

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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Happy Fourth of July!

Executive and Congressional News

- On June 30, 2011, the Senate voted to confirm retired Army Gen. David H. Petraeus to be director of the Central Intelligence Agency.

Military Health Care News

- According to a survey by TRICARE Management Activity, families enrolled in TRICARE's Parent Review program give high marks to the program's outreach efforts and believe it provides convenient and useful resources to guide them through pregnancy, child birth and care of a newborn.

The Parent Review offers weekly, customized emails to new and expectant parents who receive care at select military treatment facilities (MTFs) and civilian practices. Beginning in the seventh week of pregnancy, through birth and up to the child's third birthday, messages are sent directly to the mother's personal email. Included are tips, questions and answers, information on their baby's current stage of development, parenting news and recent research. Emails may also include customized information from the MTF where they receive obstetric or pediatric care.

Last year, TRICARE Management Activity conducted a Web-based survey of program participants to assess the effectiveness of the Parent Review. Out of the 1,037 completed surveys, the great majority of respondents' comments were positive, expressing appreciation for the email service. Respondents indicated the emails helped them take better care of themselves (76 percent) and their child (84 percent)

In each case, the Hispanic and nonwhite responses were even higher, suggesting that the messages were particularly well suited to the needs of these groups.

In response to the open-ended survey questions, parents described reading the emails with their spouses and sharing them with other family members. One mother mentioned forwarding the emails to her husband, who was deployed during her pregnancy, and said she appreciated the messages as a way to inform and include him in her experience. Another mother said that she sends the email to her mother, who lives out of state, as a way to include her in the pregnancy.

Along with using The Parent Review, military families can help keep their child on the path to healthy development by accessing other useful TRICARE resources at www.tricare.mil/baby.

- Rear Adm. Thomas McGinnis, chief of the TRICARE Pharmaceutical Operations Directorate, received a lifetime achievement award from the United States Public Health Service (USPHS) Commissioned Officers Association.

McGinnis was awarded the George F. Archambault USPHS Career Achievement award, which recognizes a senior level pharmacist for outstanding career achievements and contributions to the pharmacy profession during their USPHS career.

McGinnis earned his pharmacy degree from Rutgers University in 1977 and joined the Food and Drug Administration (FDA) the following year as a drug information specialist in the Division of Over-the-Counter Drug Evaluation. In 1983, he became chief of Drug Information Services Branch and in 1985 was appointed acting division director of Drug Information Resources, where he was responsible for publishing FDA's "Orange Book" and other drug information publications. In 1990, he helped establish the new Office of Generic Drugs and served as special assistant to the Office Director until joining the Office of Health Affairs, Office of the Commissioner in 1991. He became deputy associate commissioner for Health Affairs in 1997 and in 1999 moved to the Office of Policy and Planning.

Since 2005, McGinnis has served as the chief of TRICARE Pharmaceutical Operations. He provides leadership and technical direction for the management and implementation of the DoD's \$7 billion annual TRICARE pharmacy benefit program.

- TRICARE Management Activity published a proposed rule in the [Federal Register](#) to implement the statutory provision of 10 United States Code (U.S.C.) 1079(j)(2) that TRICARE payment methods for institutional care be determined, to the extent practicable, in accordance with the same reimbursement rules as those that apply to payments to providers of services of the same type under Medicare.

This proposed rule implements a reimbursement methodology similar to that furnished to Medicare beneficiaries for inpatient services provided by Sole Community Hospitals (SCHs). It will be phased in over a several-year period.

Written comments will be received until Sept. 6, 2011.

Veterans Health Care News

- On July 5, the Department of Veterans Affairs announced it will send out more than \$430,000 in stipend payments to nearly 200 family caregivers of veterans in July.

These family caregivers were the first to complete their caregiver training under the program of Comprehensive Assistance for Family Caregivers. Family caregivers will receive an average \$1,600 in monthly stipend payments. The amount of the stipend is based on the condition of the veteran and the amount of care required as well as the geographic location where the veteran resides.

