FEDERAL HEALTH UPDATE

Mar 18, 2011

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 Armed Services Military Personnel Subcommittee held its annual oversight hearing on the Defense Health Program (DHP), including TRICARE. Representatives from various military and veterans service organizations (VSOs) testified about the proposed increase to fees and co-pays for military health care. Some of the association representatives said they could accept the first increase to TRICARE fees and subsequent annual adjustments if these fees were connected to the inflation index used to set retiree cost-of-living raises.

Military Health Care News

- WPS Health Insurance, has been recognized by the Ethisphere Institute as one of the World’s Most Ethical Companies.

  This is the fifth year Ethisphere, an international think-tank dedicated to the creation, advancement, and sharing of best practices in business ethics, corporate social responsibility, anti-corruption and sustainability, has published the WME rankings. Ethisphere reviewed thousands of nominations from companies around the globe. From these, it selected 110 honorees, including WPS—the only health insurance company in the world to receive this prestigious award.

  This special designation is reserved for organizations that demonstrate outstanding commitment to ethical leadership, compliance practices, and corporate social responsibility. Securing a place on the 2011 World’s Most Ethical Companies list is a significant achievement as this year was exceptionally competitive, with a record number of nominations and applications.

  Through in-depth research and a multi-step analysis, Ethisphere reviewed thousands of companies and selected 110 that surpassed their industry peers to appear on this year’s list of World’s Most Ethical Companies. The 2011 list features companies in 38 industries, including 43 companies headquartered outside the United States.

  Other 2011 WME winners include such well-known international companies as American Express, eBay, Ford Motor Company, Adidas, Starbucks, PepsiCo and Xerox Corporation.

  To view the complete list of the 2011 World’s Most Ethical Companies, please visit: http://ethisphere.com/worlds-most-ethical-companies-rankings/.

- On March 16, 2011, the Department of Defense announced the following assignments:
  - Maj. Gen. Ming T. Wong, commanding general, William Beaumont Army Medical Center/deputy commanding general for readiness, Western Regional Medical Command/chief, Dental Corps, El Paso, Texas, to commanding general, Brooke Army Medical Center/Southern Regional Command, Fort Sam Houston, Texas, to commanding general, Walter Reed Army Medical Center/North Atlantic Regional Medical Command, Washington, D.C.
  - Brig. Gen. Joseph Caravalho Jr., commanding general, Brooke Army Medical Center/Southern Regional Medical Command, Fort Sam Houston, Texas, to commanding general, Brooke Army Medical Center/Southern Regional Medical Command, Fort Sam Houston, Texas, to commanding general, Brooke Army Medical Center/Southern Regional Medical Command, Fort Sam Houston, Texas, to commanding general, Walter Reed Army Medical Center/North Atlantic Regional Medical Command, Washington, D.C.

- On March 17, 2011, the Department of Defense released the "Fiscal Year 2010 Annual Report on Sexual Assault in the Military."

  This year’s report also incorporates results from the quadrennial “2010 Workplace and Gender Relations Survey of Active Duty Members,” an anonymous and voluntary survey conducted by the Defense Manpower Data Center, which measures gender issues among members of the armed forces.

  Over the last two years, DoD has made significant efforts to prevent and respond to sexual assault. While it appears these efforts are beginning to pay off, there is still work to do to integrate and continue our efforts across the department and the services.

  Currently, DoD is reviewing and analyzing the Sexual Assault Prevention and Response Office organizational structure and programs to develop a more comprehensive approach to prevent and handle sexual assaults in an integrated and uniform manner across the services.

  The renewed focus of this review will include policies related to:
  - Access to legal counsel for victims;
  - Privileged communications between victims and their advocates;
  - Expedited unorganization transfers for victims;
  - Access to legal counsel for victims; and
  - Sexual assault experts in UCMJ proceedings.

  The complete report is available at http://www.sapr.mil.

