

## 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

- The House and the Senate will be in recess from April 18 to April 29, 2011.
- **On April 27, 2011, the White House announced that President Obama would be nominating:**
  - CIA Director Leon Panetta to be the new secretary of defense, replacing the retiring Robert Gates;
  - Gen. David Petraeus, to be the new CIA director, replacing Panetta;
  - Lt. Gen. John Allen, to be the new top commander in Afghanistan, replacing Petraeus; and
  - Ryan Crocker to be the new ambassador to Afghanistan.

### Military Health Care News

- **On April 27, 2011, TRICARE Management Activity (TMA) announced that the TRICARE Young Adult (TYA) is now open for enrollment.**

TYA coverage will begin on May 1, 2011.

Uniformed services dependents under 26, unmarried and not eligible for their own employer-sponsored health care coverage, may be qualified to purchase TYA, which offers TRICARE Standard coverage for monthly premiums of \$186. A premium-based TRICARE Prime benefit will be available later this year.

Dependent eligibility for TRICARE previously ended at age 21, or age 23 for full-time college students. Similar to provisions in the 2010 Patient Protection and Affordable Care Act, TYA extends the opportunity for young adults to continue TRICARE health care coverage, as long as their sponsor is still eligible for TRICARE.

Application and payment of three months of premiums can be dropped off at a TRICARE Service Center or sent by mail or faxed directly to the appropriate regional health care contractor. When the application is processed, TRICARE coverage will begin the first day of the following month. Those eligible for TYA who have been saving receipts since Jan. 1, 2011, in anticipation of the new program, can pay all premiums back to January to purchase coverage retroactively.

Complete information and application forms are available at [www.tricare.mil/tya](http://www.tricare.mil/tya).

- **Vangent, Inc. announced it was awarded a \$3.5 million contract by the Military Health System to enhance [afterdeployment.org](http://www.afterdeployment.org), a government website that provides behavioral health and wellness resources to the military community.**

Under the contract, Vangent will improve the existing site and add new preclinical programs and new functionality. It will also manage the production, testing, deployment and maintenance of all programmatic and associated technologies.

[www.afterdeployment.org](http://www.afterdeployment.org) is a web-based portal that provides behavioral health content and tools to active-duty service members, members of the National Guard and Reserves, veterans and military families and providers who render services to the military community. Created in 2008 in response to the National Defense Authorization Act, the site aims to improve or augment military and civilian health care systems by providing early diagnosis and treatment of Post-Traumatic Stress Disorder and other mental health conditions. The website includes assessments, workshops, videos and more to help military members after they are deployed.

VISUAL EYES, a company focused on strategic communications, enterprise knowledge and online learning, will partner with Vangent on the contract to provide interactive design expertise, create new learning management modules and produce videos for the site.

The contract has a base period of one year, with the option to extend an additional year.

- **WPS Health Insurance, a Wisconsin not-for-profit health insurer, has once again 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, which appear in Ethisphere Magazine's Q1 issue. 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.

The methodology for the WME ranking includes reviewing codes of ethics, litigation and regulatory infraction histories; evaluating the investment in innovation and sustainable business practices; looking at activities designed to improve corporate citizenship; and studying nominations from senior executives, industry peers, suppliers and customers.

Read about the methodology and view the complete list of the 2011 World's Most Ethical Companies at <http://ethisphere.com/worlds-most-ethical-companies-rankings/>.

- **The Army is facing a "critical" shortage of neurologists, partly because of recent policy changes designed to improve diagnosis and treatment of**

**mild traumatic brain injuries, according to a new military medical memorandum.**

The new [policy](#), issued last June, requires soldiers who have suffered three or more mild traumatic brain injuries in a year to receive a comprehensive evaluation by a neurologist or similarly qualified doctor. The military also set up a clinic in Afghanistan last year specifically to treat traumatic brain injury and mandated rest periods for soldiers exposed to blasts.

The new initiatives have "increased dramatically" the need for neurologists on the battlefield, [according to the memo](#), which was issued in March.

Army officials have long complained about a lack of neurologists, neuropsychologists and other medical professionals needed to diagnose and treat mild traumatic brain injuries, also known as concussions.

At a [hearing last June](#), Army Gen. Peter Chiarelli, the vice chief of staff, told Congress that the Army had a total of 52 neurologists, though only 40 were practicing — a figure, he said, that included child neurologists.

