

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

- On Sept. 26, 2011, the Senate passed two Continuing Resolutions (CR):**
 - Senate passed a CR that would fund the federal government through November 18. It does not include either the disaster aid or associated offsets that the House included in the CR it passed last week.
 - The Senate also passed, by voice vote, a second CR that will keep the government funded through October 4. This is the measure the House is expected to vote on this week.
- On Sept. 29, 2011, the House approved (by unanimous consent) the temporary spending bill, which will allow the government to function through Oct. 4, 2011.**

This extension will give time for House lawmakers to return to Washington next week to vote on a six-week funding measure already approved by the Senate. The short-term spending bill does not include additional disaster relief funding.

- The White House petitioned the Supreme Court to uphold the Patient Protection and Affordable Care Act.**

The justice department asked the Supreme Court to declare the law's key provision, requiring everyone to buy health insurance, constitutional.

The legislation, passed in 2010, extends health coverage to an extra 32 million people.

The White House is responding to the August decision by the 11th Circuit appeals court, in Atlanta, that the individual insurance mandate exceeded Congress' powers. While the court said the remainder of the law was constitutional, it struck down its core requirement that Americans who can afford it must buy health insurance or pay a penalty from 2014.

The case was brought by 26 Republican attorneys general and governors, and small business owners, who oppose a provision forcing them to cover their employees' healthcare at a level set by the government. Opponents want to repeal it in the courts, contending that the government cannot force people to buy health insurance.

If the Supreme Court takes the case, as seems inevitable, a ruling would be expected next June, weeks before the nominating conventions in the run-up to November 2012's presidential elections.

Military Health Care News

- On Sept. 27, 2011, TRICARE Management Activity reported a data breach involving personally identifiable and protected health information (PII/PHI) of an estimated 4.9 million military clinic and hospital patients.**

The information, controlled by the contractor Science Applications International Corporation (SAIC), was contained on backup tapes from an electronic health care record used in the military health system (MHS) to capture patient data from 1992 through Sept. 7, 2011, and may include Social Security numbers, addresses and phone numbers, and some personal health data such as clinical notes, laboratory tests and prescriptions. TMA reported that there was no financial data, such as credit card or bank account information, on the backup tapes.

The tapes held data on people living throughout TRICARE's southern region, which includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and Texas with the exception of El Paso.

The risk of harm to patients is judged to be low despite the data elements involved since retrieving the data on the tapes would require knowledge of and access to specific hardware and software and knowledge of the system and data structure. The incident is being investigated and additional information will be published as soon as it is available. Meanwhile, both SAIC and TRICARE Management Activity (TMA) are reviewing current data protection security policies and procedures to prevent similar breaches in the future.

Anyone who suspects that they were impacted by this incident is urged to take steps to protect their personal information and should be guided by the Federal Trade Commission at: <http://www.ftc.gov/bcp/edu/microsites/idtheft/consumers/defend.html>.

Concerned patients may contact the SAIC Incident Response Call Center, Monday through Friday from 9 a.m. to 6 p.m. Eastern Time at the following numbers:

- United States, call toll free: (855) 366-0140
- International, call collect: (952) 556-8312

The breach was reported by SAIC on Sept. 14. TRICARE said in its statement that it "did not want to raise undue alarm in beneficiaries and wanted to determine the degree of risk this data loss represented before making notifications."

- TriWest Healthcare Alliance has selected Blue Health Intelligence (BHI) to enhance their existing data analytic capabilities.**

Through a five-year contract with BHI, TriWest will be able to provide greater healthcare transparency and deliver enhanced data-driven solutions, resulting in healthier lives and affordable access to safe and effective care for their members.

BHI brings together the healthcare experience of seven years of claims history for more than 110 million individuals in a safe and secure database. TriWest will be able to use analytics from BHI to identify opportunities to help its beneficiaries live healthier lives by improving provider engagement through information sharing. BHI enables TriWest to compare data from provider to provider and from a specific region to national benchmarks and standards as it continues development of the next generation health programs to meet the needs of its beneficiaries and the Defense Department.

Participating Blue Cross and Blue Shield Plans have used BHI data to develop sophisticated predictive models that identify individuals at greatest risk of hospitalization due to diabetic-related complications. By focusing on modifiable risk factors, health plans can design patient and provider programs targeted to meet unique patient needs.