- The Department of Defense announced that all of the services have met their active duty and reserve component recruiting and retention goal for fiscal year-to-date 2011, through February. For the details, please visit: http://www.defense.gov/releases/release.aspx?releaseid=14333

- Health Net reported a large breach of protected health information but isn’t giving details on the date and circumstances of the breach or how many individuals are affected, according to Health Data Management.

  According to the California Department of Managed Healthcare, the breach affects 1.9 million individuals nationwide. The Los Angeles-based insurer has notified at least one state attorney general office, telling Connecticut officials that the breach affects at least 24,599 state residents. The new breach covering the missing server drives does not yet appear on the HHS Office for Civil Rights Web page that lists reported breaches affecting 500 or more individuals. The list presently includes 241 major breaches.
The Department of Veterans Affairs (VA) is reaching out to veterans in crisis and their families in a new public service announcement (PSA) to raise awareness about suicide prevention resources, such as the Veterans Crisis Line at 1-800-273-TALK (8255).

In a public notice issued via press release on March 14, Health Net disclosed that "several" server drives are unaccounted for from its data center in Rancho Cordova, Calif. IBM Corp. is responsible for managing Health Net's information technology infrastructure and notified Health Net of the missing drives.

The Health Net press release does not state the number of missing drives, the number of affected individuals and their states of residence, or the date the insurer learned of the missing drives. The company declined to give more information when contacted about this story.

However, Health Net told the Connecticut Attorney General office that nine server drives are unaccounted for, the discovery occurred in early February and that notification of affected Connecticut customers began on March 14.


The missing server drives included names, addresses, medical information, Social Security numbers and financial information for some or all affected individuals. Health Net is offering two years of free credit monitoring services, including fraud resolution, credit restoration and identity theft services, through the Debit Identity Protection Network.

The unusual agreement in Connecticut stems from Health Net failure to disclose a 2009 breach—which affected 1.5 million individuals in at least four states—until six months after discovery. Then-Connecticut Attorney General Richard Blumenthal responded by suing the company for 12 alleged violations of the HIPAA privacy and security rules. Following a settlement with Blumenthal that included a $250,000 fine and implementation of a state-approved corrective action plan, the Connecticut Insurance Department then fined Health Net of Connecticut $375,000 for not providing notification in a timely manner. The 2009 breach occurred before the breach notification rule mandated in the HITECH Act became effective.

- The first center offering comprehensive care for European-based mild Traumatic Brain Injury (TBI) patients celebrated its grand opening Feb. 25, at Landstuhl Regional Medical Center.

The center is staffed with 32 military and civilian employees covering medical disciplines that include neurology, optometry, audiology, physical therapy, speech language pathology, occupational therapy, psychology, and nurse case managers.

TBI treatment has previously been available at Landstuhl Regional Medical Center and its outlying health clinics for service members, family members and DoD civilians, but now for the first time a team of medical specialists have been united in one building to facilitate their care.

For patients needing care beyond the scope of their local health clinic, they can travel to Landstuhl Regional Medical Center for more intensive treatment which includes the Synapse Program, a four-week in-resident program.

For local outpatients and patients from downrange receiving short-term care for TBI, the center eliminates the need for patients with headaches, balance problems and other symptoms of TBI from having to navigate treatment at individual clinics in the medical center.

- The Army Surgeon General recently recognized Blanchfield Army Community Hospital (BACH) for using systems and initiatives like this to help patients partner in their health and wellness.

BACH also received the Army Surgeon General's Excalibur Award in 2009 for a mammography initiative. Staff members throughout the hospital work together to identify and educate patients who are due for mammograms, colonoscopies, women's health and well-child screenings, diabetes, lab work or asthma medication changes. They also reach out to patients whose hospital visits could be reduced by focusing on the whole patient rather than just the immediate issue.

The Army Surgeon General presents Excalibur Awards annually to Army medical facilities who meet stringent guidelines for healthcare effectiveness.

