

Nov 4, 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 White House released a fact sheet outlining the steps taken to avoid a prescription drug shortage.**

According to the fact sheet, the number of reported prescription drug shortages in the United States nearly tripled between 2005 and 2010, going from 61 to 178. There are many causes and potential solutions to this challenge and addressing this significant public health problem will require the urgent attention of industry, other stakeholders, and government.

On Oct. 31, President Obama issued an Executive Order directing the FDA and Department of Justice to take action to help further reduce and prevent drug shortages, protect consumers and prevent price gouging. The Executive Order provides early notification of potential drug shortages to help FDA work with drug manufacturers, hospitals, doctors and patients to prevent or mitigate a shortage before it becomes a crisis. Currently, federal law requires drug manufacturers to notify FDA when production of critical drugs provided by only one manufacturer is being discontinued. The President's order directs FDA to broaden reporting of potential shortages of certain prescription drugs. Additionally, the Executive Order requires FDA to expand its current efforts to expedite review of new manufacturing sites, drug suppliers, and manufacturing changes to help prevent shortages.

The Executive Order is one in a series of steps that will help address the shortage of prescription drugs and ensure patients have access to the lifesaving medicines they need. In addition, the Obama Administration also:

- Sent a [letter](#) to drug manufacturers reminding them of their legal responsibility to report the discontinuation of certain drugs to the FDA. The letter also encourages companies to voluntarily notify FDA about potential prescription drug shortages in cases where notification is not currently required.
- Increased staffing resources for the FDA's Drug Shortages Program to address the increased workload that will result from additional early notification of potential shortages by manufacturers.
- Released a [report](#) from the Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE) that assesses the underlying factors that lead to drug shortages, and an FDA [report](#) on its role in monitoring, preventing, and responding to these shortages.

To read the full fact sheet, please visit: <http://www.whitehouse.gov/the-press-office/2011/10/31/fact-sheet-obama-administration-takes-action-reduce-prescription-drug-sh>.

## Military Health Care News

- **Dr. Jonathan Woodson, assistant secretary of defense for health affairs, sat down with IBM's The Business of Government Hour to discuss his role as a public servant and defense health.**

He spoke at length about the Military Health System, both today and looking forward and Health Affairs' Quadruple aim of readiness, experience of care, population health and per capita cost.

Another area Woodson said defense health is focused on is that of building resiliency within the force and the larger community. He said it is important for health care providers and other leaders to teach the skills of resiliency and to create conditions where there is ready access to quality care.

Click [here](#) to listen to the full interview.

- **Health Net Federal Services, LLC, launched its mobile site for the TRICARE North Region.**

Active duty and retired service members and their families can now locate providers, urgent care and convenient clinics anywhere in the TRICARE North Region using a smart phone or tablet.

Other features on Health Net Federal Services' mobile site highlight the most commonly sought information, including behavioral health resources, answers to the most frequently asked questions, contact information, and a tool to easily locate military treatment facilities and TRICARE Service Centers in the TRICARE North Region.

Active duty and retired service members and their families can access Health Net Federal Services' mobile site at [www.hnfs.com/go/mobile](http://www.hnfs.com/go/mobile) or through its website at [www.hnfs.com](http://www.hnfs.com). The mobile site's built-in auto-detect feature will pull up either smart phone or tablet version. No downloading is required.

As the managed care support contractor for the TRICARE North Region, Health Net Federal Services provides health care services to approximately 3 million uniformed service beneficiaries, including active duty and retired service members, National Guard and Reserve members, family members, survivors and other eligible beneficiaries. The TRICARE North Region includes: Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia and Wisconsin. In addition, the contract covers portions of Tennessee, Missouri and Iowa.

- **The Department of Defense (DoD) announced eight transportation improvements at medical centers affected by BRAC.**

Among the projects planned include:

- Five projects in Bethesda, Maryland, will help widen and otherwise improve several roads leading to and surrounding the Walter Reed National Military Medical Center (WRNMMC).
- One project will widen the main road feeding into Fort Belvoir, Virginia. This will improve access not only to the new medical facility there but also for all of the employees moved to Ft. Belvoir by BRAC.
- Two projects address roads around Madigan Army Medical Center (Joint Base Lewis McChord, Washington) and Joint Base San Antonio.