Also, under the military's system for deploying doctors, some neurologists act as general practitioners, serving as the primary medical officers for combat units sent overseas rather than as specialists. The new memo aims to stop that practice and funnel neurologists to help troops with brain injuries.

Official military figures show that more than 155,000 troops have suffered concussions since the beginning of the wars in Iraq and Afghanistan, many of them caused by blasts from roadside bombs, a common insurgent weapon. Researchers outside the military say the true figure could be at least twice that number. The Pentagon says nearly 50,000 others have suffered more severe brain injuries.

Other studies show that as many as 40 percent of mild traumatic injuries go undiagnosed. Such injuries do not leave visible scars and can be difficult to detect.

Most concussions heal quickly, usually within a matter of weeks. But civilian studies show that 5 to 15 percent of those who sustain concussions may suffer long-lasting cognitive issues, such as problems with memory, reading, doing simple math, or following directions.

Research has shown that the danger of long-term damage increases with the number of concussions. Studies have indicated an increased risk for a dementia-like condition among football players and other athletes who suffered numerous mild head injuries over their careers.

- **San Antonio military medical leaders conducted a groundbreaking ceremony of the Wilford Hall Ambulatory Surgical Center April 20 at Lackland Air Force Base.**

Construction on the new outpatient facility will soon begin.

Phase one of the construction includes the first wing of a 681,000-square foot facility and a 1,000-car parking garage. The new ambulatory surgical center, or ASC, will be four wings, each three stories tall with a basement. The ASC will be constructed in three phases and house more than 40 outpatient clinics and services when completed.

Construction on the first wing of the new ASC is scheduled to begin in July 2011, with completion projected in 2015. The current Wilford Hall Medical Center building will be demolished after the new ASC is complete and fully operational.

## Veterans Health Care News

- **The Department of Veterans Affairs (VA) has awarded a \$22.5 billion contract to Englewood's joint venture Kiewit-Turner to build a new VA Medical Center at Aurora, Colo.**

The contract will provide latest medical care to veterans and it demonstrates the commitment of the department towards veterans. On completion, the new medical center will substitute the existing Denver Medical Center for Eastern Colorado Health Care System.

The new Fitzsimons campus medical center will have a total of 184 beds, which includes 30-beds for a community living center and another 30 beds for spinal cord disease/injury center. It will also have a central power plant, a research building and parking structures.

The proposed 120,000 square foot facility will include accommodation for administrative offices and mental health services. The building will also locate an outpatient clinic managed by the Department of Defense for the United States Air Force.

The contract requires Kiewit-Turner to demolish the existing buildings at the site. The construction of the new medical center is anticipated to be finished in February 2014.

- **Dennis H. Smith, director of the Veterans Affairs (VA) Maryland Health Care System and fellow of the American College of Healthcare Executives (ACHE), recently received ACHE's VA Regent Award for the Senior Healthcare Executive Award category.**

The award was developed to recognize a senior level health care executive and ACHE members who demonstrate leadership and innovative and creative management styles. The Senior Healthcare Executive Award also recognizes ACHE affiliates, who develop their organization and promote its growth and stature in the community, foster the development of others in the profession, and who established themselves as a leader in local, state, provincial hospital and health association activities.

Under Smith's direction, the VA Maryland Health Care System, which serves more than 52,000 Maryland veterans annually, now possesses one of the largest funded research and development programs in VA nationwide.

ACHE is an international professional society of more than 30,000 health care executives who lead hospitals, health care systems and other health care organizations.

The VA Maryland Health Care System (VAMHCS) provides a broad spectrum of medical, surgical, rehabilitative, mental health and outpatient care to veterans at two medical centers, one community living and rehabilitation center and five outpatient clinics located throughout the state.

- **The Department of Veterans Affairs announced that Dr. Charles H. Roadman II has assumed duties as the chairman of the Veterans' Advisory Board on Dose Reconstruction.**

Roadman, a retired lieutenant general and surgeon general for the Air Force, is a professor of military and emergency medicine at the Uniformed Services University of the Health Sciences. He succeeds retired Vice Adm. James A. Zimble, physician who served as chairman of the advisory board.

As its second chairman, Roadman will provide leadership to the board, a federal advisory committee that works with VA and the Department of Defense through the Defense Threat Reduction Agency on issues of importance to the nation's atomic veterans.