- The Department of Defense has appointed former Maine Governor John Baldacci as director of its Military Health Care Reform Initiative. Baldacci is expected to conduct a new comprehensive review of military health care system to identify in health care efficiencies.

Veterans Health Care News

- The Department of Veterans Affairs (VA) is reaching out to veterans in crisis and their families in a new public service announcement (PSA) to raise awareness about suicide prevention resources, such as the Veterans Crisis Line at 1-800-273-TALK (8255).

The new television spot encourages veterans in crisis to call the crisis hotline number at 1-800-273-TALK (8255) to reach a trained VA mental health professional who can assist the veteran 24 hours a day, seven days a week.

So far, more than 379,000 people have called the hotline, and more than 200,000 of these callers have identified themselves as veterans, family members or friends of veterans. The hotline has led to more than 13,000 rescues of actively suicidal veterans.

The hotline also operates an online Veterans Chat program, which provides veterans, their families and friends with the ability to communicate anonymously online in real-time with a trained VA mental health professional. Veterans Chat can be accessed through the National Suicide Prevention Lifeline's web page at http://suicidepreventionlifeline.org/Veterans/Default.aspx.

Through the hotline and Veterans Chat, VA can connect veterans and their families with important services, including suicide prevention coordinators, as well as general inpatient and outpatient psychiatric services at VA medical centers and community-based outpatient clinics.

The hotline, which is part of the National Suicide Prevention Lifeline, was started in 2007 as a partnership between VA and the Substance Abuse and Mental Health Services Administration (SAMHSA).

The PSA can be viewed at: http://www.youtube.com/user/VeteransHealthAdmin#p/u/1/PPL7CAHixQE.

Health Care News

- The Centers for Disease Control and Prevention awarded $10 million to five medical centers to develop and test new approaches to combating infections acquired in hospitals and other care settings.

The grants are part of the centers' Prevention Epicsenters Program, which started in 1997. They're awarded every five years based on peer-reviewed applications and encourage team collaborations.

This year's recipients are:

- Chicago Antimicrobial Resistance and Infection Prevention Epicenter (includes Cook County Health & Hospital System and Rush University Medical Center);
- Duke University Prevention Epicenter (Duke University);
- Translation Prevention Research Epicenter (Harvard Pilgrim Health Care in Wellesley, Mass.);
- Southeastern Pennsylvania Adult and Pediatric Prevention Epicenter Network (University of Pennsylvania, Philadelphia); and
- Washington University and BJIC Epi-Center for Prevention of Healthcare Associated Infections (Washington University, St. Louis.)
Some of the innovative solutions being tested include combining ultraviolet light to clean hospital rooms; new tests that help distinguish patients who need antibiotics from those who don’t, as a means of preventing antibiotic-resistant infections; methods that can help doctors anticipate when medical devices are being used to treat a patient on the verge of causing an infection; and treating patients with living microorganisms that are harmless to the patient but cause harm to the germs.

An estimated one out of 20 hospital patients contracts some kind of infection during medical care.

- **Suicide** became the 10th leading cause of death in 2009, according to CDC’s National Center for Health Statistics.

Although the U.S. suicide rate did not change significantly between 2008 and 2009, the number of suicides increased from 35,933 in 2008 to 36,547 in 2009 (1.7 percent increase).

Age-adjusted death rates declined significantly for 10 of the 15 leading causes of death in 2009: heart disease (declined by 3.7 percent), cancer (1.1 percent), chronic lower respiratory diseases (4.1 percent), stroke (4.2 percent), accidents/unintentional injuries (4.1 percent), Alzheimer’s disease (4.1 percent), diabetes (4.1 percent), influenza and pneumonia (4.7 percent), septicemia (1.8 percent), and homicide (6.8 percent).

The study, which examines the life expectancy in the United States, also found that the age-adjusted death rate for the U.S. population fell to an all-time low of 741 deaths per 100,000 people. This is 2.3 percent lower than the 2008 rate; and marks the 10th year in a row that U.S. deaths rates have declined.

