

FEDERAL HEALTH UPDATE

Apr 22, 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 and the Senate will be in recess from April 18 to April 29, 2011.
- On April 15, 2011, President Barack Obama signed into law H.R. 1473, the "Department of Defense and Full-Year Continuing Appropriations Act, 2011."

Military Health Care News

- **The Department of Defense launched its newest initiative to support victims of sexual assault.**

Using DoD Safe Helpline, service members can "click, call or text" for victim support services for themselves or others. The free, anonymous and confidential resource can be accessed worldwide, 24-hours a day to connect with live sexual assault support professionals.

In addition to improving victim care, secure and confidential access to Safe Helpline was developed to encourage victims to come forward when they might not otherwise.

Safe Helpline offers three access options designed for service members:

- Users can log on to <http://www.SafeHelpline.org> to receive live, one-on-one confidential help with a trained professional through a secure instant-messaging format. The website also provides vital information about recovering from and reporting sexual assault.
- A second option is to call the telephone hotline at 877-995-5247 to speak with Safe Helpline staff for personalized advice and support. Safe Helpline staff can also transfer callers to installation-based sexual assault response coordinators (SARC), on-call victim advocates, civilian rape crisis centers, or to the Suicide Prevention Lifeline.
- The third option is for users to text their location to 55247 inside the United States or 202-470-5546 outside of the United States to receive automated contact information for the SARC at their installation or base.

Further information on Safe Helpline can be found on <http://www.SafeHelpline.org> or at <http://www.sapr.mil>.

- **The Army released suicide data for the month of March.**

Among active-duty soldiers, there were seven potential suicides: none has been confirmed as suicide, and seven remain under investigation. For February 2011, the Army reported eight potential suicides among active-duty soldiers. Since the release of that report, one case has been confirmed as suicide, and seven cases remain under investigation.

During March 2011, among reserve component soldiers who were not on active duty, there were eight potential suicides: none has been confirmed as suicide, and eight remain under investigation. For February 2011, among that same group, there were eight total potential suicides. Of those, three were confirmed as suicides and five are pending determination of the manner of death.

Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline. Trained consultants are available 24 hours a day, seven days a week, 365 days a year and can be contacted by dialing 1-800-273-TALK (8255) or by visiting their website at <http://www.suicidepreventionlifeline.org>.

- **The transcript of the TRICARE webinar about the new TRICARE Young Adult (TYA) program held on April 11, 2011, is available at: <http://www.tricare.mil/mediacenter/download/TRICAREYoungAdultTranscript.pdf>.**

The webinar, hosted by Mark Ellis, TYA program director, offered an overview of the legislative background for the extended dependent coverage and how DOD is planning to implement the TRICARE Young Adult coverage, which provides TRICARE coverage up to the age of 26 for those who lost coverage. To listen to the discussion and view the accompanying slides, please visit: http://www.youtube.com/user/tricarehealth?feature=mhsn#p/u/1/zn4Hi_5z6uw.

Veterans Health Care News

- **The U.S. Department of Veterans Affairs is opening a center for its information-technology acquisitions in Eatontown, N.J., replacing the Army's Communications-Electronics Command at Fort Monmouth, which is closing.**

The new Technology Acquisition Center has 157 employees, of which 98 percent are former Fort Monmouth employees. It will manage the acquisition of the latest information-technology systems for the VA, such as one that helps to process Agent Orange claims.

The group also is working on record-keeping systems that will help loosen the backlog of disability claims. The technology will enable the VA to keep a record of a service member's time in the military even if they served years before they file for veteran's benefits.

The executive director of the center is Wendy J. McCutcheon, who was sector chief at the CECOM Acquisition Center, responsible for the acquisition of major weapon systems, services and supplies.

The center puts everything associated the acquisition of information technology for the VA in one place. The fort is scheduled to close in September, as its mission is transferred to Aberdeen Proving Ground, Md.

- **According to Information Week, the Departments of Defense and Veterans Affairs have developed a mobile device application to help veterans suffering from post-traumatic stress disorder (PTSD).**

The two agencies have developed the PTSD Coach application to help veterans dealing with symptoms of PTSD. The app can link them to local sources of

support and even help manage their symptoms in the moment, according to the VA.

The free application, now available via the iTunes store for the iPhone, also provides people with accurate information about PTSD, so the agencies are encouraging family members and friends of veterans suffering from it to download it as well. The agencies also plan to release an Android version of the app by mid-June.

However, the application is meant to be a supplement and not be a replacement for mental health treatment and other medical services available to veterans through VA benefits, the agencies said.

