

FEDERAL HEALTH UPDATE

May 27, 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 Senate will be in recess until June 6, 2011.

On May 26, 2011, the House passed H.R. 1540, the National Defense Authorization Act for Fiscal Year 2012.

The legislation authorizes \$690 billion in appropriations for fiscal year 2012 for military activities of the Department of Defense and for military construction, and prescribes military personnel strengths for fiscal year 2012.

The bill includes an increase in TRICARE fees for working-age retirees for the first time in 15 years. Under the plan, retirees not yet eligible for Medicare would see a \$30-a-year fee increase for individual coverage and a \$60 hike for family coverage. Co-pays for certain prescriptions would also rise by up to \$3.

The Senate Veterans Affairs Committee held a hearing on May 25, 2011, to examine the seamless transition of service members and veterans from Department of Defense to Veterans Affairs (VA).

The first panel included OIF and OEF veterans, who shared their experiences transitioning to VA care. During the hearing, VA Committee Chair Senator Patty Murray criticized the delays in opening the center of excellence for sharing and promoting best practices to care for wounded warriors and underscored the need to expand and improve mental health care at the VA. Other committee members shared their concerns about the extended wait times in the disability review process, which can be as long as 400 days or longer; disparate care across the VA system; and the apparent gaps in the Federal Recovery Care Coordinator program.

Military Health Care News

The Department of Defense awarded a \$53 million contract to Science Applications International Corporation (SAIC) to provide information technology (IT) services and electronic health record systems support to the TRICARE Management Activity.

The contract has a one-year base period of performance, three one-year options. Work will be performed in Falls Church, Va., and San Diego, Calif.

Under the contract, SAIC will provide IT services, as required, to improve the current electronic health record (EHR) by addressing existing technical and functional EHR challenges. The services include the necessary fixes to the legacy EHR systems and architecture so that the EHR capability will be more reliable, stable, user friendly and perform with adequate speed. The contract also provides for the new capabilities that need to be implemented in support of the Captain James A. Lovell Federal Health Care Center in North Chicago.

The Under Secretary of Defense for Personnel and Readiness Dr. Stanley Clifford announced that Dr. Karen Guice was appointed to be principal assistant secretary of defense for health affairs, effective May 23, 2011.

Dr. Guice also will serve as the principal deputy director, TRICARE Management Activity. In these two roles, Dr. Guice will assist in the development of strategies and priorities to achieve the health mission of the Military Health System, and participate fully in formulating, developing, overseeing and advocating the policies of the Secretary of Defense.

She also will act as a liaison for the ASD(HA)/Director of TMA, other offices within OSD, the Military Departments, Congress, and other Executive Branch agencies to develop, coordinate and integrate health care policies with departmental priorities and initiatives. Additionally, Dr. Guice will oversee Congressional and legislative activities for the OASD(HA), as well as guide the office's public affairs and communications programs.

Previously, Dr. Guice served as the executive director of the Federal Recovery Coordination Program, a joint program of the Departments of Defense and Veterans Affairs. Dr. Guice graduated from the University of New Mexico School of Medicine and completed her general surgery training at the University of Washington. She has been a member of the surgical faculties at the University of Texas Medical Branch at Galveston, the University of Michigan, Duke University and the Medical College of Wisconsin.

Dr. Guice received a master's degree in Public Policy from Duke University and was selected as a 1997-1998 Robert Wood Johnson Health Policy Fellow. Dr. Guice served as a staff member of the Senate Committee on Labor from 1998-1999, and as the director of Fellowship Services at the American College of Surgeons (1999-2001). She was the deputy director for the President's Commission on Care for America's Returning Wounded Warriors (Senator Bob Dole and Secretary Donna Shalala, co-chairs, 2007).

About 30 percent of traumatic brain injury patients will develop clinical depression, a level three times higher than the general population, according to a new study by Vanderbilt University researchers

The results of this study are significant to the military because more than 200,000 U.S. service members have been diagnosed with TBI since 2000, translating to about 60,000 potential cases of depression as a result of brain injury for military members.

Among the most surprising results of the study was that incidence of depression seems to hold steady for people with brain injuries years later. The results did not vary depending on the time frame picked to study TBI and depression. Examining TBI patients 3-6 months after the injury, 12 months, or 5 years, the number of TBI patients with depression remained steady at around 30 percent. The prevalence in the general population is 9 or 10 percent.

