- **On Dec. 13, 2010, U.S. District Court Judge Henry Hudson struck down the "individual mandate" requiring most Americans to purchase health insurance by 2014.**

Hudson's opinion contradicts other court rulings finding the mandate constitutionally permissible.

"An individual's personal decision to purchase — or decline purchase — (of) health insurance from a private provider is beyond the historical reach" of the U.S. Constitution, Hudson wrote. "No specifically constitutional authority exists to mandate the purchase of health insurance."

Hudson's ruling raised strong doubts about the government's authority to mandate the purchase of insurance coverage for individuals and employers.

Virginia officials had argued that the Constitution's Commerce Clause does not give the government the authority to force Americans to purchase a commercial product — such as health insurance — that they may not want or need. They equated such a requirement to a burdensome regulation of "inactivity."

Virginia is one of the few states in the country with a specific law saying residents cannot be forced to buy insurance.

The Justice Department is expected to challenge the judge's findings in a federal appeals court.

## Military Health Care News

- **For its efforts to dramatically improve a once-labor-intensive workflow process that resulted in streamlining the tracking and coordination of care to military families, TriWest Healthcare Alliance received the Arizona Quality Alliance Showcase in Excellence Award in December 2010.**

Before the development of the "Performance Reporting System II," (PRS II), inventory reports took managers hours to decipher. In fact, managers would often come into work early, just to run endless reports and determine what work needed to be completed and in what order. Now, managers and employees can access that information in seconds, with the click of a mouse.

A team of TriWest employees worked for the past two years to develop PRS II, which is a software system that automates extensive inventory reports, such as pending authorizations, continued stay reviews and clinical tasks. It was implemented for Utilization Management in five TriWest hubs, as well as for Case Management in both the five hubs and corporate office.

- **TRICARE urges its 9.6 million beneficiaries to take preventive steps to stop the spread of the flu.**

Seasonal influenza is a contagious respiratory virus that many beneficiaries may already have been exposed to throughout the year. The 2010-2011 flu vaccine will protect against three different flu viruses: H3N2, influenza B and the H1N1 virus that caused so much illness last season.

Two forms of influenza vaccine are distributed in the U.S. and both are covered by TRICARE:

- An injectable, inactivated vaccine that contains a killed virus and can be used in all age groups six months and older.
- An intranasal spray made with live, weakened influenza viruses, limited to use in healthy people between the ages of two and 49 years, and who are not pregnant at the time they receive the vaccination.

Beneficiaries can receive the flu vaccine at no cost from Military Treatment Facilities (MTFs), TRICARE-authorized providers and participating network pharmacies (call 1-877-363-1303 to find a participating pharmacy).

Links to search online for MTFs, providers and pharmacies can be found at [www.tricare.mil/flu](http://www.tricare.mil/flu). Beneficiaries should check ahead for the days and times the flu vaccine is available and the age range served at that location. Some states have restrictions on pharmacies' giving vaccinations to children, so beneficiaries should ask the pharmacist if there are any restrictions. If there are, beneficiaries should consider using an MTF or have a primary care physician vaccinate the child.

Learn more about preventing the flu and getting vaccinated at [www.tricare.mil/flu](http://www.tricare.mil/flu).

- **TRICARE's "Quit Tobacco-Make Everyone Proud" website, [www.ucanquit2.org](http://www.ucanquit2.org), has earned three prestigious industry awards.**

- The 2010 Aesculapius Awards of Excellence recognize producers of health-related websites, television and radio public service announcements that the Health Improvement Institute judges consider exceptional in communicating health information to the public. TRICARE [www.ucanquit2.org](http://www.ucanquit2.org) is one of only five websites to receive this distinction.
- TRICARE's website, [www.ucanquit2.org](http://www.ucanquit2.org), also received the MarCom Gold Award for Best Website Overall in 2010. The MarCom Awards program is an international creative competition honoring outstanding achievement by marketing and communication professionals. The competition is one of the largest of its kind, with nearly 5,000 entries in the 2010 competition.
- In September, eHealthCare announced TRICARE's Quit Tobacco-Make Everyone Proud website as the recipient for the Platinum Award for the Best Overall Internet Site in the eHealthCare 2010 Leadership Awards. The eHealthCare Leadership awards highlight the Internet's role in achieving an organization's objectives and underscore the hard work that goes into creating outstanding health websites.