Life expectancy at birth increased to 78.2 years in 2009, up slightly from 78.0 years in 2008. Life expectancy was up two-tenths of a year for males (75.7 years) and up one-tenth of a year for females (80.6 years). Life expectancy for the U.S. white population increased by two-tenths of a year. Life expectancy for black males (70.9 years) and females (77.4 years) was unchanged in 2009. The gap in life expectancy between the white and black populations was 4.3 years in 2009, two-tenths of a year increase from the gap in 2008 of 4.1 years.

The findings come from "Deaths: Preliminary Data for 2009," which is based on death certificates provided to NCHS through the National Vital Statistics Reporting System from all 50 states, the District of Columbia and U.S. territories.

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Overall, there were 2,436,682 deaths in the United States in 2009 – 36,336 fewer than in 2008 (1.5 percent decrease). The full report is available at www.cdc.gov/nchs.

- **Many older Americans are not receiving potentially lifesaving preventive services, according to a new report from agencies of the U.S. Department of Health and Human Services.**

Clinical prevention services examined in the report include vaccinations that protect against influenza and pneumococcal disease (e.g., bloodstream infections, meningitis and pneumonia), screenings for the early detection of breast cancer, colorectal cancer, diabetes, lipid disorders, osteoporosis and smoking cessation counseling.

The report, "Enhancing Use of Clinical Preventive Services Among Older Adults: Closing the Gap," was published by the Centers for Disease Control and Prevention, in partnership with HHS’ Administration on Aging, Agency for Healthcare Research and Quality, and Centers for Medicare and Medicaid Services.

It highlights the need to promote preventive services for adults age 65 and older, especially among minorities and addresses the use of preventive services by diverse populations. It says 49 percent of Asian/Pacific Islanders and 47 percent of Hispanics reported not being screened for colorectal cancer, in comparison to 34 percent of whites. More than 40 percent of Hispanics, 47 percent of blacks and Asian/Pacific Islanders, and 36 percent of whites report never receiving a pneumococcal vaccination.

According to the report, challenges underlying these disparities are complex and reach beyond the traditional health care arena of patient-provider interactions. Older adults may not be aware of the services recommended for their age group or may not know that the services are covered by Medicare.

The showcased activities include: promotion of policies to increase community access, making services available in convenient community settings, such as providing influenza vaccinations at polling places on election days, and building awareness through media.

Contributors to and supporters of this report agree that the use of such services should be a high priority of community and health allies alike. While the benefit of expanded insurance coverage is substantial, it is also important that older adults take advantage of preventive services on a regular basis to ensure good health.

To view the full report and for more information about CDC’s health aging activities visit www.cdc.gov/aging.

- **HHS Assistant Secretary for Aging Kathy Greenlee announced a nationwide TV and radio campaign to educate consumers about Medicare fraud.**

Public service announcements (PSAs) aimed at seniors will emphasize the importance of protecting sensitive personal information such as Medicare numbers. In addition to teaching seniors how to recognize a common scam, the PSA serves to recruit volunteers for the Senior Medicare Patrol (SMP), a program administered by Administration on Aging (AoA) designed to engage seniors in fraud prevention. SMP staff and volunteers conduct outreach to Medicare beneficiaries in their communities through group presentations, exhibiting at community events, answering calls to the SMP help lines and through one-on-one counseling.

Although national in scope, the PSA campaign will focus intently on 18 states with high fraud rates, seven of which include Health Care Fraud Prevention and Enforcement Action Team (HEAT) Strike Forces: Detroit, Miami, Los Angeles, Houston, Brooklyn, Tampa Bay, Chicago, and Baton Rouge. The remaining 11 states are Arizona, Massachusetts, Maryland, North Carolina, New Jersey, Georgia, New Mexico, Nevada, Ohio, Pennsylvania and Virginia. Each state will receive a customized PSA with a localized call to action directing seniors to in-state SMP toll-free numbers. Additional national distribution will feature a national SMP toll-free number.