The study did not show a distinction between mild and severe injuries, meaning a patient who has had a simple concussion might be just as likely to develop depression as one with a fractured skull and severe bleeding on the brain.

The researchers suggested that military and civilian doctors educate patients and their families about possibilities of problems in the future, but cautioned that there was no research to indicate whether TBI-related depression should be treated differently than depression arising from other causes.

The Defense Centers of Excellence has issued guidelines to doctors telling them to be aware of the possibility of depression, as well as other conditions, among troops with brain injuries.

Veterans Health Care News

- ⌘ **The Department of Veterans Affairs awarded Prowers Medical Group a contract to provide primary health care services to veterans in Lamar, Colo., effective June 1.**

The new VA Lamar Primary Outpatient Clinic (POC) will be located at 405 Kendall Drive. The VA Lamar POC is located in the same building as the Convenient Care Clinic, Lamar Medical Clinic and Women's Health Center, on the Prowers Medical Center campus.

The clinic will employ six primary care physicians and six mid-level practitioners. A Certified Nurse Midwife and two Internal Medicine physicians will be joining Prowers Medical Group later this year.

- ⌘ **Hospira, a clinical information and medication delivery technologies provider, and DSS, Inc., a healthcare information technology provider, are the recipients of a Department of Veterans Affairs (VA) Industry Innovation Award.**

The award is for Hospira's TheraDoc™ clinical surveillance system. DSS will partner with the VA and Hospira to implement the TheraDoc software as a pilot project at several VA medical centers.

The pilot program will focus on using TheraDoc clinical surveillance technology to help identify and decrease the impact of adverse drug events (ADEs). Using DSS technology, the TheraDoc software interfaces with the VA's electronic health record to receive the appropriate data to identify, analyze and report ADEs in the TheraDoc system.

TheraDoc software is currently in use at seven VA medical centers for a broad range of patient safety applications including: infection control, antimicrobial stewardship and ADE reduction.

- ⌘ **According to *Army Times*, a May 18 report by the VA Inspector General says a spot review of disability claims found an 8 percent error rate in claims related to post-traumatic stress disorder and a 19 percent error rate in claims related to traumatic brain injury.**

Overall, the IG found a 23 percent error rate in the cases it reviewed, stemming mainly from the fact that 82 percent of claims involved temporary 100 percent disability ratings for veterans who needed surgery or a specific treatment for their service-connected disability. The majority of these errors were technical and did not affect benefits, the report said.

For PTSD-related claims, a review of 16,000 files processed between April 2009 and July 2010 found that the VA employees processing claims lacked enough experience and training to be accurate.

The single biggest mistake was failing to verify a specific event or events in service that resulted in the stress, something that became easier in July 2010 when VA rules were amended so a veteran's statement by itself is considered sufficient evidence. However, one-quarter of the errors resulted from assigning incorrect effective dates to claims, and about 20 percent of the errors involved incorrect mental health evaluations.

VA officials said they believe the problems with PTSD cases are resolved but will continue to monitor accuracy.

For TBI, investigators looked at 4,100 claims completed from April 2009 through July 2010 and found 800 were processed incorrectly. Like the problems with PTSD claims, the chief problem was inexperience and undertrained staff, the report said.

Eighty-four percent of the errors were the result of problems with medical examinations being either inadequate or incorrect in identifying the symptoms of TBI and whether there were residual disabilities that coexisted with other mental conditions.

In response to the report, VA benefits and health care officials said they are working to ensure that compensation and pension examiners are trained in the proper procedures and will require regional offices that process benefits to provide a second reviewer for many TBI-related claims. A rater will be allowed to work without a reviewer only if they have achieved a 90 percent accuracy rate on 10 consecutive TBI cases, VA officials said in their formal response to the report.

Training for medical personnel in proper exam procedures should be completed by June 30, but the new process for second reviews of TBI cases will not take effect until Sept. 30.

