

## 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

- **On Jan. 31, 2011, a federal judge in Florida became the first to strike down the entire law to overhaul the nation's health-care system.**

The ruling may complicate implementation of the statute in 26 states that have filed suit against the law.

The Florida decision by U.S. District Judge Roger Vinson represents a more sweeping repudiation of the law than the December ruling in a suit brought by Virginia that found the requirement that most Americans purchase health insurance to be unconstitutional.

As the judge ruled in the Virginia case, Vinson held that Congress overstepped its authority by compelling nearly all Americans to be insured or pay a fine. But Vinson went further: Likening the law to "a finely crafted watch" in which "one essential piece is defective and must be removed," he ruled that the insurance mandate cannot be separated from the rest of the statute and therefore the entire law must be voided.

The case is one of 25 challenges that have been filed in federal courts since the law was enacted last March. Four suits have now been decided on their merits — two rulings upholding the law and, with the Florida decision, two finding all or part of it unconstitutional. The law's constitutionality is widely expected to ultimately be settled by the Supreme Court.

Vinson stopped short of granting an injunction, as the plaintiffs requested, to prevent the law from going forward while the case is appealed. He said such a step was unnecessary because of a "long-standing presumption" that the federal government adheres to rulings of this type.

### Military Health Care News

- **Navy Rear Adm. Christine Hunter, deputy chief of TRICARE Management Activity, announced that the TRICARE Assistance Program (TRIAP) has answered 3,000 calls from service members who have needed immediate mental health care.**

In existence since 2009, TRIAP offers 24-hour confidential counseling for those needing immediate help, or those who may not want to visit a behavioral health practitioner in person.

Active-duty members and their families, reserve-component soldiers using TRICARE Reserve Select, and those coming off deployment are eligible to use TRIAP. Service members need Internet access, a webcam and Skype software to use TRIAP. If troops don't have access to the technology, they can connect with a counselor via phone or chat.

When logged on, service members will be connected to a licensed mental health counselor, who will assist them during one or two sessions, or, if needed, refer them to a specialist. Currently, the program is only for adults, and only for short-term, non-medical concerns.

Originally created as a pilot, the program has now been extended until 2012.

- **From benefits and compensation to education and training, an online directory is providing wounded warriors, veterans and their families a direct connection to thousands of state, local and national resources.**

The Defense, Labor and Veterans Affairs departments created the *National Resource Directory* (<http://www.nationalresourcedirectory.gov/>) to link wounded warriors, service members, veterans, their families and caregivers to nationwide resources that support recovery, rehabilitation and community reintegration. The directory contains information on a broad range of topics, including benefits and compensation, education and training, employment, caregiver support, health, housing and transportation and travel.

The directory has user-friendly navigation tools to help people find resources quickly, whether local grassroots efforts or national-level initiatives. Individuals can search for a resource or program by subject, state or territory. A recent addition is a state widget that can be customized and embedded in home pages, blogs and other sites. Once there, the information is updated automatically.

New programs and resources are added to the directory as quickly as agencies and organizations can roll them out. As a result, the site is constantly evolving.

Defense officials said a mobile version of the directory will launch in the spring for smart phone users.

### Veterans Health Care News

- **The Department of Veterans Affairs announced the creation of a new Office of Tribal Government Relations.**

The new office will ensure the more than 200,000 veterans who are American Indians, Alaska Natives and Native Hawaiians receive earned VA benefits. Although VA has long provided benefits to veterans in tribal lands, the new office will further strengthen and expand that relationship.

Stephanie Elaine Birdwell, an enrolled member of the Cherokee Nation from Oklahoma, has been selected as the office's first director. A former social worker, she has spent nearly 15 years working on tribal issues with the Bureau of Indian Affairs and, most recently, the Bureau of Indian Education.

She will oversee a six-person office responsible for "establishing, maintaining and coordinating a nation-to-nation, federal-tribal relationship," according to a VA briefing.

- **The Department of Veterans Affairs (VA) hosted a public forum on Jan. 25-28 and Jan. 31- Feb. 3, in Scottsdale, Ariz.**

The goal was to improve the fairness of payments for veterans who are service-connected for genitourinary, digestive, dental, infectious, immune disorder and nutritional deficiency diseases and injuries.

The focus of the forum was to assist VA in gathering information to update the Department's Schedule for Rating Disabilities. The schedule is used to assign levels of disability compensation for veterans who are service-connected for these disabilities. The forum's agenda included presentations by VA, DoD and private subject matter experts.

The public forum was the third in a series of meetings to enable VA to make changes to the ratings schedule — part of a systematic update of all 15 body systems of the rating schedule, to be completed by 2016. The two previous forums held in 2010 focused on mental health and musculoskeletal disorders.