PTSD Coach is the first of a series of resources being offered for PTSD sufferers from the VA National Center for PTSD and the Defense Department's National Center for Telehealth and Technology. Given the popularity of mobile devices, the agencies thought an application would be a good way to reach a critical mass of PTSD-stricken veterans and their support communities.

Health Care News

- **The Department of Labor released the findings of its National Compensation Survey on employer-sponsored health insurance coverage, as required by the Affordable Care Act.**

The report includes 12 additional medical benefits not previously published in its recent survey of benefit provisions: emergency room visits; ambulance services; diabetes care management; kidney dialysis; physical therapy; durable medical equipment; prosthetics; maternity care; infertility treatment; sterilization; gynecological exams and services; and organ and tissue transplantation.

The findings presented include information on the coverage or exclusion of each of these benefits and the type of limits imposed on them.

The full version of the report is available at <http://www.bls.gov/nchs/ebs/sp/selmedbensreport.pdf>. The 12 additional medical benefits come from the same sample that yielded data for NCS: Health and Retirement Plan Provisions in Private Industry in the United States, 2009, available at <http://www.bls.gov/nchs/ebs/detailedprovisions/2009/ebb10045.pdf>.

- **The overall suicide rate rises and falls in connection with the economy, according to the Centers for Disease Control and Prevention (CDC).**

The study, "Impact of Business Cycles on the U.S. Suicide Rates, 1928–2007" is the first to examine the relationships between age-specific suicide rates and business cycles. It found the strongest association between business cycles and suicide among people in prime working ages, 25-64 years old.

Other study findings:

- The overall suicide rate generally rose in recessions like the Great Depression (1929-1933), the end of the New Deal (1937-1938), the Oil Crisis (1973-1975), and the Double-Dip Recession (1980-1982) and fell in expansions like the WWII period (1939-1945) and the longest expansion period (1991-2001) in which the economy experienced fast growth and low unemployment.
- The largest increase in the overall suicide rate occurred in the Great Depression (1929-1933) — it surged from 18.0 in 1928 to 22.1 (all-time high) in 1932 (the last full year in the Great Depression) — a record increase of 22.8% in any four-year period in history. It fell to the lowest point in 2000.
- Suicide rates of two elderly groups (65-74 years and 75 years and older) and the oldest middle-age group (55-64) experienced the most significant decline from 1928 to 2007.

Researchers provided prevention strategies, which can focus on individuals, families, neighborhoods or entire communities to reduce risk factors.

Strategies include:

- Providing social support and counseling services to those who lose jobs or homes.
- Promoting individual, family, and community connectedness, i.e., greater degrees of social integration (e.g., number of friends, high frequency of social contact, low levels of social isolation or loneliness); positive attachments to community organizations like schools and churches; and formal relationships between support services and referring organizations to help ensure services are actually delivered and promote a clients' well-being (as in the case of the primary care system and the mental health system).
- Increasing the accessibility of prevention services (e.g., crisis centers and other community services).

There may also be specific communities where prevention programs could be of greatest need (e.g., in those areas disproportionately affected by recessions).

The findings were released online by the [American Journal of Public Health](http://www2.sprc.org/bpr/section-i-evidence-based-programs). For a listing of evidence-based prevention interventions for suicide, please visit <http://www2.sprc.org/bpr/section-i-evidence-based-programs>.

- **The Centers for Medicare & Medicaid Services (CMS) issued a report that highlights significant trends in the growth of two important "pay-for-reporting" programs.**

The report, *2009 Physician Quality Reporting System and ePrescribing Experience Report*, also articulates key areas in which physician-level quality measures appear to show positive results in quality of care delivered to Medicare beneficiaries.

The report states that 119,804 physicians and other eligible professionals in 12,647 practices who satisfactorily reported data on quality measures to Medicare received incentive payments under the Physician Quality Reporting System totaling more than \$234 million — all above the \$36 million paid in 2007, the first year of the program.

Under the ePrescribing Incentive Program, CMS paid \$148 million to 48,354 physicians and other eligible professionals in 2009, the first payment year for the program. Results show that participation in the Physician Quality Reporting System has grown at about 50 percent every year, on average, since the program began.

Although the two pay-for-reporting programs are open to a wide range of health care professionals, much of the reported data relate to care provided in ambulatory settings, such as physician offices.

Along with increases in participation rates and incentive payment amounts, CMS is encouraged by data that shows growing rates in how often health care professionals report that they are complying more often with evidence-based care practices. These increased reporting rates could signal a positive trend in the quality of healthcare Medicare beneficiaries receive from professionals who report data through the Physician Quality Reporting System.