Since May 9, nearly 1,250 caregivers of veterans who were seriously injured in the line of duty on or after September 11, 2001, have applied for the program. A core caregiver training curriculum is a required component of the program. This comprehensive training, which was developed by Easter Seals in collaboration with VA clinical experts, has received positive comments from family caregivers. In addition to the training, eligible family caregivers can also

access mental health services and are provided health care insurance, if they are not already entitled to care or services under a health plan.

Veterans may review the criteria for eligibility and download the Family Caregiver program application (VA CG 10-10) at www.caregiver.va.gov.

- **The U.S. Department of Veterans Affairs (VA) will seek a small business contractor to provide air ambulance services for beneficiaries within the VA Pacific Islands Health Care System, which includes Hawaii, Guam, American Samoa, Saipan and the rest of the Marianas.**

The contract, which will be set aside for service disabled veteran-owned small businesses (SDVOSB), veteran-owned small businesses (VOSB) and small businesses, will consist of a base period of one year, from around Oct. 1, 2011, through Sept. 30, 2012, with four additional option years.

According to the [notice](#), the contractor may be required to perform air ambulance transportation services from and to other locations outside this area. VA has not specified a response date.

- **Fourteen major contracts worth an estimated \$12 billion have been awarded to transform information technology in the Department of Veterans Affairs (VA).**

The Transformation Twenty-One Total Technology program, known as T4, will consist of 15 prime contracts, including seven awards reserved for service-disabled veteran small businesses and veteran-owned small businesses.

VA awarded 14 prime contracts together as a tool to close gaps in acquiring IT services to integrate systems, networks and software. A fifteenth contract is pending resolution of a protest filed with the Government Accountability Office. The companies selected will have opportunity to compete for work under T4 over five years. Their services and products may cover the life cycle of a computer system, and include program planning and management, systems and software engineering, cyber security, operation and maintenance, and support to facilities.

One of VA's main goals is to provide timely access to benefits and high-quality health care to veterans over their lifetimes. T4 will be a major tool enabling VA to meet those goals by closing gaps in transforming programs. The combined contracts also will allow the most efficient use of technology to reduce the backlog of benefit claims.

The T4 program will be a single focal point for managing the multiple contracts; give VA access to the best industry capabilities without the traditional long acquisition lead time; and help the department meet its veteran small-business goals.

Unsuccessful competitors will be notified once the fifteenth, final award is made. They will be given the opportunity to receive a debriefing about their respective proposals and learn how they might improve their future submissions.

- **According to the Department of Veterans Affairs' (VA) Chief Information Officer Roger Baker, VA expects to let clinicians in its hospitals and other employees use mobile devices on Oct. 1, 2011.**

Smart phones, such as Apple's iPhone, among others, will be allowed to be used once they are verified as secure and any personal information stored on them is encrypted.

VA did not disclose which devices would receive the go-ahead, but will focus on a "particular set of very popular devices," said Baker. The sole VA-approved mobile device currently is the BlackBerry smartphone, which VA acquired for its employees.

The predominant approach will be to allow the newly approved devices to view information through an application from inside the VA as well as from external sources. An authenticated user with one of the devices would be able to access, for example, information from VA's VistA clinical information system — but not store it on the device, similar to a thin client.

VA has already tested the concept. VA conducted an innovation pilot based on one of its innovation awards for a Computerized Patient Record System (CPRS) type client, a clinician application to reside on the device and to store information. CPRS is part of VistA.

When the device connects to the department's network, VA will review the software on it and verify that there is nothing believed to be a threat before allowing connectivity. Also, VA will be able to wipe the device clean of data if it is lost or stolen.

- **In the first study to compare survival associated with bariatric surgery in mostly male patients, bariatric surgery was not significantly associated with decreased mortality, according to a research study published in the [Journal of the American Medical Association](#).**

In recent years, there has been a substantial increase in the prevalence of obesity, which is a challenge to treat. Bariatric surgery is the most effective way for severely obese patients to achieve weight loss.