- **Humana Military Healthcare Services received a Gold Award for 'Best eBusiness' web site during the 11th Annual eHealthcare Leadership Awards sponsored by Strategic Healthcare Communications.**

The eHealthcare Leadership Awards recognize excellence in health care organizations and highlight the internet's role in showcasing the organization's objectives and in creating outstanding health web sites.

The 'Best eBusiness' Site Award is given to the organization which best integrates site support with patient services, technology, resources, and innovation. Selection was made by an independent panel whose members are familiar with healthcare operations and with internet capabilities. Web sites were judged on the basis of internet excellence in comparison with other organizations of similar size.

- **An Army-funded institute that has used virtual reality to help treat traumatized veterans of the war in Iraq is now moving to build an even more detailed virtual world of Afghanistan.**

The Institute for Creative Technologies at the University of Southern California, which conducted pioneering work using virtual reality to treat those suffering from post-traumatic stress disorder, received funding from the U.S. Army to build a new, advanced computer program based on Afghanistan.

The institute has been working for the past several years with a "virtual Iraq" program to treat PTSD, which allows patients, with the help of a therapist, to relive their experiences in a highly detailed simulated scene that is designed to closely resemble the sights and sounds of specific places in Iraq. In the Iraq scenario, for example, a patient might travel in a virtual convoy that's hit by a roadside bomb.

The institute has been planning a virtual Afghanistan for several years, and has done some modifications to the Iraq scenario — adding more mountains and walled compounds — to make it look a bit like Afghanistan. Virtual Afghanistan is expected to be even more realistic — and detailed — than the Iraq computer program. In addition, the new system will have even more content and a better clinical interface.

Software engineers will also be building a virtual version of Bagram Air Base in Afghanistan that is intended specifically for Air Force medical personnel who are suffering from PTSD.

Key to the virtual Afghanistan will be a "library of content" built on veterans' individual therapy sessions, which will provide the details needed to build the virtual-reality scenarios.

While still considered experimental treatment the use of virtual reality for PTSD builds on well-accepted exposure therapy, in which a therapist talks a patient through a traumatic event.

- **Humana Military Healthcare Services was awarded two contracts to provide patient appointing services for military hospitals and clinics located in the greater Puget Sound, Washington, and Tidewater, Virginia, areas.**

The Puget Sound contract includes support to the Madigan Army Medical Center, Naval Hospital Bremerton, Naval Hospital Oak Harbor and to the 62nd Medical Squadron at McChord Air Force Base, Wash. Service delivery will begin April 1, 2011, and subject to exercise of annual options, is expected to remain in effect through Nov. 30, 2015.

The Tidewater contract provides for support to Naval Medical Center, Portsmouth, the 1st Medical Group at Langley Air Force Base, McDonald Army Health Center at Fort Eustis and the Kenner Army Health Clinic at Fort Lee, Va. Patient appointing will begin April 1, 2011, and, subject to exercise of annual options, is expected to remain in effect until Dec. 31, 2015.

Humana Military currently provides patient appointing services in Fort Bragg, N.C.

## Veterans Health Care News

- **A new Department of Veterans Affairs (VA) study found that including smoking cessation treatment in mental health care for veterans with Post Traumatic Stress Disorder (PTSD) improves quit rates.**

On measures of smoking abstinence for shorter periods of time, researchers found that quit rates were as high as 18 percent for the integrated care group, versus 11 percent for those receiving usual care. When compared to usual care — referral to a standard smoking cessation clinic — the new, integrated approach nearly doubled the rate at which study volunteers stayed smoke-free for a year or longer, from 4.5 percent to almost 9 percent.

Veterans in the study who quit smoking showed no worsening of symptoms of PTSD or depression. In fact, study participants averaged a 10 percent reduction in PTSD symptoms, regardless of which treatment they received or whether they quit smoking or not. The findings help dispel concerns that combining care for PTSD and smoking cessation detracts from PTSD treatment or makes it less effective.

The study followed 943 veterans at 10 VA medical centers nationwide. Prolonged abstinence from tobacco, as reported by participants, was confirmed using

breath and urine tests to detect evidence of smoking. Using such "bio-verification" measures in combination with self-reports is considered the "gold standard" in smoking cessation research.