Each year, health care systems lose billions to fraud, waste and abuse. The Senior Medicare Patrol program works to reduce the incidence of fraud by recruiting and training retired professionals and other senior citizens to recognize and report health care billing errors and suspected instances of fraud. The Centers for Medicare & Medicaid Services (CMS) has recently awarded $9 million in grants to enhance volunteer programs and outreach efforts of SMP programs. SMP programs in states with HEAT Joint Strike Forces received the highest level of funding.

For more information or to view the PSA, please visit: http://www.StopMedicareFraud.gov/preventfraud/smp/index.html

- **The Centers for Disease Control and Prevention’s (CDC) National Center for Environmental Health, Division of Environmental Hazards and Health Effect Health Studies Branch has produced the Community Assessment for Public Health Emergency Response (CASPER) Toolkit.**

CASPER was specifically designed to help epidemiologists and public health authorities in the collection of important health intelligence during a large-scale, potentially mass casualty disaster. The main objective of the CASPER is to rapidly assess the present and potential health effects and basic needs for a population affected by a disaster.

CASPER will assist public health practitioners and emergency management officials in determining the health status and basic needs of the affected community. It will help gather information about health and basic need data by using valid statistical methods allows public health and emergency managers to prioritize their responses and to rationally distribute the resources.

To view the full report and for more information about CDC’s health aging activities visit www.cdc.gov/aging.
The CDC guidance emphasized that "without accurate information or uniform guidelines, public health officials may make decisions based on impressions or opinions, which may not accurately reflect the needs of the entire community. This toolkit, available to local, regional, state or federal public health departments, emergency management officials, academicians or other disaster responders, was developed as a guideline for field staff in conducting CASPER. It provides quantitative post-disaster assessment procedures that can identify the health status and basic needs such as food, water and shelter of the affected population.

- The Agency for Healthcare Research and Quality reports a 40 percent increase in the number of patients who left the hospital against medical advice over a recent 12-year period.

Using hospital discharge data for 2008, the agency found that 370,000 patients checked themselves out of the hospital prematurely, compared with 264,000 who made early exits in 1997.

Although the overall numbers represent a fraction of hospital patients, the increase in early discharges is most likely an indicator of the intense pressures patients may face when they become ill.

The data comes from a national database that includes about 95 percent of hospital discharges in the United States. Last fall, the agency reported that the average hospital stay for most patients in 2008 was four days, with daily hospital bills averaging just under $7,000.

Reserve/Guard

- As of March 15, 2011, the total number of Guard and Reserve currently on active duty has decreased by 49 to 88,995. The totals for each service are Army National Guard and Army Reserve 67,497; Navy Reserve, 5,961; Air National Guard and Air Force Reserve, 9,675; Marine Corps Reserve, 5,058; and the Coast Guard Reserve, 804. www.defenselink.mil

Reports/Policies


- The GAO published "Prescription Drugs: Trends in Usual and Customary Prices for Commonly Used Drugs." (GAO-11-3066R) on March 14, 2011. In this report, we examine U&C price trends for commonly used prescription drugs from 2008 through the first quarter of 2010, the latest available data at the time of our analysis, and compare these trends to those of other medical consumer goods and services; and examine price trends using drug prices other than U&C. http://www.gao.gov/new.items/d11306r.pdf

- The Institute of Medicine (IOM) published "Hunger and Obesity: Understanding a Food Insecurity Paradigm - Workshop Summary," on March 17, 2011. This report explores the relationship between food insecurity and obesity, the current state of the research and the data and analyses needed to better understand their relationship. http://www.iom.edu/Reports/2011/Hunger-and-Obesity-Understanding-a-Food-Insecurity-Paradigm.aspx