The bariatric surgery study compared mortality rates for 850 obese veterans who had received the procedure at one of 12 VA bariatric surgery centers between 2000 and 2006. These veterans were considered to be "high-risk" due to older age and greater weight in comparison to more than 41,000 obese veterans who had not received bariatric surgery, but had used VA outpatient services. The study also compared mortality rates for 847 obese veterans who had received bariatric surgery and 847 matched obese veterans who had not received bariatric surgery. Patients were followed for nearly seven years.

An analysis of the 1,694 propensity-matched patients found that bariatric surgery was not significantly associated with reduced mortality. Researchers recommended that veterans who are considering bariatric surgery in VA, and who are similar to veterans examined in this study, "should be counseled by their VA surgeon that bariatric surgery may not impact their survival in the medium term (6-7 years), but that the long-term association with mortality remains unknown."

Moreover, because a high proportion of veterans with diabetes or high cholesterol are able to discontinue their medications after bariatric surgery, researchers suggest that longer-term survival benefits be examined for veterans who had bariatric surgery after 2006, before VA changes its policy and/or guidelines.

- **The Department of Veterans Affairs (VA) has embarked on a major initiative to reach out to women veterans in order to solicit their input on ways to enhance the health care services VA provides to women veterans.**

Representatives at VA's Health Resource Center (HRC) are placing calls to women veterans nationwide, asking them to share their experiences with VA and suggest potential enhancements that will further VA's mission to provide the best care anywhere.

Women veterans are one of the fastest growing segments of the veteran population. Of the 22.7 million living veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total veteran population and 6 percent of all veterans who use VA health care services.

VA estimates by 2020 women veterans will constitute 10 percent of the veteran population and 9.5 percent of VA patients. The HRC, which started placing calls on June 1, is contacting women veterans who have enrolled but have not begun using VA services.

The HRC representatives making the calls are also informing women veterans about the services VA offers and connecting them with appropriate departments if they are interested in trying VA health care. Veterans who have complaints about VA are connected to a patient advocate who helps resolve issues.

VA has trained professionals in all aspects of women's health, including general primary care, osteoporosis management, heart disease, mental health care, menopausal services and obesity-related issues, such as diabetes, and breast and cervical. Soon, all VA facilities will offer comprehensive primary care for

women from a single provider.

For more information about VA programs and services for women veterans, please visit: www.va.gov/womenvet and www.publichealth.va.gov/womenshealth.

Health Care News

- **A new study, conducted by Stanford University School of Medicine, finds that environmental factors may play at least as big a role as genes in causing autism.**

Researchers concluded that shared environmental influences may account for as much as 55 percent of autism risk, while less than 40 percent can be attributed to genes.

The study modeled risk, but did not specify which environmental factors were at play. But other research has implicated increasing maternal and paternal age, low birth weight, multiple pregnancies and any medications or infections to which an expectant mom is exposed during pregnancy.

Autism, which affects at least 1 percent of children, is a complex disorder, and both environmental and genetic factors contribute to its development. In recent years, experts have focused intensively on the genetic components of autism; now, with the availability of more sophisticated tools to analyze genetic changes and development of disease, researchers have identified important clues about autism's roots in DNA.

But the rise in autism spectrum disorders has occurred too quickly to be explained fully by genes. And genetic changes don't occur in a vacuum.

To determine how much either factor may contribute to autism, the researchers analyzed identical and fraternal twins, one or both of whom were diagnosed with autism or an autism spectrum disorder. Identical twins share identical genetic makeup, while fraternal twins are only as genetically similar as any two siblings. So by comparing the prevalence of autism between the two groups, the scientists were able to determine with relative assurance how much genes and shared environment contributed to the twins' conditions.

The study found that the likelihood of both twins being affected by autism was higher among identical than fraternal twins. That suggests that genetics plays a key role in the disorder. But importantly, the chance of both twins' being affected by autism was not low among fraternal twins, which is counter to what would be expected if genetics were the dominant factor.