Of some 400,000 veterans being treated for PTSD in the VA health care system, roughly 30 to 50 percent are smokers, compared to a smoking rate of about 20 percent among VA enrollees and U.S. adults in general. Research shows, also, that those with PTSD smoke more heavily than smokers without PTSD and have an especially hard time quitting.

Based on the findings and evidence from prior research, VA has begun piloting the integrated smoking cessation approach as a standard of practice at six VA medical centers. The researchers say they hope to see the new approach further expanded over time.

The study was conducted by VA's Cooperative Studies Program. For more information on CSP, visit [www.csp.research.va.gov](http://www.csp.research.va.gov).

- **The Tampa, Fla., Veterans Affairs medical center has kicked off a \$3 million project that uses advanced technology to help patients with traumatic brain injury independently plan, organize and complete everyday activities such as doing laundry or emptying the trash.**

The Smart Home project helps veterans with TBI who have lost the ability to manage these basic tasks re-learn the skills by following their movements around the house and sending them text or video prompts when they get off track.

The Tampa hospital has equipped five apartments housing 10 veterans with a suite of high tech equipment, including a system that can track patients' location, sensors to monitor use of appliances and screens to relay video prompts.

Patients and VA staff wear wrist tags linked to a real-time location system that Ubisense of Cambridge, England, developed. The system tracks the tag using wall sensors. Because it is based on ultra-wideband technology that transmits signals across a broad swath of the radio frequency spectrum, it can pinpoint patients' locations. In fact, the Ubisense wrist tags broadcast their ID on a 6 to 8 gigahertz channel and the location system uses time-delay-of-arrival and angle-of-arrival methods to determine position in three dimensions to within six inches.

Each master sensor relays the tag's position to a server, which aggregates the position of all tags within the apartments. This information feeds into a mapping application that allows any hospital staff member using an iPad, smart phone or a touch-screen to quickly find veterans as they go about their daily routines.

Clinicians can then use 65 monitors — about the size of the screen of an Apple iPad — to provide text or video messages to help the patients relearn the art of daily living. Appliances in the apartment, such as the washing machines, are equipped with sensors that can determine whether the patient, for instance, put soap into the machine or emptied it when the load was done. If not, a nearby screen prompts the patient to complete these steps. Sensors located in the bathroom can help determine how long patients spend shaving and prompt them to finish and move on if they're taking too long.

- **Utah's state designated health information exchange will connect healthcare providers in a rural region of the state with the Veterans Affairs Department so they can share patient records of veterans and service members who receive treatment outside of the VA.**

It's the fifth in a series of demonstration programs across the nation in which VA and private sector providers coordinate services to veterans through access to the nationwide health information network (NHIN), a set of standards and services that enable healthcare organizations to securely exchange patient data through the Internet.

The pilots are part of VA's virtual lifetime electronic record program (VLER), which seeks to develop a single electronic system to track the medical, benefits and administrative records of service members from their induction into the military throughout their lives as veterans.

The Utah Health Information Network will test the exchange of patient records between Allen Memorial Hospital in Moab, Utah, and its participating physicians with VA medical facilities, said Jan Root, president of UHIN.

The network serves all the hospitals, ambulatory surgery centers, national laboratories and approximately 90 percent of the medical providers in Utah.

Seven out of 10 veterans receive some portion of their healthcare from private sector hospitals and clinics, such as those represented by UHIN, said Dr. Tim Cromwell, director of standards and interoperability for the Veterans Health Administration.

The Utah network and its partner Axolotl Corp., a provider of exchange technology and services, will use the vendor's Clinical Health Information Exchange (CHIE) to connect to the VA via the NHIN.

Authorized physicians will be able to query and view documents from the CHIE or VA-participating physicians located in the rural community. Axolotl's online gateway will enable the bi-directional exchange of documents between the CHIE and NHIN partners in the area, including the VA.

- **The Department of Veterans Affairs (VA) announced it will begin using Medicare's standard payment rates for certain medical procedures performed by non-VA providers on Feb. 16, 2011.**

The new adjustment was made in federal regulations and will affect the following treatments VA provides to veterans through contracted care: ambulatory surgical center care, anesthesia, clinical laboratory, hospital outpatient perspective payment systems, and end stage renal disease (ESRD).

Veterans who are eligible for care will continue to receive the uninterrupted care they need. Non-VA doctors and facilities will still be paid for services they provide to eligible veterans but at rates set by the Centers for Medicare and Medicaid Services (CMS) Prospective Payment Systems (PPS) and Fee Schedules. Existing contracts will not be affected, and the rule allows for new contracts using the new rates.