VA provides compensation and pension benefits to more than 4 million veterans and other beneficiaries through a VA nationwide network of 57 regional offices. Currently, the basic monthly rate of compensation paid to veterans ranges from \$123 to \$2,673.

Disability compensation is a non-taxable, monthly monetary benefit paid to veterans who are disabled as a result of an injury or illness that was incurred or aggravated during active military service.

- **Investment in health informatics has saved the Veterans Affairs Department (VA) more than \$3 billion during the past 10 years, according to a new study.**

The study, "*The Value from Investments in Health Information Technology at the U.S. Department of Veterans Affairs*," was published in [Health Affairs](#).

The study was undertaken by the Center for Information Technology Leadership. During the period of the study, the VA spent more than \$4 billion on health information technology. As a result of that HIT investment, the VA realized total savings amounting to \$7 billion. After subtracting the expense of the HIT investment, there was a net savings of \$3 billion for the VA during the 10 years covered by the study.

It is likely to have positive implications for how use of information technology (IT) improves utilization of clinical pathology laboratory tests.

- **Health Net Federal Services announced it was re-awarded a contract by the New Mexico VA Health Care System (NMVHCS) to provide primary and preventive health care services at the VA Community-Based Outpatient Clinic (CBOC) located in Alamogordo.**

The new contract became effective Dec. 23, 2010, with a one-year initial term and four additional one-year option periods.

The clinic, which serves an estimated 1,200 enrolled veterans, will move to a new, state-of-the-art facility that will be nearly three times as large as the former location. The new clinic will provide a licensed clinical social worker, available for appointments five days a week, and tele-mental health and tele-health programs.

Services provided at the current location, including preventive care, health screenings, immunizations, diagnosis and treatment, appropriate specialist referral and follow-up, mental health counseling, and diabetes and weight management programs, will be available at the new clinic.

- **The Department of Veterans Affairs (VA) named Dr. David M. Gaba and Timothy W. Liezert as the first recipients of the VA Under Secretary for Health's Awards for Excellence in Clinical Simulation Training, Education and Research.**

The simulation is described by Gaba as a technique — not a technology — to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

Simulated learning enhances patient safety by ensuring clinicians receive experience on virtual "patients" to improve procedural performance. It also improves team functioning through training scenarios in emergency rooms, operating rooms and intensive care units where entire medical teams need to act seamlessly under tremendous pressure. Recordings of simulated scenarios allow teams to review how they work together and assess how they might improve their performance.

Dr. Gaba was recognized with the 2011 Excellence in Clinical Simulation Training, Education and Research Practice Award for his numerous contributions to the field of clinical simulation over the past two decades. He created the first modern mannequin-based fully interactive simulator, which has since been commercialized and, along with his curricula, is in use in thousands of simulation training and education programs around the world.

Gaba is staff anesthesiologist at the VA Palo Alto Health Care System, Calif., and associate dean for Immersive and Simulation-based Learning and director of the Center for Immersive and Simulation Based Learning (CISL) at Stanford University School of Medicine in California. .

In receiving the 2011 Clinical Simulation Training, Education and Research Executive Leadership Award, Liezert was recognized for his role in championing clinical simulation practice at the Orlando VA Medical Center (VAMC).

The strategy of VA's SimLEARN program is to improve clinical outcomes for America's veterans by providing a safe and supportive environment in which practitioners master skills, practice protocols, learn system-based practices, apply critical decision making and promote communication and interpersonal skills. To learn more about the SimLEARN program, visit [www.simlearn.va.gov](http://www.simlearn.va.gov).

## Health Care News

- **Agriculture Secretary Tom Vilsack and Secretary of the Department of Health and Human Services (HHS) Kathleen Sebelius released the [2010 Dietary Guidelines for Americans](#).**

The new guidelines offer evidence-based nutritional guidance to promote health, reduce the risk of chronic diseases, and reduce the prevalence of overweight and obesity through improved nutrition and physical activity.

Because more than one-third of children and more than two-thirds of adults in the United States are overweight or obese, the 7th edition of *Dietary Guidelines for Americans* places stronger emphasis on reducing calorie consumption and increasing physical activity.

The new 2010 *Dietary Guidelines for Americans* focus on balancing calories with physical activity, and encourage Americans to consume more healthy foods like vegetables, fruits, whole grains, fat-free and low-fat dairy products and seafood, and to consume less sodium, saturated and *trans* fats, added sugars and refined grains.

The 2010 *Dietary Guidelines for Americans* include 23 key recommendations for the general population and six additional key recommendations for specific population groups, such as women who are pregnant. Key recommendations are the most important messages within the *Guidelines* in terms of their implications for improving public health. The recommendations are intended as an integrated set of advice to achieve an overall healthy eating pattern.