TriWest manages the Department of Defense's TRICARE program in the 21-state West Region for more than 2.9 million active duty military, retirees and their families.

- General Dynamics Information Technology will provide program management services to the U.S. Defense and Veterans Brain Injury Center (DVBIC).**

The work, under a \$14.3 million task order by the TRICARE Management Activity, will include program administration, conference planning, strategic communications and accounting support.

The company will coordinate information systems and technology services, including phone lines and computer access for DVBIC headquarters in Washington, and its Johnstown, Pa., and Charlottesville, Va., sites.

DVBIC is the primary traumatic brain injury component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. It serves

CENTCOM is the primary treatment center for service members and veterans with traumatic brain injury. It serves thousands of patients through 17 sites throughout the U.S. Departments of Defense and Veterans Affairs.

In addition to treating service members and veterans with all levels of traumatic brain injury, the center conducts an extensive research program and provides education about brain injuries to families, the public and clinical providers.

- **According to Nextgov, U.S Central Command continues to approve the use of Seroquel, a powerful antipsychotic, to treat insomnia in troops deployed to combat zones despite an expert panel's recommendation six months ago to cease the practice.**

The drug, known generically as quetiapine, has been linked to adverse effects, including heart failure.

In May, the Defense Pharmacy and Therapeutics Committee at its semi-annual meeting said that the Food and Drug Administration had not approved any drugs in the class known as atypical antipsychotics, which includes Seroquel, for treatment of insomnia. Nonetheless, CENTCOM has approved the use of Seroquel in low, 25-milligram doses to treat sleep disorders.

In minutes of that meeting signed Aug. 5 by Dr. Jonathan Woodson, assistant secretary of Defense for Health Affairs, and posted to its website the same day, the committee said, "the use of low-dose AAPs [atypical antipsychotics] should be discouraged due to the lack of supportive evidence, risk of adverse events (metabolic and cardiac) and lack of monitoring (e.g. EKG) for adverse events in theater."

The pharmacy committee urged CENTCOM to use less dangerous drugs to treat insomnia. It said, "Other drug options to treat insomnia are available on the CENTCOM formulary, which have a lower risk of adverse events than the AAPs."

Researchers at Vanderbilt University and the Nashville Veterans Affairs Medical Center reported in a January 2009 *New England Journal of Medicine* article that patients prescribed atypical antipsychotics, including Seroquel, had a significantly higher risk of sudden death from cardiac arrhythmias and other cardiac causes than patients who did not take these medications.

Veterans Health Care News

- **A new exhibition examining concepts of health and medicine among contemporary American Indians, Alaska Natives, and Native Hawaiians, is opening at the National Library of Medicine.**

Native Voices: Native Peoples' Concepts of Health and Illness, explores the connection between wellness, illness, and cultural life through a combination of interviews with Native people, artwork, objects, and interactive media.

Opening events will be held Oct. 5, 2011 and will include ceremonial dancing and the blessing of a healing totem pole that was created for the exhibition and installed in front of the library. Topics featured in the exhibition include: Native views of land, food, community, earth/nature, and spirituality as they relate to Native health; the relationship between traditional healing and Western medicine in Native communities; economic and cultural issues that affect the health of Native communities; efforts by Native communities to improve health conditions; and the role of Native Americans in military service and healing support for returning Native veterans.

The National Library of Medicine has a history of working with Native communities as part of the Library's commitment to make health information resources accessible to people no matter where they live or work. The Native Voices exhibition concept grew out of meetings with Native leaders in Alaska, Hawaii and the contiguous United States.

- **Top health care industry leaders from around the country joined for a two-day roundtable discussion about the next generation of health care quality and value metrics.**

The meeting allowed leaders to compare and contrast how they use metrics to enhance quality of care and value for patients.

Harvey V. Fineberg, MD, PhD, president of the Institute of Medicine and former provost of Harvard University, moderated the discussion. The meeting created a dialogue across major health care systems in order to work toward two primary goals: to identify the next generation of performance metrics to assess population health, patient experience and health care value, and to explore opportunities to develop and use these new measures.

Last year, VA launched its ASPIRE for Quality initiative, aimed at making data and outcome information available to the public in such areas as inpatient and ambulatory care, prevention, and chronic disease. More information on ASPIRE is available at <http://www.hospitalcompare.va.gov/>.