In the FY11 DoD appropriations act, Congress provided \$300 million for road improvements at medical facilities affected by the base closing process.

- **The Department of Defense announced it is conducting the 2011 Tri-Service Patient Safety Culture Survey.**

This is the third patient safety survey since 2005. DoD is inviting MTF staffers who are involved in direct patient care to complete the online anonymous survey.

The survey, sponsored by TRICARE Management Activity, gives MTF personnel an opportunity to share their perceptions on the culture of safety at facilities within the Military Health System.

This year's opinion poll like the previous surveys – conducted in 2005 and 2008 – will provide feedback on ways to improve patient safety at MTFs around the world. The 2011 data will also provide insight into the progress made over the years since those reviews.

- **On Oct. 27, 2011, Secretary Clinton and Secretary Panetta issued the following joint statement on wounded Libyan fighters receiving U.S. Medical**

**Care:**

"After months of struggle and sacrifice, the Libyan people have liberated their country with the support of the United States and the international community. The violent dictator and his regime have collapsed. But Libya's new freedom has come at a price in human life and suffering. Just as the United States and the international community stood with the Libyan people during the revolution, we continue to work with Libya to address urgent humanitarian needs.

"Saturday, in response to a request by the Transitional National Council, the United States is transporting 24 seriously wounded fighters to Spaulding Hospital in Boston, Massachusetts. An additional six critical cases will be transferred to Germany for immediate care. All of these patients were injured as a result of recent fighting and suffer from conditions that cannot currently be treated in Libya.

"The United States offers this humanitarian gesture of emergency medical evacuation assistance as a small token of our support, because we are committed to Libya's future. We will continue to stand by the people of Libya and support them as a partner and friend as they build a new, democratic future."

- **On Oct. 27, 2011, Secretary of Defense Leon E. Panetta announced:**

President Obama has nominated Army Col. John L. Poppe, to be appointed to the rank of brigadier general. He will be assigned as chief of the Veterinary Corps of the Army. Poppe is currently serving as chief, Department of Veterinary Science, Academy of Health Sciences, Army Medical Department Center and School, San Antonio.

- **Under Secretary of Defense for Personnel and Readiness Clifford Stanley has submitted his resignation to Defense Secretary Leon E. Panetta.**

Stanley, who took office in February 2010, plans to depart the Pentagon within the next two weeks. JoAnn Rooney, currently principal deputy under secretary for personnel and readiness, will serve as acting under secretary until a successor is named.

- **Axiom Resource Management, Inc. has been named one of the 50 Great Places to Work in the Washington area by *Washingtonian* magazine!**

Axiom was selected for the honor in recognition of the firm's strong commitment to its people, its dedication to preserving work/life balance, and the incredibly diverse range of support it provides to its clients.

A panel of editors and writers chose Axiom after reviewing the qualifications of more than 200 companies and analyzing the results of some 13,000 employee surveys.

Axiom is a professional consulting firm providing program management, marketing and communications, and information technology solutions. The firm delivers research and analysis, training, information assurance, and disability and accessibility support. Clients include the Departments of Defense, Transportation, Veterans Affairs, the Social Security Administration, Centers for Disease Control and Prevention, and the TRICARE Management Activity.

- **Carenet Healthcare Services has launched a new service for TRICARE beneficiaries who are currently stationed at U.S. military installations in Europe, Asia and Africa.**

Carenet's team of registered nurses already is providing medical assistance and physician-appointment coordination to nearly 300,000 TRICARE members and 38 military treatment facilities. Through this new service, Carenet will continue to offer medical advice and book appointments for these members who are serving on active duty in foreign countries.

San Antonio-based Carenet serves customers in the Medicare and Medicaid, commercial health plan, employer group, the U.S. military and hospital system markets.