- The Institute of Medicine (IOM) published "Leading Health Indicators for Healthy People 2020 - Letter Report," on March 15, 2011. This report identified a set of basic principles for Healthy People 2020 and developed a conceptual framework within which the topics, indicators, and objectives would be developed or selected. http://www.iom.edu/Reports/2011/Leading-Health-Indicators-for-Healthy-People-2020.aspx

Legislation

- H.R.1037 (introduced March 11, 2011): The Stillbirth Awareness and Research Act of 2011 was referred to the House Committee on Energy and Commerce. Sponsor: Representative Peter T. King [NY-3]

- H.R.1080 (introduced March 15, 2011): The Pediatric Research Consortia Establishment Act was referred to the House Committee on Energy and Commerce. Sponsor: Representative Diana DeGette [CO-1]

- H.R.1092 (introduced March 15, 2011): The Military Retirees Health Care Protection Act was referred to the House Committee on Armed Services. Sponsor: Representative Walter B. Jones, Jr. [NC-3]

- H.R.1117 (introduced March 16, 2011): The Air Ambulance Patient Safety, Protection, and Coordination Act was referred to the Committee on Transportation and Infrastructure, and in addition to the Committee on Energy and Commerce. Sponsor: Representative Candice S. Miller [MI-10]

- H.R.1119 (introduced March 16, 2011): To amend the Public Health Service Act to establish the position of National Nurse for Public Health was referred to the House Committee on Energy and Commerce. Sponsor: Representative Anthony D. Weiner [NY-3]

- H.R.1128 (introduced March 16, 2011): To authorize the Secretary of Homeland Security to establish a competitive program to make emergency preparedness planning and implementation grants to local educational agencies and districts located in areas under a high threat of terrorist attacks, natural disasters, or public health emergencies was referred to the Committee on Transportation and Infrastructure, and in addition to the Committees on Homeland Security, and Energy and Commerce. Sponsor: Representative Laura Richardson [CA-37]

- H.R.1133 (introduced March 16, 2011): To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to enter into agreements with States and nonprofit organizations to collaborate in the provision of case management services associated with certain supported housing programs for veterans, and for other purposes was referred to the Committee on Veterans Affairs, and the Committee on Financial Services. Sponsor: Representative Bob Filner [CA-51]


Hill Hearings

- The House and Senate Veterans Affairs Committees will hold a joint hearing on March 30, 2011, to hear the legislative presentation from Paralyzed Veterans of America, Air Force Sergeants Association, Military Order of the Purple Heart, National Association of State Directors of Veterans Affairs, Wounded Warrior Project, Vietnam Veterans of America, The Retired Enlisted Association, American Ex-Prisoners of War.

Meetings / Conferences


- The mHealth Networking Conference will be held on April 1, 2011, 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](http://www.worldcongress.com/events/hr11000)
- The 3rd Annual Personalized Medicine Partnerships Conference will be held on April 11-12, 2011, in Washington, DC. [www.personalizedmedicinepartnerships.com](http://www.personalizedmedicinepartnerships.com)
- The 7th Annual World Health Care Congress Europe 2011 will be held on April 13-14, 2011, in Brussels, Belgium. [http://www.worldcongress.com/events/hr11015](http://www.worldcongress.com/events/hr11015)
- The 3rd Annual Personalized Medicine Partnerships Conference will be held on April 11-12, 2011, in Washington, DC. [www.personalizedmedicinepartnerships.com](http://www.personalizedmedicinepartnerships.com)
- The ISID-Neglected Tropical Diseases Meeting (ISID-NTD) will be held on July 8-10, 2011, in Boston, Mass. [http://ntd.isid.org/](http://ntd.isid.org/)
- The American Psychiatric Association 164th Annual Meeting will be held on May 14-18, 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)
- The Electronic Health Records Summit will be held on June 21-23, 2011, in Chicago, Ill. [http://www.electronichealthrecordssummit.com](http://www.electronichealthrecordssummit.com)
- The National Veterans Small Business Conference and Exposition will be held on Aug. 15-18, 2011, in New Orleans.

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

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