Based on reported data on the 55 measures that have been a part of the system since it began in 2007, providers have improved the frequency for which they deliver recommended care by about 3.1 percent on average. Similarly, of the 99 measures that were part of the system in 2008 and 2009, performance improved at about 10.6 percent on average. In some cases, gains have been even more dramatic.

Both programs also serve as part of a broader strategy to encourage health care providers to adopt practices that can improve patient care.

- **Nils Dauilaire, M.D., M.P.H., has been confirmed unanimously by the Senate as United States representative to the Executive Board of the World Health Organization.**

Dr. Dauilaire, current director of the HHS Office of Global Health Affairs, already serves as HHS' representative to other nations on health and social issues. The work of the World Health Organization benefits the United States and all nations of the world.

- **The first new diagnostic guidelines for Alzheimer's disease in nearly 30 years were published by the National Institute on Aging and the Alzheimer's Association.**

The new guidelines, published online in [Alzheimer's & Dementia: The Journal of the Alzheimer's Association](#), expand the definition to include patients with earlier stage symptoms, emphasizing that the disorder begins wreaking havoc on the brain years before it can be detected. They recognize two new categories of the disorder: a preclinical phase that occurs before [patients](#) show any memory loss or thinking problems, and "mild cognitive impairment," defined by subtle symptoms that don't interfere with daily functions.

The guidelines are a stark contrast from the last set of recommendations, published in 1984, which only recognized the full-blown dementia phase of the disease. The shift encourages early screening for Alzheimer's, as well as continued research into drugs that could halt early brain changes and into ways to identify people who would most benefit from such treatment.

- **U.S. spending growth on prescription drugs slowed to 2.3 percent in 2010, the second lowest level in 55 years, according to a report by consulting firm IMS Health.**

The report found that even with the slowing growth rate, spending on prescription medicines reached \$307.4 billion in the world's biggest market.

The anemic spending growth compared to a growth rate of 5.1 percent in 2009, which was helped by a lengthy and severe flu season, was attributed to factors that include greater use of cheaper generic medicines, less spending on new therapies and fewer patients visiting doctors to begin treatments for chronic illnesses.

The lowest U.S. spending growth rate ever reported by IMS — in more than half a century of tracking it — was 1.8 percent in 2008, due in part to several widely used medicines that had recently become available as generics.

U.S. patent expirations on several widely used drugs over the next two years, including Pfizer's top-selling Lipitor, will likely lead to future slow growth rates as patients switch to less expensive generic versions.

A slow economy and high unemployment that forced many people to weigh health care costs against other expenses appear to have taken a toll in 2010, while a higher percentage of patients relied on government programs for their medicines.

IMS also found that visits to doctors' offices declined 4.2 percent last year. The number of patients starting new treatments for chronic conditions fell by 3.4 million, reflecting the unemployment levels, loss of health care coverage and more careful spending on health care.

Commercial health insurance was used to pay for 63 percent of dispensed prescriptions, down from 66 percent five years ago. Those filled under a Medicare Part D plan or through Medicaid represented 30 percent of all prescriptions in 2010 versus 22 percent in 2006 — a clear indication of greater dependence on government programs for medicines.

A decline in truly innovative new medicines coming out of pharmaceutical company research labs was also apparent. Average spending per new branded product in 2010 was \$62 million versus \$114 million in 2006, as most new drugs that became available were similar to existing treatments.

Cancer treatments were the top therapy class in 2010 spending at \$22.3 billion, followed by respiratory drugs at \$19.3 billion and cholesterol and lipid treatments at \$18.7 billion, IMS said.

- **The U.S. Food and Drug Administration released the final version of a strategic priorities document outlining the goals that will guide the agency and its 12,000 employees through 2015.**

Titled "*Strategic Priorities 2011 – 2015: Responding to the Public Health Challenges of the 21st Century*," the 50-page document provides a vision of the FDA that includes:

- A modernized field of regulatory science that draws on innovations in science and technology to help ensure the safety and effectiveness of medical products throughout their life cycles
- An integrated global food safety system focused on prevention and improved nutrition
- Expanded efforts to meet the needs of special populations

The FDA commissioner added that she would continue to act as an advocate for advancing the field of regulatory science and innovation, one of five cross-cutting areas that serve as strategic priorities at the agency over the next five years.

Senior staff from the FDA's seven product and research centers and two major offices contributed to the document. A Federal Register notice that invited public comment in October 2010 generated more than 200 comments and the final document includes that input.

To read the full document, please visit: <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Reports/UCM252092.pdf>.