The guidelines are based on sound scientific information, provide authoritative advice for people two-years and older about how proper dietary habits can promote health and reduce risk for major chronic diseases. They aid policymakers in designing and implementing nutrition-related programs. They also provide education and health professionals, such as nutritionists, dietitians, and health educators with a compilation of the latest science-based recommendations.

- **Researchers at the National Institutes of Health and the University of Hong Kong have discovered that high levels of a particular protein in cancer cells are a reliable indicator that a cancer will spread.**

By measuring the protein's genetic material in tumors that had been surgically removed from patients, along with measuring the genetic material from

surrounding tissue, the researchers could predict at least 90 percent of the time whether a cancer would spread within two years.

The findings raise the long term possibilities of new tests to gauge the likelihood that a cancer will spread and, ultimately, of a treatment that could prevent cancer from spreading.

The protein, known as CPE-delta N, is a form of carboxypeptidase E (CPE). Ordinarily, CPE is involved in processing insulin and other hormones. CPE-delta N, a variant of CPE, was present in high amounts in tumors that had spread and, to a much lesser degree, in surrounding tissues.

Cancer cells can break away from a primary tumor and spread, or metastasize, to other parts of the body, where they form new tumors. Metastatic cancer is often fatal, and health care practitioners seek to contain cancer early, before it can metastasize.

Tests indicating high levels of the protein predicted the spread of a cancerous tumor even when conventional staging — diagnostic techniques to gauge the extent and seriousness of a cancer — indicated that spread was unlikely. The finding raises the possibility that testing for CPE-delta N might be used in combination with conventional staging to further refine treatment. For example, if conventional staging indicated that a cancer was unlikely to spread, but a patient's tumor had high CPE-delta N levels, that patient might be referred for more intensive therapies normally reserved for higher stage cancers.

The findings appear in the [Journal of Clinical Investigation](#).

- **Two out of three U.S. adults with high cholesterol and half of U.S. adults with high blood pressure are not being treated effectively, according to the latest [Vital Signs](#) report from the Centers for Disease Control and Prevention.**

Although treatment of high blood pressure and high cholesterol is very effective and relatively low-cost, most people with these conditions remain at elevated risk for heart attacks, strokes, and other problems. People who lack health insurance have the lowest rates of control. Among those whose blood pressure or cholesterol is not under control, more than 80 percent have private or public health insurance — showing that health care coverage is necessary but, for most people, not enough to control these leading killers.

High blood pressure and cholesterol are two major risk factors for heart attacks, strokes, and related vascular diseases, which kill more than 800,000 Americans each year — more than any other condition. Of these, 150,000 are younger than age 65.

Cardiovascular disease costs the nation an estimated \$300 billion each year in direct medical costs and those costs are increasing rapidly. Treatment for this disease accounts for \$1 in every \$6 US health dollars spent. The report examined data from the National Health and Nutrition Examination Survey (NHANES), an ongoing study that explores the health and nutritional status of about 5,000 participants every year.

- **The Centers for Medicare & Medicaid Services (CMS) has selected five participants in the Medicare Imaging Demonstration (MID), a project that promotes appropriate utilization of advanced imaging services.**

CMS solicited proposals from interested parties (referred to as "conveners") that recruited physician practices for participation in the demonstration. The conveners selected are:

- Brigham & Women's Hospital
- Henry Ford Health System
- Maine Medical Center-Physician Hospital Organization
- University of Wisconsin-Madison
- National Imaging Associates

The two-year demonstration, authorized by section 135(b) of the Medicare Improvements for Patients and Providers Act of 2008, will assess the impact that decision support systems used by physician practices have on the appropriateness and utilization of advanced medical imaging services ordered for beneficiaries in original fee-for-service Medicare.

The demonstration focuses on three advanced diagnostic imaging modalities: magnetic resonance imaging (MRI), computed tomography (CT) and nuclear medicine. The demonstration also includes 11 advanced imaging procedures, selected based on high spending and utilization in the beneficiary population covered by original Medicare and the availability of relevant medical specialty appropriateness guidelines. The appropriateness criteria used in the demonstration will be medical specialty guidelines that are developed or endorsed by medical specialty societies.

The decision support systems provide immediate feedback to the physician about the appropriateness of the test ordered for the patient. The law specifically excludes any approaches that would require prior authorization.