Health Care News

- ⌘ **Ten major domestic public health achievements were published in the Centers for Disease Control and Prevention's (CDC's) *Morbidity and Mortality Weekly Report* (MMWR).**

The major public health achievements of the first 10 years of the 21st century included improvements in vaccine preventable and infectious diseases, reductions in deaths from certain chronic diseases, declines in deaths and injuries from motor vehicle crashes, and more.

The accomplishments include:

- 41 Vaccine-Preventable Diseases
- 51 Prevention and Control of Infectious Diseases
- 61 Tobacco Control
- 71 Maternal and Infant Health
- 81 Motor Vehicle Safety
- 91 Cardiovascular Disease Prevention
- :1 Occupational Safety
- :1 Cancer Prevention
- <1 Childhood Lead Poisoning Prevention
- 431 Improved Public Health Preparedness and Response

For more information about the 10 great domestic public health achievements of 2001-2010, please visit www.cdc.gov/mmwr.

- ⌘ **The Centers for Medicare & Medicaid Services (CMS) announced three initiatives designed to help doctors, hospitals and other health care providers improve health care for Medicare beneficiaries by becoming Accountable Care Organizations (ACOs).**

- First, the CMS Innovation (Innovation Center) will support a new ACO model that will be available to providers this summer – the Pioneer ACO Model, which is designed for advanced organizations ready to participate in shared savings. It is projected to save Medicare up to \$430 million over three years by better coordinating patient care.
- Second, the Innovation Center is seeking comment on the idea of an Advance Payment ACO Model that would provide additional up-front funding to providers to support the formation of new ACOs.

- Third, provider groups interested in learning more about how to coordinate patient care through ACOs can attend free new Accelerated Development Learning Sessions.

Implemented by the Center for Medicare and Medicaid Innovation, these three new initiatives will help give providers new options and incentives to participate in ACOs.

The Innovation Center will offer new, free Accelerated Development Learning Sessions to teach providers interested in becoming ACOs what steps they can take to improve care delivery and how to develop an action plan for moving toward providing better coordinated care. Four Accelerated Development Learning Sessions will be held in 2011.

More information about the Advance Payment ACO Model can be found at: <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/advance-payment/>.

- The social distancing measures implemented by the Mexican health authorities in spring 2009 were effective in reducing disease transmission by more than one-third, according to research by scientists at the Fogarty International Center at the National Institutes of Health.**

Researchers found that the 18-day period of mandatory school closures and other social distancing measures were associated with a 29 to 37 percent reduction in influenza transmission rates in Mexico during the 2009 pandemic. The United States implemented school closure interventions on a local basis during the 2009 pandemic, but the impact of these interventions has yet to be evaluated.

The study was led by Gerardo Chowell, Ph.D., a Fogarty investigator and faculty member at Arizona State University, Tempe. His team provides the first comprehensive epidemiological description of the age, geographical and severity patterns of the 2009 pandemic in Mexico.

The authors applied mathematical modeling to influenza surveillance data compiled by a large private health system, the Mexican Institute for Social Security, which covers 40 percent of the population.

Overall, the researchers' findings highlight variation in pandemic influenza incidence and severity among age groups, and reveal the importance of school cycles on the transmission dynamics of this disease. The importance of school children for pandemic influenza transmission is based on the findings that school closure effectively reduced influenza transmission in spring 2009 in Mexico, together with a large increase in influenza cases among school children coinciding with schools reopening.

The study suggests that school closure and other measures could be useful to mitigate future influenza pandemics.

- On May 23, 2011, the National Institutes of Health (NIH) announced an agreement with two non-profit organizations to accelerate the development of potential clinical therapies for rare blood cancers.**

The cooperative research and development agreement has been established as a shared commitment to move therapies for rare blood cancers into clinical proof-of-concept studies so that promising treatments can eventually be commercialized. The agreement is among the University of Kansas Medical Center, Kansas City, The Leukemia & Lymphoma Society (LLS), the NIH Therapeutics for Rare and Neglected Diseases (TRND) program and the Hematology Branch within the National Heart, Lung and Blood Institute.

The goal of the collaboration, called The Learning Collaborative (TLC), is to bridge the gap in time and resources that often exists between basic research and human testing of potential new treatments and accelerate and make more efficient the delivery of improved therapies to patients with rare blood cancers.