- **Virus samples will be shared globally in exchange for vaccines produced from them under a landmark deal to improve preparedness for a flu pandemic, according to diplomats at the World Health Organization.**

The International Federation of Pharmaceutical Manufacturers and Associations, which represents 26 research-based drug-makers, welcomed the plan and confirmed the commitments its members had undertaken.

Negotiators ended an all-night session with a draft agreement accepted by all countries, including the United States. Health ministers were expected to adopt the framework deal, which lays down participation by the drug industry, at the WHO's annual meeting being held May 16-24.

Countries would share virus samples with the WHO's network of laboratories in return for affordable vaccines derived from them. The industry has pledged to donate drugs and know-how, covering half of the \$58 million annual cost of boosting defenses in the poorest nations, according to senior envoys.

In talks with negotiators, its members had pledged to "reserve at least 10 percent of pandemic vaccine manufacturing capacity on a real-time basis, for donation to the WHO and/or supply at tiered prices, to developing countries," it said.

They would also reserve at least 10 percent of antiviral manufacturing capacity for donation on the same basis.

- **The Obama Administration released its comprehensive action plan to address the national prescription drug abuse epidemic and announced new federal requirements aimed at educating the medical community about proper prescribing practices.**

The Administration's *Epidemic: Responding to America's Prescription Drug Abuse Crisis* provides a national framework for reducing prescription drug diversion and abuse by:

- Supporting the expansion of state-based prescription drug monitoring programs;
- Recommending more convenient and environmentally responsible disposal methods to remove unused medications from the home;
- Supporting education for patients and health care providers; and

- o Reducing the prevalence of pill mills and doctor shopping through enforcement efforts.

The plan is the culmination of six months of collaboration across the federal government, with agencies including the Departments of Justice, Health and Human Services, Veterans Affairs, the Department of Defense, and others.

In support of the action plan, the Food and Drug Administration (FDA) announced that it is requiring an Opioids Risk Evaluation and Mitigation Strategy (REMS). The new program will require manufacturers of long-acting and extended-release opioids to provide educational programs to prescribers of these medications, as well as materials prescribers can use when counseling patients about the risks and benefits of opioid use.

Prescription drug abuse is fastest-growing drug problem in the United States. The number of people who have unintentionally overdosed on prescription drugs now exceeds the number who overdosed during the crack cocaine epidemic of the 1980's and the black tar heroin epidemic of the 1970's combined.

To read the full Action Plan, [click here](#).

- **The number of people treated in U.S. hospitals for illnesses and injuries from incorrectly taking medicines jumped 52 percent between 2004 and 2008 — from 1.2 million to 1.9 million — according to the Agency for Healthcare Research and Quality.**

The side effects and injuries resulted from taking or being given the wrong medicine or dosage.

AHRQ, a division of the U.S. Department of Health and Human Services, also found that in 2008:

- o The top five categories of medicines with more than 838,000 people treated and released from EDs were: unspecified medicines (261,600), pain relievers (118,100), antibiotics (95,100), tranquilizers and antidepressants (79,300), and corticosteroids and other hormones (71,400).
- o For patients admitted to the hospital, the top five categories causing side effects and injuries were corticosteroids (283,700 cases), pain relievers (269,400), anticoagulants (218,800), drugs to treat cancer and immune system disorders (234,300) and heart and blood pressure medicines (191,300).
- o More than half (53 percent) of hospitalized patients treated for side effects or other medication-related injuries were age 65 or older, 30 percent were 45 to 64, 14 percent were between 18 and 44, and 3 percent were under age 18. Children and teenagers accounted for 22 percent of emergency cases.
- o About 57 percent of the hospitalized patients and 61 percent of ED cases were female.

The report uses data from the agency's 2008 Nationwide Inpatient Sample and 2008 Nationwide Emergency Department Sample. For information about these two AHRQ databases, go to <http://www.ahrq.gov/data/hcup/datahcup.htm>.