Savings of approximately \$1.8 billion over five years will allow VA to continue to invest in such innovative programs as a wearable artificial kidney, home dialysis and expanding access through stand-alone clinics.

The pricing methodology changes are a result of a rule change to 38 CFR 17.56, the federal regulation that governs VA when paying medical claims for veterans treated in community facilities. The proposed rule was published on Feb. 18, 2010, and was opened for public comment April 19, 2010. The congressional review period for the final rule begins Dec. 17 and lasts 60 days.

VA is providing written notifications to veterans and non-VA providers. As additional information becomes available, it will be posted to the VA's "Non-VA Purchased Care" website, [www.nonvacare.va.gov](http://www.nonvacare.va.gov).

## Health Care News

- **The National Institutes of Health has launched a new program in conjunction with the Albert and Mary Lasker Foundation that will provide medical doctors with funding for patient-focused, clinical research projects.**

The initiative, called the *Lasker Clinical Research Scholars Program*, enables exceptional clinical researchers in the early stages of their careers to first spend five to seven years at the NIH Clinical Center in Bethesda, Md.

Upon successful completion of this first stage, the scholars would be offered the opportunity to remain at the NIH as senior clinical research scientists or to apply for up to four years of independent financial support at a university or other external research institution.

The Lasker Scholar program represents a historic partnership between the NIH intramural research program, with its extensive portfolio of research projects conducted in federal labs and facilities, and the extramural program.

Through an arrangement with the Lasker Foundation, scholars will have the opportunity to interact with Lasker Clinical Medical Research Award winners, who will help serve as mentors, as well as participate in many Lasker meetings and award ceremonies. The program honors the contributions of Mary and Albert Lasker to the NIH and to the overall biomedical community.

The program hopes to accept at least five clinical researchers per year for the next decade, if not longer.

- **The Center for Scientific Review (CSR) has named Dr. Alice Clark of The University of Mississippi the 2010 winner of its top honor for extraordinary commitment to peer review.**

Dr. Clark, vice chancellor for research and sponsored programs and F.A.P. Barnard Distinguished Professor of Pharmacognosy, will receive the 2010 Marcy Speer Outstanding Reviewer Award, which highlights the vital contributions of CSR reviewers who evaluate NIH grant applications.

In an average year, about 17,000 reviewers volunteer approximately 150,000 days to assess the scientific merit of the applications assigned to CSR. Their scientific evaluations help NIH invest about 85 percent of its budget in the most promising research grants, paving the path to biomedical breakthroughs that improve public health and save lives.

During Dr. Clark's 20 years of service, she participated in 63 reviews, including those as a regular reviewer and chair for the AIDS and Related Research Study Section and the Drug Discovery and Mechanisms of Antimicrobial Resistance Study Section. She also was a regular member of the Bio-Organic and Natural Products Chemistry Study Section and has served on multiple special emphasis panels.

The Marcy Speer Award recognizes scientists who demonstrate extraordinary commitment to CSR peer review groups, making it possible for NIH to fund the best applications, and, ultimately, improve public health. The award's namesake exemplified this commitment by showing unwavering passion and commitment to science and NIH peer review as she battled cancer.

- **Targeting the core social deficits of autism spectrum disorders (ASD) in early intervention programs yielded sustained improvements in social and communication skills even in very young children who have ASD, according to a study funded by the National Institute of Mental Health (NIMH).**

The study was published online Dec. 8, 2010, in the [Journal of Child Psychology and Psychiatry](#).

Although some research suggests that ASD may be reliably diagnosed earlier than the current average age of three years, few interventions have been tested in children younger than 3.

Funded through the Studies to Advance Autism Research and Treatment (STAART) Network, Rebecca Landa, Ph.D., of Kennedy Krieger Institute, Baltimore, and colleagues randomly assigned 50 toddlers, ages 21-33 months old, who were diagnosed with ASD to one of two six-month interventions

designed to encourage children to make frequent and intentional efforts to engage others in communication or play. The single difference between interventions was that one group received more opportunities for joint attention, affect sharing, and socially engaged imitation. Children in both groups made improvements in social, cognitive and language skills during the six-month intervention period

- **Stroke is now the fourth leading cause of death in the United States, down from the third place ranking it has held for decades, according to preliminary 2008 death statistics released today by CDC's National Center for Health Statistics.**

While deaths from stroke and several other chronic diseases are down, deaths due to chronic lower respiratory disease increased in 2008.