The collaboration's first project is a pilot focusing on further development of an existing small molecule drug used to treat arthritis, called auranofin. Auranofin will be evaluated as a treatment for relapsed chronic lymphocytic leukemia (CLL) — one of the four major types of leukemia and one that typically affects older people. The goal is to accelerate the development of this drug and complete preclinical through clinical trial studies within two years, at which time an industry partner will be engaged.

- Nearly one in five young U.S. adults may have high blood pressure, according to researchers at the University of North Carolina at Chapel Hill.**

The latest findings are in sharp contrast to a federal government study by the National Health and Nutrition Examination Survey that suggested only 4 percent of young adults might have high blood pressure, a condition that raises the risk of strokes and heart attacks.

High blood pressure, or too much force exerted by blood as it moves against vessel walls, is the leading risk factor for premature death worldwide.

The study, funded by the National Institutes of Health, found 19 percent had elevated blood pressure, and only about half of these individuals had ever been told by their doctor that they had the condition.

The team considered several explanations for the discrepancy between the two studies, including differences in the participants, where they were examined, and the accuracy and reliability of the measured blood pressures.

None could account for the gap in the hypertension estimates between the two surveys.

Hypertension is easy to prevent and inexpensive to treat through diet, exercise and drugs, yet it is the second-leading cause of death in the United States. The Institute of Medicine, part of the National Academy of Sciences that often conducts studies for the government, last year declared high blood pressure a "neglected disease" that costs the U.S. health system \$73 billion a year.

Reserve/Guard

- As of May 17, 2011, the total number of Guard and Reserve currently on active duty has **decreased** by 790 to 91,522. The totals for each service are Army National Guard and Army 69,267; Navy Reserve, 5,468; Air National Guard and Air Force Reserve, 9,947; Marine Corps Reserve, 6,040, and the Coast Guard Reserve, 800. www.defenselink.mil

Reports/Policies

- The GAO published "Deaf and Hard of Hearing Children: Federal Support for Developing Language and Literacy," (GAO-11-357) on May 25, 2011.** This report examines the extent of hearing loss among children; settings in which these children are educated; factors that help deaf and hard of hearing children acquire language and literacy skills; and challenges to providing appropriate interventions for these children. <http://www.gao.gov/new.items/d11357.pdf>
- The Institute of Medicine published "Digital Infrastructure for the Learning Health System: The Foundation for Continuous Improvement in Health and Health Care - Workshop Series Summary," on May 23, 2011.** This report explores current efforts and opportunities to accelerate progress in improving health and health care with information technology systems. Participants' discussions and presentations focused on four important cross-cutting dimensions: promoting technical advances and innovation, generating and using information, engaging patients and the public and fostering stewardship and governance.

Legislation

- H.R.1942** (introduced May 23, 2011): To amend title 10, United States Code, to improve the mental health assessments provided to members of the Armed

Forces deployed in support of a contingency operation was referred to the House Committee on Armed Services.

Sponsor: Representative Andre Carson [IN-7]

Ⓜ **H.R.1943** (introduced May 23, 2011): To restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers was referred to the House Committee on the Judiciary.

Sponsor: Representative Peter A. DeFazio [OR-4]

Ⓜ **H.R.1946** (introduced May 23, 2011): To ensure and foster continued safety and quality of care and a competitive marketplace by exempting independent pharmacies from the antitrust laws in their negotiations with health plans and health insurance insurers was referred to the House Committee on the Judiciary.

Sponsor: Representative Tom Marin [PA-10]

Ⓜ **H.R.1955** (introduced May 24, 2011): To amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require that group and individual health insurance coverage and group health plans provide coverage for treatment of a minor child's congenital or developmental deformity or disorder due to trauma, burns, infection, tumor, or disease was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce.

Sponsor: Representative Patrick J. Tiberi [OH-12]

Ⓜ **H.R.1970** (introduced May 24, 2011): To amend the Public Health Service Act to create a National Childhood Brain Tumor Prevention Network to provide grants and coordinate research with respect to the causes of and risk factors associated with childhood brain tumors, and for other purposes was referred to the House Committee on Energy and Commerce.

Sponsor: Representative Barbara Lee [CA-9]

Ⓜ **H.R.1971** (introduced May 24, 2011): To amend the Public Health Service Act to ensure transparency and proper operation of pharmacy benefit managers was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and the Workforce.