The study also found that autism rates among both identical and fraternal twins were higher than in the general population. That further suggests that environmental factors, probably shared by the twins as early as in the womb, contribute significantly to causing the disorder. The study did not determine whether it occurs in utero, during childbirth or soon thereafter. But researchers believe that something environmental is causing the twins to be alike.

- **The rate of adults developing and dying from colorectal cancer has decreased, according to a new Vital Signs report released by the Centers for Disease Control and Prevention (CDC).**

The rate of new cases of colorectal cancer fell from 52.3 per 100,000 in 2003 to 45.4 per 100,000 in 2007, representing nearly 66,000 fewer cancers. The colorectal cancer death rate fell from 19.0 per 100,000 in 2003 to 16.7 per 100,000 in 2007, representing nearly 32,000 fewer deaths. The estimated direct medical cost of colorectal cancer was \$14 billion in 2010; for each person who died of colorectal cancer in 2006, the lost productivity costs were \$15.3 billion, or about \$288,468 per person, the report says.

The report finds that colorectal cancer screening increased overall from 52 percent in 2002 to 65 percent in 2010. Still, about 1 in 3 people between the ages of 50 and 75 are not up to date with recommended colorectal cancer screening.

The report, published online at www.cdc.gov/vitalsigns, used 2002-2010 survey data from the state-level Behavioral Risk Factor Surveillance System to determine the number of people aged 50-75 years who were screened for colorectal cancer.

- **The Department of Health and Human Services awarded more than \$352 million to continue improving disaster preparedness of hospitals and health care systems within every state, and three large metropolitan areas.**

These [Hospital Preparedness Program](#) (HPP) grants support preparedness activities for hospitals and health care facilities, including the medical surge capability in communities across the nation.

For example, after a tornado demolished a hospital in Joplin, Mo., the state's disaster medical assistance team and hospital staff set up a mobile medical unit at the hospital site. The state purchased the mobile medical unit using HPP and other federal funds, and the unit will serve as the community's hospital until a new hospital can be built.

Grant recipients use the HPP funds to employ experts who have developed and maintained preparedness plans and to purchase equipment, including mobile medical units and equipment to communicate with local emergency responders. HPP funds have been used to train and educate staff on disaster response, including the National Incident Management System, which provides a standardized management structure for disaster response. Grant recipients are required to test this capability through disaster exercises.

Using HPP funds, grant recipients put systems in place to track the number of hospital beds available which helps hospitals handle a surge of patients after disasters, as well as systems to register volunteers. The funds also support planning, training and exercises for evacuating facilities, for sheltering patients and staff in place, and for managing mass fatalities. In addition, HPP funds may be used to purchase pharmaceutical caches for use during an emergency response.

HPP encourages grant recipients to develop health care coalitions with other hospitals and health care systems, community businesses and non-government organizations which can support a facility in caring for patients.

Additional HHS funding for state and local preparedness activities is expected to be released in August through the Centers for Disease Control and Prevention's Public Health Emergency Preparedness cooperative agreement program (PHEP). PHEP funds help to prepare public health systems for emergencies. The grants focus on 15 public health capabilities, such as strengthening public health surveillance and epidemiological investigation, emergency public health information and warning capability, medical countermeasure dispensing, public health laboratory testing, and responder safety and health.

To learn more about HPP including grant awards to individual states, territories or cities, visit <http://www.phe.gov/preparedness/planning/hpp/Pages/default.aspx>.

- **The adolescent birth rate declined for the second consecutive year and preterm births declined for the third consecutive year, according to the federal government's annual statistical report on the well-being of the nation's children and youth.**

The report, *America's Children: Key National Indicators of Well-Being 2011*, also found that adolescent injury deaths declined, and fewer 12th graders binge drank. However, a higher proportion of 8th graders used illicit drugs.

The report was compiled by the Federal Interagency Forum on Child and Family Statistics, a working group of 22 federal agencies that collect, analyze and convey data on issues related to children and families. The report uses the most recently available major federal statistics on children and youth to measure family and social environment, economic circumstances, health care, physical environment and safety, behavior, education and health.