There were 133,750 deaths from stroke in 2008. Age-adjusted death rates from stroke declined 3.8 percent between 2007 and 2008. Meantime, there were 141,075 deaths from chronic lower respiratory disease, and the death rate increased by 7.8 percent.

Some of the increase in deaths may be due to a modification made by the World Health Organization in the way deaths from chronic lower respiratory diseases are classified and coded. The National Center for Health Statistics will conduct a thorough analysis on this change and its effect on the chronic lower respiratory disease category before the final 2008 deaths data are released.

*Deaths: Preliminary Data for 2008* also finds that life expectancy at birth dropped slightly to 77.8 years from 77.9 years in 2007. Life expectancy was down by one-tenth of a year (a little over a month) for both men and women. However, black males had a record high life expectancy in 2008 of 70.2 years – up from 70 years in 2007. The life expectancy gap between the white and black populations was 4.6 years in 2008, a decrease of two-tenths of a year from 2007.

The data are based on 99 percent of death certificates reported to NCHS through the National Vital Statistics System from all 50 states, the District of Columbia and U.S. territories.

The full report is available at [www.cdc.gov/nchs](http://www.cdc.gov/nchs).

- **Exposure to tobacco smoke – even occasional smoking or secondhand smoke – causes immediate damage to the body that can lead to serious illness or death, according to a report released by U.S. Surgeon General Regina M. Benjamin.**

The comprehensive scientific report [How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease](#) is the 30<sup>th</sup> tobacco-related Surgeon General's report issued since 1964. It describes specific pathways by which tobacco smoke damages the human body and leads to disease and death.

The report finds that cellular damage and tissue inflammation from tobacco smoke are immediate, and that repeated exposure weakens the body's ability to heal the damage.

The report also explains why it is so difficult to quit smoking. According to the research, cigarettes are designed for addiction. The design and contents of current tobacco products make them more attractive and addictive than ever. Today's cigarettes deliver nicotine more quickly and efficiently than cigarettes of many years ago.

Tobacco smoke contains a deadly mixture of more than 7,000 chemicals and compounds, of which hundreds are toxic and at least 70 cause cancer. Every exposure to these cancer-causing chemicals could damage DNA in a way that leads to cancer. Exposure to smoke also decreases the benefits of chemotherapy and other cancer treatments. Smoking causes more than 85% of lung cancers and can cause cancer almost anywhere in the body. One in three cancer deaths in the U.S. is tobacco-related.

Even brief exposure to secondhand smoke can cause cardiovascular disease and could trigger acute cardiac events, such as heart attack. It also describes the other harmful effects smoking has throughout the body, including making it harder for diabetics to control their blood sugar. Smoking makes it harder for women to get pregnant and can cause a miscarriage, preterm delivery, low birth weight, as well as damage to fetal lungs and brain tissue. Babies who are exposed to secondhand smoke are more likely to die from sudden infant death syndrome, the report finds.

- **The U.S. Department of Health and Human Services issued its new Strategic Framework on Multiple Chronic Conditions— an innovative, private-public sector collaboration to coordinate responses to a growing challenge.**

More than a quarter of all Americans — and two out of three older Americans — have multiple chronic conditions, and treatment for these individuals accounts for 66 percent of the country's health care budget. These numbers are expected to rise as the number of older Americans increases.

The health care system is largely designed to treat one disease or condition at a time, but many Americans have more than one — and often several — chronic conditions.

The new strategic framework — coordinated by HHS and involving input from agencies within the department and multiple private sector stakeholders — expects to reduce the risks of complications and improve the overall health status of individuals with multiple chronic conditions by fostering change within the system; providing more information and better tools to help health professionals — as well as patients — learn how to better coordinate and manage care; and facilitating research to improve oversight and care.

Increased spending on chronic diseases is a key factor driving the overall growth in spending in the Medicare program. Individuals with multiple chronic conditions also face increased out-of-pocket costs for their care, including higher costs for prescriptions and support services.

For more information about the new HHS Strategy on Multiple Chronic Conditions, please visit: <http://www.hhs.gov/ash/initiatives/mcc/>.