Sponsor: Representative Cathy McMorris Rodgers [WA-5]

Ⓜ **H.RES.269** (introduced May 23, 2011): Providing for consideration of the bill (H.R. 1216) to amend the Public Health Service Act to convert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations; providing for consideration of the bill (H.R. 1540) to authorize appropriations for fiscal year 2012 for military activities of the Department of Defense and for military construction, to prescribe military personnel strengths for fiscal year 2012, and for other purposes; and waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules was agreed to by recorded vote.

Sponsor: Representative Virginia Foxx [NC-5]

Ⓜ **H.AMDT.298 to H.R.1216** (introduced May 24, 2011): An amendment numbered 7 printed in the Congressional Record to prohibit the use of funds provided for graduate medical education from being used to provide abortion or training in the provision of abortion. Additionally, funds would not be provided to a teaching health center if the institution discriminates against individual health care entities that refuse to provide abortion undergo training in the provision of abortion, or offer referral for abortion services was agreed to by recorded vote.

Sponsor: Representative Virginia Foxx [NC-5]

Ⓜ **H.AMDT.306 to H.R.1540** (introduced May 25, 2011): An amendment numbered 19 printed in House Report 112-88 to direct the Department of Defense to provide mental health assessments to service members during deployment. When possible, these assessments would include review of all past health records originated by the Department of Defense and the Department of Veterans Affairs was agreed to by voice vote.

Sponsor: Representative Andre Carson, [IN-7]

Ⓜ **S.1045** (introduced May 23, 2011): A bill to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to require that group and individual health insurance coverage and group health plans provide coverage for treatment of a minor child's congenital or developmental deformity or disorder due to trauma, burns, infection, tumor, or disease was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Mary L. Landrieu [LA]

Ⓜ **S.1049** (introduced May 23, 2011): the *Small Business Health Relief Act of 2011* was referred to the Committee on Finance

Sponsor: Senator Jon Kyl [AZ]

Ⓜ **S.1052** (introduced May 24, 2011): A bill to amend the Public Health Service Act to create a National Childhood Brain Tumor Prevention Network to provide grants and coordinate research with respect to the causes of and risk factors associated with childhood brain tumors, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Charles E. Schumer [NY]

Ⓜ **S.1058** (introduced May 24, 2011): A bill to amend the Public Health Service Act to ensure transparency and proper operation of pharmacy benefit managers was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Mark L. Pryor [AR]

Ⓜ **S.1059** (introduced May 25, 2011): A bill to amend the Public Health Service Act to provide liability protections for volunteer practitioners at health centers under section 330 of such Act was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator John Thune [SD]

Ⓜ **S.1060** (introduced May 25, 2011): A bill to improve education, employment, independent living services, and health care for veterans, to improve assistance for homeless veterans, and to improve the administration of the Department of Veterans Affairs, and for other purposes referred to the Committee on Veterans' Affairs.

Sponsor: Senator Richard Blumenthal [CT]

Ⓜ **S.1064** (introduced May 25, 2011): A bill to make effective the proposed rule of the Food and Drug Administration relating to sunscreen drug products, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.

Sponsor: Senator Jack Reed [RI]

Hill Hearings

- Ⓜ The House Veterans Affairs Committee will hold a legislative hearing on **June 2, 2011**, to examine pending legislation.
- Ⓜ The House Veteran Affairs Subcommittee on Economic Opportunity will hold a hearing on **June 2, 2011**, to examine the Transition Assistance Program and VetSuccess on campus program.
- Ⓜ The House Veteran Affairs Subcommittee on Disability Assistance and Memorial Affairs will hold a hearing on **June 2, 2011**, to examine poorly performing VA Regional Offices.

Meetings / Conferences

- Ⓜ 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 15th International Congress on Infectious Diseases (ICID) will be held on **June 13-16, 2012**, in Bangkok, Thailand. http://www.isid.org/15th_ICID/
- Ⓜ The 13th annual World Vaccine Congress will be held **Oct. 10-13, 2011**, in Lyon, France. <http://www.terrapinn.com/2011/world-vaccine-congress-lyon/index.stm>
- Ⓜ 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/e11.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. 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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