Atomic veterans include service members who participated in the 1945-1946 occupation of Hiroshima or Nagasaki in Japan, and in atmospheric nuclear testing sponsored by the United States between 1945 and 1962. As part of its charter, the board conducts periodic, random audits of dose reconstructions and decisions on claims for radiogenic diseases and assists VA and Department of Defense in communicating information on the mission, procedures, and evidentiary requirements of the dose reconstruction program to veterans.

VA examines and treats atomic veterans, or other veterans exposed to ionizing radiation in service. It also evaluates disability claims and pays compensation

to veterans whose health has been adversely affected by exposure.

Roadman retired in 1999 as the Air Force Surgeon General. Since his retirement, he served as president and CEO of the American Health Care Association in Washington, D.C., from 1999-2004.

Please visit [www.VBDR.org](http://www.VBDR.org) for more information on advisory board activities and [www.publichealth.va.gov/exposures/radiation](http://www.publichealth.va.gov/exposures/radiation) for information on VA services for exposed veterans.

- **The Department of Veterans Affairs (VA) announced an upcoming rural health pilot project to test sharing veterans' health records between VA facilities and private health care providers.**

The test, in southeastern Utah, will be among 11 other pilots using VA's Virtual Lifetime Electronic Record (VLER) to share information with participating local health practitioners. However it will be the first one with a focus on rural health.

Veterans in rural areas often face long distances to their VA Medical Center and unpredictable travel conditions. Teleconferencing has connected veterans at Tele-Health clinics with their providers at VA Medical Centers.

The pilot will be operated out of the Grand Junction, Colo., VA Medical Center and the Moab Utah Regional Hospital, working with veterans to create a seamless and secure flow of health information between all of a veteran's health care providers.

The goal of the project is to provide veterans continuity of care and to ensure their health care providers have access to a patient's latest information. Results from the pilot will help VA better care for a veteran who goes to both VA hospitals and private facilities, in the hopes VA can provide faster service and enable medical facilities to securely sharing information.

The program is scheduled to launch in July 2011.

## Health Care News

- **The National Institutes of Health has provided approximately \$30 million over a five-year period to fund a network of centers to advance medical rehabilitation research.**

The centers, located at Stanford University; Children's National Medical Center in Washington, D.C.; University of California, San Diego; University of Texas Medical Branch in Galveston; Boston University; Rehabilitation Institute of Chicago; and Dartmouth College and Simbex, Inc. in New Hampshire, provide researchers with access to new technologies and resources.

The [Medical Rehabilitation Research Network](#) connects the research community with courses and workshops, research facilities, mentorship and consultations and with experts at the network centers. The network also provides researchers with small grants to test new ideas.

The aim of rehabilitation research is to promote recovery, adaptation and functioning for patients with disabilities resulting from stroke, spinal cord injury or brain injury, developmental or degenerative disorders, or other persistent physical conditions.

- **The Department of Health and Human Services (HHS) has issued a request for information (RFI) as it considers a new "biovigilance" initiative to assure safety of the nation's supply of blood, blood components, tissues, cells and organs.**

HHS seeks information on a number of issues related to development of a public-private partnership to identify risks and mitigation strategies. These issues include strategies to reduce medical errors, improve reporting and analyzing of adverse events, identify emerging infectious disease prevalence in donors and recipients, and identify requirements for new data repositories and data quality and measurement.

The public-private partnership would include participation from academia, philanthropic groups, patient advocates, blood banks, manufacturers, transplant centers and professional societies, among others. More information is available in a notice published April 25 in the [Federal Register](#).

- **The U.S. Food and Drug Administration approved the use of Menactra in children as young as 9 months for the prevention of invasive meningococcal disease.**

Menactra already is approved for use in people ages 2 through 55 years.

Meningococcal disease is a life-threatening illness caused by bacteria that infect the bloodstream (sepsis) and the lining that surrounds the brain and spinal cord (meningitis). *Neisseria meningitidis* is a leading cause of meningitis in young children. Even with appropriate antibiotics and intensive care, between 10 and 15 percent of people who develop meningococcal disease die from the infection. Another 10 to 20 percent suffer complications such as brain damage or loss of limb or hearing.

Although the rates of meningococcal disease are low in the United States, infants and toddlers are more susceptible to getting this serious illness. Meningococcal disease is particularly dangerous because it progresses rapidly and can cause death within hours. Early symptoms are often difficult to distinguish from influenza and other common illnesses.