- **The Department of State plans to implement an electronic health record system in its medical offices across the world to improve care quality and efficiency, according to an [announcement](#) published on the [Federal Business Opportunities website](#).**

In the announcement, the agency requested information from vendors about features and functionalities of commercial ambulatory EHRs that could serve the department's needs.

Health services provided through the agency include:

- Coordination of local care;
- Medical clearance assessments;
- Medical evacuations;
- Mental health services; and
- Primary care

The EHR system would be used in health units of varying sizes at U.S. embassies and consulates in 170 countries. About 50,000 federal and diplomatic employees and their families receive health care through the department.

- **Two new studies raise public health concerns about increasing antiviral resistance among certain influenza viruses, their ability to spread, and a lack of alternative antiviral treatment options.**

The findings are published in the January 1 issue of *The Journal of Infectious Diseases*. (Please see below for links to these articles online.)

Influenza viruses are treated with two classes of drugs: M2 blockers (adamantanes) and neuraminidase inhibitors (NAIs), including oseltamivir and zanamivir. While the spread of influenza strains with resistance to one class of drugs has been well documented in recent years, a new report confirms that dual resistance can emerge in several ways and has been on the rise during the past three years.

The study analyzed 28 seasonal H1N1 viruses with dual resistance from 2008 to 2010 from five countries, revealing that additional antiviral resistance could rapidly develop in a previously single-resistant strain as a result of mutation, drug response, or gene exchange with another virus.

Although dual resistant viruses are still rare, the investigators noted an increase in the number of tested viruses with this resistance, from 0.06 percent (2007-2008) to 1.5 percent (2008-2009) to 28 percent (2009-2010); however, during the 2009-2010 season the number of circulating seasonal H1N1 viruses was low, and only 25 viruses were tested

A second study examined an outbreak of oseltamivir resistant (OR) pandemic H1N1 infection in a hematology unit in the UK. The study is the first to confirm person-to-person transmission of this dually resistant strain through molecular epidemiologic methods. The 2009 pandemic H1N1 virus was inherently resistant to adamantane, but was susceptible to and treated with oseltamivir. However, by October 2009, emergence of OR H1N1 had been documented in rare patients on oseltamivir therapy.

The studies are available online:

- "Dual Resistance to Adamantanes and Oseltamivir Among Seasonal Influenza A (H1N1) Viruses: 2008-2010" [http://www.oxfordjournals.org/our\\_journals/jid/iq005.pdf](http://www.oxfordjournals.org/our_journals/jid/iq005.pdf)
- "Evidence of Person to Person Transmission of Oseltamivir Resistant Pandemic Influenza A (H1N1) 2009 Virus in a Hematology Unit" [http://www.oxfordjournals.org/our\\_journals/jid/iq007.pdf](http://www.oxfordjournals.org/our_journals/jid/iq007.pdf)

- **Six of the nation's leading healthcare systems announced that they're banding together to share data on outcomes, quality and costs in a first-of-its-kind collaborative effort.**

The six health systems — Cleveland Clinic, Dartmouth-Hitchcock, Denver Health, Geisinger Health System, Intermountain Healthcare and the Mayo Clinic — have a combined patient population of more than 10 million people. They'll be joining the Dartmouth Institute for Health Policy and Clinical Practice, a leading research institute that tracks disparities across the country in how patients are treated and at what cost.

The goal of the collaboration is to gather data and identify the most effective care models to lower costs while providing quality care. The collaborative will initially focus on eight costly conditions and treatments that have wide varieties in quality and outcomes: knee replacement, diabetes, heart failure, asthma, weight-loss surgery, labor and delivery, spine surgery and depression.