VA attendees included:

- Eric K. Shinseki, secretary, Department of Veterans Affairs
- Robert Petzel, MD, VA under secretary for health
- Robert Jesse, MD, PhD, VA principal deputy under secretary for health
- William E. Duncan, MD, PhD, VA associate deputy under secretary for health for quality and safety
- Peter Almenoff, MD, VA assistant deputy under secretary for health for quality and safety

For a complete list of attendees, please visit: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2174>.

Health Care News

- **Annual premiums for employer-sponsored family health coverage increased nine percent in 2011 compared to 2010, according to the Kaiser Family Foundation/Health Research & Educational Trust.**

The survey, [2011 Employer Health Benefits Survey](#), found on average, workers pay \$4,129 and employers pay \$10,944 toward those annual premiums. Premiums increased significantly faster than workers' wages (2.1 percent) and general inflation (3.2 percent). Since 2001, family premiums have increased 113 percent, compared with 34 percent for workers' wages and 27 percent for inflation.

The 13th annual Kaiser/HRET survey of small and large employers provides a detailed picture of trends in private health insurance costs and coverage. This year's survey also looked at employers' experiences with several already implemented provisions of the 2010 health reform law affecting employer coverage.

In particular, the survey estimates that employers added 2.3 million young adults to their parents' family health insurance policies as a result of the health reform provision that allows young adults up to age 26 without employer coverage on their own to be covered as dependents on their parents' plan. Young adults historically are more likely to be uninsured than any other age group.

The study also found 31 percent of covered workers are in high-deductible health plans, facing deductibles for single coverage of at least \$1,000, including 12 percent facing deductibles of at least \$2,000. Covered workers in smaller firms (3-199 workers) are more likely to face such high deductibles, with half of workers in smaller firms facing deductibles of at least \$1,000, including 28 percent facing deductibles of \$2,000 or more.

These numbers in part reflect the rise of consumer-driven plans, which are high-deductible plans that include a tax-preferred savings options such as a Health Savings Account or Health Reimbursement Arrangement. Over the past two years, more firms have started to offer these plans, and the share of covered workers enrolled in this type of plan has doubled, from eight percent in 2009 to 17 percent in 2011. Plans that can be used with a Health Savings Account have lower premiums than other plan types, but must have annual deductibles of at least \$1,200 for an individual and \$2,400 for a family this year.

The survey revealed that 56 percent of covered workers are in "grandfathered" plans as defined under health reform. Grandfathered plans are exempted from some health reform requirements, including covering preventive benefits with no cost sharing and having an external appeals process. To obtain this status, employers cannot make significant changes to their plans that reduce benefits or increase employee cost.

One in four covered workers (23 percent) are in plans that changed their cost-sharing requirements for preventive services as a result of a requirement of the health reform law that non-grandfathered plans provide certain preventive benefits without cost sharing. In addition, 31 percent of covered workers are in plans that changed the list of preventive services due to health reform.

Full survey results are available online at <http://ehbs.kff.org>.

- **The Department of Health and Human Services (HHS) launched a new initiative, which will pay primary care practices to deliver higher quality, more coordinated and patient-centered care.**

Under the new initiative, Medicare will work with commercial and state health insurance plans to offer additional payment to primary care doctors who better coordinate care for their patients. This collaboration, known as the *Comprehensive Primary Care initiative*, is modeled after innovative practices developed by large employers and leading private health insurers in the private sector.

Primary care practices that choose to participate in this initiative will be given support to better coordinate primary care for their Medicare patients.

This support will help doctors:

- Help patients with serious or chronic diseases follow personalized care plans;

- Give patients 24-hour access to care and health information;
- Deliver preventive care;
- Engage patients and their families in their own care; and
- Work together with other doctors, including specialists, to provide better coordinated care.

CMS will pay primary care practices a monthly fee for these activities in addition to the usual Medicare fees that these practices would receive for delivering Medicare covered services. This collaborative approach has the potential to strengthen the primary care system for all Americans and reduce health care costs by using resources more wisely and preventing disease before it happens.