**Veterans Health Care News**

- **The Department of Veterans Affairs (VA) has dedicated a new Polytrauma Rehabilitation Center (PRC) at the South Texas Veterans Health Care System (STVHCS) in San Antonio.**

The state-of-the-art, \$66 million inpatient and outpatient rehabilitation center will treat veterans and active duty service members with multiple, traumatic injuries. This is VA's fifth polytrauma center nationwide.

The cutting-edge Polytrauma Rehabilitation Center will work closely with the Department of Defense to treat service members and veterans with physical, cognitive, psychological or psychosocial impairments and functional disabilities. Examples of polytrauma care include traumatic brain injury (TBI), amputations, burns, fractures, hearing loss and visual impairment.

VA's fifth PRC will work in conjunction with Brooke Army Medical Center, The Center for the Intrepid, Wilford Hall USAF Medical Center, the University of Texas Health Science Center at San Antonio, and the U.S. Army Institute of Surgical Research.

The PRC will consist of 12 acute care polytrauma rehabilitation inpatient beds; physical medicine and rehabilitation services; outpatient polytrauma rehabilitation services; and refurbished prosthetic, rehabilitation and office space.

VA's Polytrauma System of Care consists of five regional TBI/Polytrauma Rehabilitation Centers in Richmond, Va.; Tampa, Fla.; Palo Alto, Calif.; Minneapolis, and San Antonio.

The South Texas Veterans Health Care System (STVHCS) is comprised of two inpatient campuses: the Audie L. Murphy campus in San Antonio and the Kerrville campus in Kerrville, Texas. The STVHCS serves one of the largest service areas in the nation; last year, STVHCS provided almost a million outpatient visits to area Veterans.

- **The Post Traumatic Stress Disorder (PTSD) Coach smartphone application was honored as one of seven recipients of the Federal Communications Commission (FCC) Chairman's Awards for Advancements in Accessibility.**

The application, jointly developed by the Department of Veterans Affairs (VA) and the Department of Defense (DoD), lets users track their PTSD symptoms, links them with local sources of support, provides accurate information about PTSD, and teaches helpful individualized strategies for managing PTSD symptoms at any moment.

The goal of the FCC Chairman Awards is to encourage technological innovation in communication-related areas and recognize annually those outstanding efforts in the public and private sector as well as public-private partnerships advancing accessibility. This includes the development of individual mainstream or assistive technologies introduced into the marketplace, the development of standard or best practices that foster accessibility, or the development of a new consumer clearinghouse of disability-related products and services.

The submissions were judged by a panel of seven FCC executives. All winners are being honored today at an awards ceremony at the FCC headquarters in Washington, D.C.

- **The Department of Veterans Affairs (VA) is amending an agency rule in the Code of Federal Register (C.F.R.) to remove an inappropriate restriction on sharing of information about treatment for certain types of medical conditions with the Department of Defense (DoD).**

A recent VA review of information sharing processes with DoD found that this restriction, which is narrower than the statutory exception, impedes VA's ability to share important medical information to coordinate the care and treatment of veterans. This confidentiality statute was enacted before other privacy laws were in place to protect against the unauthorized disclosure of VA medical records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immune-deficiency virus (HIV) and sickle cell anemia. Because Congress never intended the protection of such records to interfere with the treatment of veterans, the statute contains an exception that permits VA to share the protected records with DoD.

The updated rule removes this extra restriction and makes the agency rule consistent with statute. It allows for the appropriate sharing of this treatment information and continues to preserve veteran and patient privacy in accordance with § 7332 and other privacy statutes and regulations without obstructing the delivery of medical care to veterans. It will enhance VA's collaboration with DoD so veterans can receive better and more timely treatment, services and benefits.

The interim final rule, which may be found at <http://www.regulations.gov/#/documentDetail;D=VA-2011-VHA-0025-0001>, is effective the date posted to the Federal Register.

**Health Care News**

- **The U.S. Department of Health and Human Services released final standards to more consistently measure race, ethnicity, sex, primary language and disability status, thereby improving the ability to highlight disparities in health status and target interventions to reduce these disparities.**

The Affordable Care Act requires new standards for the collection and reporting of health care information based on race, ethnicity, sex and primary language. Making data standards consistent will help identify the significant health differences that often exist between and within ethnic groups, particularly among Asian, Hispanic/Latino and Pacific Islander populations.