Menactra is given as a two-dose series beginning at nine months, three months apart; and the study results showed the vaccine produces antibodies in the blood that are protective against the disease.

Menactra was originally approved on Jan. 14, 2005, for use in individuals ages 11 years through 55 years, and was approved in October 2007 for children as young as two years. Menactra is manufactured by Sanofi Pasteur Inc. of Swiftwater, Pa.

- **Americans have higher rates of chronic illness at almost every age than people in England, according to a new study.**

Americans were significantly more likely to be obese or underweight, have diabetes or asthma, or suffer a heart attack than their counterparts across the Atlantic. American women also were more likely than English women to have a history of angina or a stroke after age 20. Among men, the differences in the prevalence of heart attack and angina were most striking at younger ages.

This pattern persisted even when the investigators restricted the analysis to white, insured, non-obese, nonsmoking teetotalers in both countries.

The findings suggest that U.S. health disadvantages compared with England arise at early ages and that differences in the body weight distributions of the two countries do not play a clear role.

The data came from the *National Health and Nutrition Examination Survey* in the United States and the *Health Survey for England* in the United Kingdom. Both studies are large, nationally representative health surveys that have comparable measures of health assessed through interviews and physical examinations.

Overall, rates of chronic conditions and markers of disease, such as C-reactive protein, were higher among Americans. The single exception was hypertension, which was more prevalent in England among people aged 12 to 34 years and similar between the populations at older ages. Most of the cross-country differences were observed in all age groups, except for heart attack and angina, which was higher among American men only at younger ages, and hypertension, which was higher in England at younger ages.

One contributing factor to the differences may be that Americans receive less preventive health care than English counterparts. In contrast, differences in the use of health care technology, higher screening rates for certain conditions, greater use of some health care procedures, and higher survival rates for both cardiovascular and cerebrovascular diseases in the United States may also partially explain the disparities.

Researchers also suggested that the social policies of the United States are weaker than those from other developed countries, resulting in fewer social safety nets, greater social inequalities, and more severe poverty.

The article can be found in the April issue of the [American Journal of Epidemiology](#).

- **A new working group at the National Institutes of Health will examine the future of the biomedical research workforce in the United States.**

The group will recommend actions to the Advisory Committee to the Director to ensure a diverse and sustainable biomedical and behavioral research workforce.

Using information gathered from the extramural community, the group will develop a model for a sustainable and diverse U.S. biomedical research workforce using appropriate expertise from NIH and external sources. The model can help inform decisions about how to train the optimal number of people for the appropriate types of positions that will advance science and promote health.

Results from the working group will be presented to the Advisory Committee to the Director (ACD). The ACD advises the NIH Director on policy matters important to the NIH mission of conducting and supporting biomedical and behavioral research, research training, and translating research results for the public.

To view the members of the External Working Group on the Future Biomedical Workforce, please visit <http://www.nih.gov/news/health/apr2011/od-27.htm>.

## Reserve/Guard

- As of April 19, 2011, the total number of Guard and Reserve currently on active duty has **increased** by 386 to 90,454. The totals for each service are Army National Guard and Army Reserve 69,375; Navy Reserve, 5,684; Air National Guard and Air Force Reserve, 9,324; Marine Corps Reserve, 5,368, and the Coast Guard Reserve, 703. [www.defenseink.mil](http://www.defenseink.mil)

## Reports/Policies

- **The Institute of Medicine (IOM) published "Child and Adolescent Health and Health Care Quality: Measuring What Matters," on April 25, 2011.** In the report, IOM and the National Research Council (NRC) evaluated the efforts to measure child and adolescent health and the quality of their health care services.

## Legislation

- There was no legislation proposed this week.

## 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 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](http://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](http://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.infocasting.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 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/)
- CFHA's 13th Annual Conference: Accelerating Adoption of Collaborative Care: Reaching the Tipping Point 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/>
- The CDC's 2011 Symposium on Identification, Screening and Surveillance of HCV Infections in the Era of Improved Therapy for Hepatitis C will be held on **Dec. 1-2, 2011**, in Atlanta Ga. <http://www.cdc.gov/hepatitis/hcvSYMPOSIUM2011/>
- mHealth Summit will held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- The International Conference on Emerging Infectious Diseases 2012 (ICEID) will be held on **March 11-14, 2012**, in Atlanta, Ga. <http://www.cdc.gov/eid/content/16/11/e1.htm>.

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](mailto:katheroux@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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