This year's report includes a special feature on adoption. Special features focus on measures not available with sufficient frequency to be regular indicators or which provide more detailed information about a topic.

According to the report, adoption is preferred over alternatives such as long term foster care or care in group homes, emergency shelters, and orphanages. The report also noted that although most adopted children thrive, children who are adopted, particularly those adopted beyond the first months of life, experience disruptions in parenting that can have longstanding implications for their development and well-being.

Members of the public may access the report online at <http://childstats.gov> on July 8, after 12 p.m. EDT.

Reserve/Guard

- As of July 5, 2011, the total number of Guard and Reserve currently on active duty has remains steady at 94,594. The totals for each service are Army National Guard and Army 72,022; Navy Reserve, 5,007; Air National Guard and Air Force Reserve, 10,331; Marine Corps Reserve, 6,191, and the Coast Guard Reserve, 782. www.defenselink.mil

Reports/Policies

- The GAO published "Antibiotic Resistance: Data Gaps Will Remain Despite HHS Taking Steps to Improve Monitoring," (GAO-11-406) on July 1, 2011.** In this report, GAO GAO describes federal efforts to quantify the amount of antibiotics produced; evaluates HHS's monitoring of antibiotic use and efforts to promote appropriate use; examine HHS's monitoring of antibiotic-resistant infections; and describe federal efforts to monitor antibiotic disposal and antibiotics in the environment, and describe research on antibiotics in the development of resistance in the environment. <http://www.gao.gov/products/GAO-11-406>
- The GAO published "Defense Centers of Excellence: Limited Budget and Performance Information on the Center for Psychological Health and Traumatic Brain Injury," (GAO-11-611) on June 30, 2011.** This report examines DCOE's budget formulation process and its availability of information to Congress on DCOE. <http://www.gao.gov/products/GAO-11-611>

Legislation

- H.R.2419** (introduced July 6, 2011): The COMBAT PTSD Act was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Gerald E. Connolly [VA-11]
- H.AMDT.509 to H.R.2219** (introduced July 6, 2011): An amendment to transfer funds from Operation and Maintenance to the Defense Health Program.
Sponsor: Representative Dennis J. Kucinich [OH-10]
- H.AMDT.518 to H.R.2219** (introduced July 6, 2011): An amendment to transfer \$16,000,000 from Research, Development, Test and Evaluation to the Defense Health Program.
Sponsor: Representative Cliff Stearns [FL-6]

Hill Hearings

- The House Veterans subcommittee on Health will hold a hearing on **July 11, 2011**, to examine the implementation of caregiver assistance.
- The House Veterans subcommittee on Oversight and Investigations will hold a hearing on **July 13, 2011**, to examine H.R. 2383, H.R. 2384, H.R. 2243, H.R. 2388 and other draft legislation.
- The House Veterans Committee will hold a legislative hearing on **July 15, 2011**, on H.R. 2433, H.R. 1941 and H.R. 169.
- The House Veterans subcommittee on Health will hold a legislative hearing on **July 25, 2011**, to examine on pending legislation.
- The House Veterans subcommittee on Oversight and Investigations will hold a legislation hearing on **July 27, 2011**, to markup pending legislation.

Meetings / Conferences

- 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/
- 2011 Congress on Reducing Hospital Readmissions will be held on **Aug. 11-12, 2011**, in Las Vegas, Nev. <http://www.globalmediadynamics.com/upcoming-events/hospital-readmissions/register-for-congress>
- 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>
- American Medical Informatics Association (AMIA) 2011 Annual Symposium will be held on **Oct. 22-26, 2011**, in Washington, DC. <https://www.amia.org/amia2011>
- 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/>
- 17th Annual Maternal and Child Health Epidemiology Conference will be held on **Dec. 14-16, 2011**, in New Orleans, La. <http://www.cdc.gov/reproductivehealth/MCHepi/Conference/AboutConference.htm>
- mHealth Summit will be 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 Connolly 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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