The new data collection requirements also will improve researchers' ability to consistently monitor more dimensions of health disparities among people with disabilities. Collection of all data will take place under HHS' longstanding, strict commitment to protecting privacy.

The standards, effective Oct. 31, apply to health surveys sponsored by HHS where respondents either self-report information or a knowledgeable person responds for all members of a household. The standards will be used in all new surveys and at the time of revision to current surveys.

For more information on the final data standards, visit [www.minorityhealth.hhs.gov/section4302](http://www.minorityhealth.hhs.gov/section4302).

- **The Centers for Medicare & Medicaid Services (CMS) issued a final rule to update the Home Health Prospective Payment System (HH PPS) rates for Calendar Year (CY) 2012.**

Payments to home health agencies (HHAs) are estimated to decrease by approximately 2.31 percent or \$430 million in CY 2012, the net effect of a 1.4 percent payment update, the wage index update, and the case-mix coding adjustment.

This final rule reflects the ongoing efforts of CMS to support Medicare beneficiary access to home health services while continuing to improve payment accuracy.

The Affordable Care Act applies a one percentage point reduction to the CY 2012 home health market basket amount. As the CY 2012 market basket is equal to 2.4 percent, the payment update for HHAs in CY 2012 will be 1.4 percent.

CMS also reduced HH PPS rates in CY 2012 to account for additional growth in aggregate case-mix that is unrelated to changes in patients' health status. CMS has finalized a 3.79 percent reduction to the home health PPS rates for CY 2012 and an additional 1.32 percent reduction for CY 2013.

Finally, this rule describes planned improvements to the home health publicly reported quality measures.

The final rule is available at: <http://federalregister.gov/inspection.aspx>.

For more information about the Home Health Prospective Payment System, please visit: <http://www.cms.gov/HomeHealthPPS/>.

## Reserve/Guard

- As of Nov. 1, 2011, the total number of Guard and Reserve currently on active duty has decreased by 112 to reach 92,286. The totals for each service are Army National Guard and 70,362; Navy Reserve, 4,600; Air National Guard and Air Force Reserve, 10,839; Marine Corps Reserve, 5,706, and the Coast Guard Reserve, 779. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- **The GAO published "Private Health Insurance: Implementation of the Early Retiree Reinsurance Program," (GAO-11-875R) on Oct. 31, 2011.** This report addresses the CBO's process for implementing employee retirement reinsurance program (ERRP); program expenditures and the types of plan sponsors that had ERRP reimbursements approved as of June 30, 2011; and how plan sponsors intend to use ERRP reimbursements. <http://www.gao.gov/new.items/d11875r.pdf>
- **The GAO published "VA Health Care: VA Uses Medical Injury Tort Claims Data to Assess Veterans' Care, but Should Take Action to Ensure That These Data Are Complete," (GAO-12-6R) on Oct. 28, 2011.** This report describes the number of tort claims that were resolved through VA's administrative review and through litigation from fiscal years 2005 through 2010 and examines how OMLA uses paid tort claims data to assess the quality of veterans' care. <http://www.gao.gov/new.items/d126R.pdf>
- **The Institute of Medicine (IOM) published "Promoting Health Literacy to Encourage Prevention and Wellness - Workshop Summary," on Nov. 1, 2011.** This report explores approaches to integrate health literacy in to primary and secondary prevention. <http://www.iom.edu/Reports/2011/Promoting-Health-Literacy-to-Encourage-Prevention-and-Wellness-Workshop-Summary.aspx>
- **The Institute of Medicine (IOM) published "The Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan," on Oct. 31, 2011.** For this report, IOM formed a committee to determine the long-term health effects from exposure to these burn pits. Because it was unable to develop firm conclusions about the what long-term health effects might be seen in service members exposed to burn pits, IOM recommends that a study be conducted that would evaluate the health status of service members from their time of deployment to exposure over many years to determine their incidence of chronic diseases, including cancers, that tend to not show up for decades. <http://www.iom.edu/Reports/2011/Long-Term-Health-Consequences-of-Exposure-to-Burn-Pits-in-Iraq-and-Afghanistan.aspx>
- **The Institute of Medicine (IOM) published "Facilitating Collaborations to Develop Combination Investigational Cancer Therapies - Workshop Summary," on Oct. 31, 2011.** This report examines the unique challenges involved in the development of combination investigational cancer therapies. <http://www.iom.edu/Reports/2011/Facilitating-Collaborations-to-Develop-Combination-Investigational-Cancer-Therapies-Workshop-Summary.aspx>