## Reserve/Guard

- As of Dec. 14, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 29 to 94,041. The totals for each service are Army National Guard and Army Reserve 73,100; Navy Reserve, 6,062; Air National Guard and Air Force Reserve, 9,014; Marine Corps Reserve, 5,085; and the Coast Guard Reserve, 780. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- **The Institute of Medicine (IOM) published "Future Opportunities to Leverage Alzheimer's Disease Neuroimaging Initiative - Workshop Summary," on Dec. 10, 2010.** The report explores opportunities to leverage the information from and partnerships formed because of ADNI to continue to improve the understanding and treatment of Alzheimer's disease. <http://www.iom.edu/Reports/2010/Future-Opportunities-to-Leverage-Alzheimers-Disease-Neuroimaging-Initiative.aspx>
- **The Institute of Medicine (IOM) published "Sex Differences and Implications for Translational Neuroscience Research - Workshop Summary," on Dec. 10, 2010.** The report discusses sex differences and their implications for translational neuroscience research, which bridges the gap between scientific discovery and practical applications. <http://www.iom.edu/Reports/2010/Sex-Differences-and-Implications-for-Translational-Neuroscience-Research.aspx>
- **The Institute of Medicine (IOM) published "For the Public's Health: The Role of Measurement in Action and Accountability," on Dec. 8, 2010.** This report, the first of three reports, the IOM reviews current approaches for measuring the health of individuals and communities and suggests changes in the processes, tools, and approaches used to gather information about health outcomes and their determinants. <http://www.iom.edu/Reports/2010/For-the-Publics-Health-The-Role-of-Measurement-in-Action-and-Accountability.aspx>

- **The Institute of Medicine (IOM) published "Redesigning the Clinical Effectiveness Research Paradigm: Innovation and Practice-Based Approaches - Workshop Summary," on Dec. 6, 2010.** This report summarizes issues related to the magnitude of the need for better information, the opportunities to align research and practice, and the potential for emerging research and data networks, innovative approaches to study design, analysis, and modeling. <http://www.iom.edu/Reports/2010/Redesigning-the-Clinical-Effectiveness-Research-Paradigm.aspx>

## Legislation

- **H.R.6502** (introduced Dec. 8, 2010): The *Medicare Beneficiary Preservation of Choice Act of 2010* was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned  
Sponsor: Representative Charles A. Gonzalez [TX-20]
- **H.R.6523** (introduced Dec. 8, 2010): The *Ike Skelton National Defense Authorization Act for Fiscal Year 2011* was referred to the Committee on Armed Services, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.  
  
Sponsor: Representative Ike Skelton [MO-4]
- **H.J.RES.103** (introduced Dec. 9, 2010): Disapproving a rule submitted by the Department of Health and Human Services relating to "Health Insurance Issuers Implementing Medical Loss Ratio (MLR) Requirements Under the Patient Protection and Affordable Care Act" was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative John R. Carter [TX-31]
- **S.4024** (introduced Dec. 9, 2010): The *Medicare Enhancements for Needed Drugs Act of 2010* was referred to the Committee on Finance.  
Sponsor: Senator Ron Wyden [OR]
- **S.4027** (introduced Dec. 15, 2010): A bill to provide for programs and activities with respect to the prevention of underage drinking was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Christopher J. Dodd [CT]
- **S.4028** (introduced Dec. 15, 2010): A bill to amend part B of title IV of the Social Security Act to authorize the Secretary of Health and Human Services to award grants to local and tribal governments for hiring child protective services workers was referred to the Committee on Finance.  
Sponsor: Senator Charles E. Schumer [NY] Referred to Senate committee. Status: Read twice and referred to the Committee on Finance.

## Hill Hearings

- There are no hearings scheduled.

## Meetings / Conferences

- 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 3<sup>rd</sup> Annual Health 3.0 Conference: The Next Online Generation will be held on **Jan. 25-27, 2011**, Orlando, Fla. [www.worldrg.com/health3point0](http://www.worldrg.com/health3point0)
- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2011**, in Vienna Austria. <http://imed.isid.org/>
- AHIP's 2011 National Policy Forum will be held on **March 8-9, 2011**, in Washington D.C. <http://www.ahip.org/>
- The 28th Annual Behavioral Risk Factor Surveillance System (BRFSS) Conference will be held **March 19-23, 2011**, in Atlanta, Georgia. <http://www.cdc.gov/brfss/about.htm>
- The Armed Forces Public Health Conference will be held on **March 21-25, 2011**, in Hampton Va. <http://phc.amedd.army.mil/fhpc/>
- The Military Health Management 2011 Conference will be held on **April 1, 2011**. [www.MilitaryHealthManagement.com](http://www.MilitaryHealthManagement.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/>
- 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 [katetheroux@fedhealthinst.org](mailto:katetheroux@fedhealthinst.org). To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>. To unsubscribe, please send an email to [newsletter@fedhealthinst.org](mailto:newsletter@fedhealthinst.org) with UNSUBSCRIBE as the subject.

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