The voluntary initiative will begin as a demonstration project available in five to seven health care markets across the country. Public and private health care payers interested in applying to participate in the *Comprehensive Primary Care Initiative* must submit a Letter of Intent by Nov. 15, 2011. In the selected markets, Medicare and its partners will enroll interested primary care providers into the initiative.

• **On Sept. 26, 2011, HHS Secretary Kathleen Sebelius announced six winners for Round 3 of the HHSinnovates program.**

The HHSinnovates program was launched last year to semi-annually recognize outstanding innovation efforts throughout the agencies of the department. In Round 3, more than 85 qualified candidates were submitted. After an initial review process, the best candidates were submitted through an open web-based process and then put up for a vote using a secure intranet site.

Candidates are judged on both innovativeness and applicability for use by other programs in HHS, or throughout the federal government. The final six awardees include three "Secretary's Picks" and three honorable mentions.

The Secretary's Picks in Round 3 are:

- **National Database for Autism Research** – The National Institutes of Health (NIH) developed a National Database for Autism Research (NDAR), which includes a federated data repository and portal that interconnects different informatics platforms, tools, and data from the public and private sectors and enables active collaboration and data sharing across laboratories.
- **Making Vital Health Information Accessible, Understandable and Actionable** – The Centers for Disease Control and Prevention (CDC) has developed "Vital Signs," a program that dramatically transforms the way scientific information is distilled and released by CDC. It is a dual information initiative that develops customized messages written for professional and lay audiences using scientific data from CDC surveillance programs as the foundation of its messages.
- **Light-Emitting Diode Cap Lamp** – The National Institute for Occupational Safety and Health (NIOSH) at the CDC and external partners developed a new mine workers cap lamp, using a special form of illumination, known as light-emitting diodes (LED) that can be programmed or "tuned" to suit individual needs and provide lighting that is superior to the traditional single light beam spot. Testing results have shown up to 194 percent improvement in detecting floor hazards and 79 percent improvement in peripheral motion detection, thereby addressing the leading causes of injury to mine workers.

The honorable mention awardees are:

- **Increasing and Supporting Tribal Grantees** –The Tribal Child Welfare Team within the Administration for Children and Families (ACF) Region VI Children's Bureau created a solution for improved accessibility to grant funds. The concept involved developing application templates with simple instructions for two key aspects of the grant application process. Since implementation two years ago, nearly all of the 67 recognized Tribes within the states of Louisiana, Texas, Oklahoma and New Mexico are taking advantage of title IV-B funding. *Key contributors:* Nanette Bishop (ACF), Dana Huckabae (ACF).
- **Video Search: An Open-Source Software Tool** – The National Library of Medicine (NLM), part of the NIH, has developed unique new software that offers rapid retrieval of medical and public health films created by the U.S. government, including historical materials. It solves the challenge of accurately searching digital videos with embedded transcripts, including full-text search and the ability to go immediately to the portion of film where the search word or phrase occurs.
- **Making Healthy Eating the Easy Choice in Federal Facilities** – A collaborative effort by the CDC, the Food and Drug Administration (FDA), the General Services Administration (GSA), and the United States Department of Agriculture (USDA) resulted in comprehensive "Health and Sustainability Guidelines for Federal Concessions and Vending Operations." These landmark guidelines address both nutritional and environmental impacts of food service while aligning employee health and dietary demands with cafeterias, snack bars, and vending operations.

Information about HHSinnovates can be accessed at <http://www.hhs.gov/open/initiatives/hhsinnovates/r3index.html>.

• **The U.S. Department of Health and Human Services' Biomedical Advanced Research and Development Authority (BARDA) has awarded \$56.3 million in contracts to develop five new drugs to treat injuries associated with acute radiation syndrome**

Acute radiation syndrome is caused by exposure to high doses of damaging (ionizing) radiation. ARS includes injuries to multiple organs, hemorrhaging, infection, and suppression of the immune system's ability to fight organisms that cause infection.

Because no products are licensed to treat any aspect of acute radiation syndrome, BARDA is supporting the development of products to treat bone marrow, gastrointestinal, lung and skin injury caused by radiation. BARDA expects to expand this list to include products to treat the thermal burns that might be caused by a nuclear detonation.

The contracts were awarded to Neumedicines Inc. of Pasadena, Calif., RxBio Inc. of Johnson City, Tenn., the University of Arkansas for Medical Sciences of Little Rock, Ark., Aram Pharmaceuticals of Ossining, N.Y., and Cellerant Therapeutics of San Carlos, Calif.