## Legislation

- **H.R.3279** (introduced Oct. 27, 2011): To amend title 38, United States Code, to clarify that caregivers for veterans with serious illnesses are eligible for assistance and support services provided by the Secretary of Veterans Affairs was referred to the Subcommittee on Health.
- Sponsor: Representative Silvestre Reyes [TX-16]
- **S.1762** (introduced Oct. 31, 2011): A bill to repeal the imposition of withholding on certain payments made to vendors by government entities and to amend the Internal Revenue Code of 1986 to modify the calculation of modified adjusted gross income for purposes of determining eligibility for certain healthcare-related programs was referred to the Committee on Finance.
- Sponsor: Senator Scott P. Brown [MA]
- **S.1765** (introduced Oct. 31, 2011): A bill to amend the Public Health Service Act to provide grants to strengthen the healthcare system's response to domestic violence, dating violence, sexual assault, and stalking was referred to the Committee on Health, Education, Labor, and Pensions.
- Sponsor: Senator Kay Hagan [NC]
- **S.1768** (introduced Oct. 31, 2011): the *National Guard, Reserve, 'Gray Area' Retiree, and Surviving Spouses Space-available Travel Equity Act of 2011* was referred to the Committee on Armed Services.
- Sponsor: Senator Mark Begich [AK]

## Hill Hearings

- The House Veterans Affairs Committee will hold a hearing on **Nov. 16, 2011**, topic to be determined.

## Meetings / Conferences

- The 117<sup>th</sup> 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/>
- Institute for Healthcare Improvement (IHI) 22nd Annual Forum on Quality Improvement in Health Care will be held **Dec. 4-7, 2011**, in Orlando, Fla. <http://www.ihio.org/offering/Conferences/Forum2011/Pages/default.aspx>
- 8th Annual American Healthcare Conference & Exhibition will be held **Dec. 5-6, 2011**, in Anaheim Calif. <http://www.worldcongress.com/events/HR11005/index.cfm?confCode=HR11005>
- mHealth Summit will held on **Dec. 5-7, 2011**, in Washington, D.C. <http://www.mhealthsummit.org/>
- 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>
- 2012 Military Health System Conference will be held **Jan. 30 - Feb. 2, 2012**, in National Harbor, Md. [www.tricare.mil](http://www.tricare.mil)
- Annual HIMSS Conference & Exhibition will be held **Feb. 20-24, 2012**, in Las Vegas, Nev. <http://www.himssconference.org/?src=hwnav>
- 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/11/e11.htm>
- Warrior Resilience Conference IV will be held **March 29-30, 2012**, in Washington DC [http://www.dcoe.health.mil/Default\\_Error.aspx?asperrorpath=/content.aspx](http://www.dcoe.health.mil/Default_Error.aspx?asperrorpath=/content.aspx)
- 9th Annual World Healthcare Congress will be held **April 16-18, 2012**, in Washington DC <http://www.worldcongress.com/events/HR12000/index.cfm?confCode=HR12000>

- Freedom & Recovery—Integrated Mental Health and Addiction Treatment for Veterans will be held **April 23-26, 2012**, in San Diego, Calif. <http://www.foundationsrecoverynetwork.com/events/freedom-and-recovery-2012/FRN-Freedom-and-Recovery-Ad.pdf>
- Armed Forces Public Health Conference will be held **June 1-8, 2012**, in San Diego, Calif. <http://usaphcapps.amedd.army.mil/afphc/>
- 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/)

*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](mailto:katetheroux@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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