## Reserve/Guard

- As of Feb. 1, 2011, the total number of Guard and Reserve currently on active duty has **increased** by 393 to 90,903. The totals for each service are Army National Guard and Army Reserve 69,452; Navy Reserve, 5,799; Air National Guard and Air Force Reserve, 9,989; Marine Corps Reserve, 4,897, and the Coast Guard Reserve, 766. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- **The GAO published "[Hearing Loss Prevention: Improvements to DOD Hearing Conservation Programs Could Lead to Better Outcomes](#)," (GAO-11-114) on Jan 31, 2011.** In this report, GAO examined how well the DOD and armed services identify and mitigate hazardous noise; how well the military evaluates hearing conservation program performance; and the status of DoD's Hearing Center of Excellence and the extent that DOD and VA are sharing information to inform this and other efforts. <http://www.gao.gov/new.items/d11114.pdf>
- **The GAO published "[Veterans' Health Care: VA Uses a Projection Model to Develop Most of Its Health Care Budget Estimate to Inform the President's Budget Request](#)," (GAO-11-205) on Jan 31, 2011.** In this report, GAO describes how VA develops its health care budget estimate, and how VA's health care budget estimate is used in the President's budget request to Congress. <http://www.gao.gov/new.items/d11205.pdf>
- **The Institute of Medicine (IOM) published "[HIV Screening and Access to Care: Exploring the Impact of Policies on Access to and Provision of HIV Care](#)," on Jan. 31, 2011.** This report examines the extent to which federal, state, and private health insurance policies inhibit HIV-positive individuals from initiating or continuing their care. <http://www.iom.edu/Reports/2011/HIV-Screening-and-Access-to-Care-Exploring-the-Impact-of-Policies-on-Access-to-and-Provision-of-HIV-Care.aspx>
- **The GAO published "[Electronic Health Records: DOD and VA Should Remove Barriers and Improve Efforts to Meet Their Common System Needs](#)," (GAO-11-265) on Feb 2, 2011.** The report identifies any barriers that DOD and VA face in modernizing their electronic health record systems to jointly address their common health care business needs, and (2) identifies lessons learned from DOD's and VA's efforts to jointly develop VLER and to meet the health care information needs for the FHCC. <http://www.gao.gov/new.items/d11265.pdf>

## Legislation

- **S.227** (introduced Jan. 31, 2011): The *Home Health Care Planning Improvement Act of 2011* was referred to the Committee on Finance  
Sponsor: Senator Susan M. Collins [ME]
- **S.229** (introduced Jan. 31, 2011): A bill to amend the Federal Food, Drug, and Cosmetic Act to require labeling of genetically-engineered fish was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Mark Begich [AK]
- **S.230** (introduced Jan. 31, 2011): A bill to amend the Federal Food, Drug, and Cosmetic Act to prevent the approval of genetically-engineered fish was

referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Mark Begich [AK]

- **S.244** (introduced Feb. 1, 2011): The *State Health Care Choice Act* was referred to the Committee on Finance  
Sponsor: Senator John Barrasso [WY]
- **S.248** (introduced Feb. 1, 2011): A bill to allow an earlier start for State health care coverage innovation waivers under the Patient Protection and Affordable Care Act was referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Ron Wyden [OR]
- **S.260** (introduced Feb. 2, 2011): A bill to amend title 10, United States Code, to repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan by veterans' dependency and indemnity compensation was referred to the Committee on Armed Services.  
Sponsor: Senator Bill Nelson [FL]

#### Hill Hearings

- There are no hearings scheduled.

#### Meetings / Conferences

- The International Meeting on Emerging Diseases and Surveillance will be held on **Feb. 4-7, 2011**, in Vienna Austria. <http://imed.isid.org/>
- The CHIME/HIMSS CIO Forum will be held on **Feb. 20, 2011**, in Orlando, Fla. [www.cio-chime.org](http://www.cio-chime.org)
- HIMSS 11 Annual Conference & Exhibition will be held on **Feb. 20-24, 2011**, in Orlando, Fla. [www.himss.org](http://www.himss.org)
- AHIP's 2011 National Policy Forum will be held on **March 8-9, 2011**, in Washington D.C. <http://www.ahip.org/>
- The 3<sup>rd</sup> annual DoD/VA Suicide Prevention Conference will be **March 14-17, 2011**, in Boston, Mass. <http://www.dcoe.health.mil/training/upcomingconferences.aspx>
- 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 15<sup>th</sup> Battlefield Healthcare Series: *VA/DoD Continuum of Care* will be held on **March 21-23, 2011**, in Washington D.C. <http://www.battlefieldhealthcare.com/Event.aspx?id=428934>
- The 2011 National Immunization Conference (NIC) will be held **March 28-31, 2011**, in Washington, DC. <http://www.cdc.gov/vaccines/events/nic>
- The mHealth Networking Conference will be held **March 30-31, 2011**, in Chicago, Ill. [www.mobih.org](http://www.mobih.org)
- 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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