Reserve/Guard

- As of April 12, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 143 to 90,068. The totals for each service are Army National Guard and Army Reserve 69,091; Navy Reserve, 5,568; Air National Guard and Air Force Reserve, 9,330; Marine Corps Reserve, 5,371, and the Coast Guard Reserve, 708. www.defenseink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "Nutrition and Traumatic Brain Injury: Improving Acute and Sub-acute Health Outcomes in Military Personnel," on April 20, 2011.** In this report, IOM reviews the potential role of nutrition in the treatment of and resilience against TBI. Given the complexity of TBI and the current gaps in scientific knowledge, the IOM could identify only one action that can immediately improve treatment efforts: early feeding to patients with severe TBI. Research has shown that feeding the severely injured soon after an injury is known to help in decreasing mortality. In addition, new information suggests that nutritional interventions could help in treating or even providing resilience against TBI. The IOM identified a number of other possible benefits for specific nutritional interventions and recommends that the DoD and others conduct more research.
- **The Institute of Medicine (IOM) published "Critical Needs and Gaps in Understanding Prevention, Amelioration, and Resolution of Lyme and Other Tick-Borne Diseases: The Short-Term and Long-Term Outcomes - Workshop Report," on April 20, 2011.** This report is a summary of the workshop held examine the state of the science in Lyme disease and other tick-borne diseases. Speakers discussed current research and knowledge gaps; criteria for diagnosing tick-borne diseases; the groups most vulnerable to acquiring tick-borne diseases; and the experiences of those with tick-borne diseases. This document summarizes the workshop.

Legislation

- **H.R.1578** (introduced April 15, 2011): The *Violence Against Women Health Initiative Act of 2011* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Louise McIntosh Slaughter [NY-28]
- **H.R.1579** (introduced April 15, 2011): The *Robert C. Byrd Mine Safety Protection Act of 2011* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative George Miller [CA-7]
- **H.R.1606** (introduced April 15, 2011): The *Special Care Dentistry Act of 2011* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Eliot L. Engel [NY-17]
- **H.R.1629** (introduced April 15, 2011): The *Family Health Care Accessibility Act of 2011* was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Tim Murphy [PA-18]

Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **May 4, 2011**, to examine poorly performing U.S. Department of Veterans Affairs Regional Offices.
- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **May 4, 2011**, to examine the Active, Guard, Reserve and civilian personnel programs in review of the Defense Authorization Request for fiscal year 2012 and the Future Years Defense Program.
- The Senate Appropriations Subcommittee on Department of Defense will hold a hearing on **May 11, 2011**, to examine proposed budget estimates for fiscal year 2012 for the Guard and Reserve.
- The House Veterans Affairs Committee will hold a legislative hearing on **June 2, 2011**, to examine pending legislation.

Meetings / Conferences

- The TRO-North Leadership Symposium will be held on **April 26-27, 2011**, in Crystal City, Va. <http://www.tricare.mil/tronorth/Symposium.cfm>
- 2011 Health Care Anti-Fraud Conference will be held on **April 27-29, 2011**, in Denver, Colo. <http://www.ticare.mil/Fraud/Conferences/Default.aspx>
- AMCP Annual Meeting & Showcase will be held on **April 27-30, 2011**, in Minneapolis, Minn. www.amcp.org/
- The 16th Annual International Meeting of the American Telemedicine Association will be held **May 1-3, 2010**, in Tampa, Fla. <http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3773>
- Weight of the Nation™ Conference: Moving Forward, Reversing the Trend will be held on **May 7-9, 2012**, in Washington, D.C. www.weightofthenation.org
- The 8th Annual Nutrition & Health Conference will be held on **May 9-11, 2011**, in San Francisco, Calif. <http://www.nutritionandhealthconf.org/>
- The American Psychiatric Association 164th Annual Meeting will be held on **May 14-18, 2011**, in Honolulu, Hawaii. <http://www.psych.org/annualmeeting>
- The Military Healthcare Convention and Conference will be held on **June 13-16, 2011**, in San Antonio, Texas. <http://www.militaryhealthcareconvention.com/Event.aspx?id=407392>
- The Electronic Health Records Summit will be held on **June 21-23, 2011**, in Chicago, Ill. www.electronichealthrecordssummit.com
- ISID-Neglected Tropical Diseases Meeting (ISID-NTD) will be held on **July 8-10, 2011**, in Boston, Mass. <http://ntd.isid.org/>
- The 9th annual BioDefense Vaccines & Therapeutics Conference will be held on **July 20-22, 2011**, in Washington D.C. <http://www.infocastinc.com/index.php/conference/biodef11>

- National Veterans Small Business Conference and Exposition will be held on **August 15-18, 2011**, in New Orleans.
- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point will be held on **Oct. 27-29, 2011**, in Philadelphia, Pa. <http://www.cfha.net/pages/Conference/>
- The American Public Health Association Annual Meeting & Exposition will be held on **Oct. 29-Nov. 2, 2011**, in Washington D.C. <http://www.apha.org/meetings/>
- mHealth Summit will held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- The 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. http://www.isid.org/15th_ICID/

If you need further information on any of the items in the Federal Health Update, please contact Kate Connelly Theroux at (703) 447-3257 or by e-mail at katheroux@fedhealthinst.org. To subscribe, please visit <http://fedhealthinst.org/subscriber.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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