For more information about these contracts, please visit: <http://www.hhs.gov/news/press/2011pres/09/20110929a.html>.

Reserve/Guard

- As of Sept. 20, 2011, the total number of Guard and Reserve currently on active duty has increased by 1,341 to reach 93,607. The totals for each service are Army National Guard and Army 71,771; Navy Reserve, 4,704; Air National Guard and Air Force Reserve, 10,782; Marine Corps Reserve, 5,697, and the Coast Guard Reserve, 653. www.defenselink.mil

Reports/Policies

- **The GAO published "Veterans Health Care: Monitoring Is Needed to Determine the Accuracy of Veteran Copayment Charges," (GAO-11-795) on Sept. 28, 2011.** This report reviews VHA copayment charge accuracy, including error rates and related causes, and VHA efforts to monitor copayment charge accuracy. <http://www.gao.gov/new.items/d11795.pdf>
- **The GAO published "DoD Health Care: Cost Impact of Health Care Reform and the Extension of Dependent Coverage," (GAO-11-837R) on Sept. 28, 2011.** This report assesses DoD's costs of complying with Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010; and implementing and providing benefits under TRICARE Young Adult. <http://www.gao.gov/new.items/d11837r.pdf>
- **The GAO published "Prescription Drug Control: DEA Has Enhanced Efforts to Combat Diversion, but Could Better Assess and Report Program Results," (GAO-11-744) on Sept. 26, 2011.** In this report, GAO examines how DEA manages diversion investigation efforts, and how DEA ensures policies and procedures are followed for investigations and the extent to which it determines the results of its efforts. <http://www.gao.gov/new.items/d11744.pdf>
- **The GAO published "Drug Pricing: Manufacturer Discounts in the 340B Program Offer Benefits, but Federal Oversight Needs Improvement," (GAO-11-836) on Sept. 23, 2011.** In this report, GAO examines the extent to which covered entities generate 340B revenue, factors that affect revenue generation, and how they use the program; how manufacturers' distribution of drugs at 340B prices affects covered entities' or non-340B providers' access to drugs; and HRSA's oversight of the 340B program.

Legislation

- **S. 1629** (introduced Sept. 23, 2011): the Agent Orange Equity Act of 2011 was referred to the Committee on Veterans' Affairs. Sponsor: Senator Kirsten E. Gillibrand [NY].
- **S. 1631** (introduced Sept. 23, 2011): A bill to authorize the establishment in the Department of Veterans Affairs of a center for technical assistance for non-Department health care providers who furnish care to veterans in rural areas, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Jon Tester [MT]
- **S. 1634** (introduced Sept. 26, 2011): A bill to amend title 38, United States Code, to improve the approval and disapproval of programs of education for purposes of educational benefits under laws administered by the Secretary of Veterans Affairs, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Jon Tester [MT]

IFHC Hearings

- The House Veterans Affairs Committee will hold hearings on **Oct. 20** and **Nov. 16, 2011**, topic to be determined.

Meetings / Conferences

- NHLBI Symposium on Cardiovascular Regenerative Medicine will be held on **Oct. 4-5, 2011**, in Bethesda, Md. <http://www.nhlbi.nih.gov/meetings/cv-regen11/index.htm>
- 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>
- NINR's 25th Anniversary Concluding Scientific Symposium: "Bringing Science to Life: A Healthier Tomorrow" will be held on **Oct. 13, 2011**, in Bethesda Md. <http://www.ninr.nih.gov/NewsAndInformation/25years/ahhealthiertomorrow.htm>
- 2011 Connected Health Symposium will be held on **Oct. 20-21, 2011**, in Boston Mass. <http://www.connected-health.org/events/symposium-2011.aspx>
- 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 117th AMSUS Annual Meeting will be held **Nov. 6-9, 2011**, in San Antonio, Texas. <http://www.amsus.org/index.php/annual-meeting>
- Eighth Annual Interdisciplinary Women's Health Research Symposium will be held on **Nov. 12, 2011**, in Bethesda, Md. <http://www.orwhmeetings.com/symposium.aspx>
- 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 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>.
- 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 katetheroux@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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