

## THIS WEEK'S FEDERAL HEALTH UPDATE - [SUBSCRIBE TO NEWSLETTER](#)

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### Executive and Congressional News

- **The House is in recess until Jan. 17, 2012; the Senate resumes on Jan. 23, 2012.**
- **On Dec. 31, 2011, President Obama signed into law H.R. 1540, the National Defense Authorization Act, 2012.**

### Military Health Care News

- **CVS/pharmacy, which accepts nearly all Express Scripts insurance plans including TRICARE, has launched a new service on its [website](#) to assist military service members, veterans and their families who need to transfer their prescriptions to a pharmacy that lets them continue using their TRICARE prescription insurance coverage.**

At [www.cvs.com/tricare](http://www.cvs.com/tricare), TRICARE members will find information they need to transfer their prescriptions to one of CVS/pharmacy's 7,300 pharmacies across the U.S. To help raise awareness of CVS/pharmacy's new webpage for TRICARE members, the Company will donate \$3 to the USO for every person who visits [www.cvs.com/tricare](http://www.cvs.com/tricare) between Jan. 1 and Jan. 31, 2012, up to a total of \$50,000. The money will help the USO continue to provide troops and their families with services and programs they need.

CVS/pharmacy's prescription transfer process for TRICARE members or other patients covered by an Express Scripts plan who may need to transfer their prescriptions to continue using their insurance coverage is designed to be simple and convenient. Patients need to provide only the name of their medication(s), doctor's name, name and phone number of the pharmacy where the prescription was last filled, and the CVS/pharmacy location where the patients wants to pick up prescription(s). Transfers can be done by visiting or calling any CVS/pharmacy location or online at [CVS.com](http://CVS.com).

- **The National Defense Authorization Act, 2012, which President Obama signed it into law on December 31, 2011, included a provision that states TRICARE network providers and providers of medical service are not subcontractors that are subject to Office of Federal Contract Compliance Programs (OFCCP) jurisdiction.**

Under the new law, "network providers under [TRICARE] provider network agreements are subcontractors for purposes of the Federal Acquisition Regulation or any other law, a TRICARE managed care support contract that includes the requirement to establish, manage, or maintain a network of providers may not be considered to be a contract for the performance of health care services or supplies on the basis of such requirement."

Earlier this year, OFCCP's efforts to assert jurisdiction over health care providers based solely on the providers' participation in the TRICARE network has been challenged by a number of providers, and is currently the subject of enforcement action brought by the OFCCP against Florida Hospital in Orlando, Florida. On October 18, 2010, a Department of Labor Administrative Law Judge ruled that receipt of TRICARE payments was sufficient to subject the hospital to OFCCP's jurisdiction as a federal government subcontractor. That case has been appealed. Veterans Health Care News

- **The Department of Veterans Affairs deployed 20 additional Mobile Vet Centers from the production facility of Farber Specialty Vehicles to increase access to readjustment counseling services for veterans and their families in rural and underserved communities across the country.**

These customized vehicles, which are equipped with confidential counseling space and a state of the art communication package, travel to communities to extend VA's reach to veterans, service members and their families, especially those living in rural or remote communities. The vehicles also serve as part of the VA emergency response program.

The 20 new, American-made vehicles will expand the existing fleet of 50 Mobile Vet Centers already in service providing outreach and counseling services. The 50 Mobile Vet Centers were also manufactured by Farber Specialty Vehicles. In fiscal year 2011, Mobile Vet Centers participated in more than 3,600 federal, state and locally sponsored veteran-related events. The VA contract for the 20 Mobile Vet Centers totals \$3.1 million.

Farber Specialty Vehicles recently won a competitive bid to produce 230 emergency shuttle vehicles for VA over the next five years. The shuttles will provide routine transportation for veteran patients in and around various metro areas during normal operations, but convert to mobile clinics that will facilitate the evacuation of patients and their care teams during disasters and emergencies. The VA contract for the 230 emergency shuttles totals \$53.5 million.

VA has 300 Vet Centers serving communities across the country, offering individual and group counseling for veterans and their families, family counseling for military related issues, bereavement counseling for families who experience an active duty death, military sexual trauma counseling and referral, outreach and education, substance abuse assessment and referral, employment assessment and referral, VA benefits

explanation and referral, and screening and referral for medical issues including traumatic brain injury and depression.

More than 190,000 veterans and families made over 1.3 million visits to VA Vet Centers in fiscal year 2011.

The 20 new mobile Vet Centers will be based at Birmingham, Ala.; San Diego, Calif.; Atlanta, Ga.; Western Oahu, Hawaii; Cedar Rapids, Iowa; Evanston, Ill.; Indianapolis, Ind.; Baltimore, Md.; Pontiac, Mich.; and Kansas City, Mo.

Also, Jackson, Miss.; Greensboro, N.C.; Lakewood, N.J.; Reno, Nev.; Stark County, Ohio; Lawton, Okla.; Ponce, Puerto Rico; Nashville, Tenn.; Washington County, Utah; and Green Bay, Wis.

- **The Department of Veterans Affairs has launched an initiative to replace the medical-scheduling component of its electronic health record platform and is requesting proposals for how to update and rebuild the application.**

The Medical Scheduling Package (MSP) is part of the VA's Veterans Health Information Systems and Technology Architecture (VistA) EHR platform. VistA manages the clinical data for patients throughout the VA health system.

Serving more than 8.3 million veterans per year, the Veterans Health Administration (VHA) is the largest integrated health system in the United States, the VA reports. The current medical-scheduling application is more than 25 years old and unable to manage the complexities of multiple business processes.

The VA aims to make data from multiple VistA health centers interoperable rather than keep data separate and provide a single view of patient scheduling as well as clinical histories. Multiple locations would be able to schedule patient appointments.

On Dec. 21 at the [Federal Business Opportunities](#) site, the VA issued a request for information (RFI) to replace the medical-scheduling package.

The department plans to allow doctors and patients to schedule appointments in the new application on a mobile device or in a Web browser. A new medical-scheduling system should also be able to handle the secure communications the VA requires. A previous attempt to redesign the MSP cost more than \$127 million, according to the VA. The government uses data in the MSP to measure and manage care access for veterans. The MSP also manages capital resources for VA health care.

A new medical-scheduling application would be able to better link patients, clinicians and supplementary health care services and create new ways to deliver clinical care.

The VA launched OSEHRA to increase innovation for its EHR applications using open-source software development as it merges VistA into a joint platform with the Department of Defense. With its open-source framework, the VistA EHR platform comprises more than 100 applications. A new MSP would be able to support the virtual telehealth sessions that the VA conducts with patients in remote areas. The VA plans a phased approach to implementing the new medical-scheduling application, with non-scheduling data being the primary data source.

- In the first phase, the VA would automate business rules for scheduling and link appointments for in-facility and telehealth visits as well as allow veterans to interact with the database over the Web or on a mobile device.
- In the second phase, the VA would remove the current scheduling application and allow for data sources to be VA-wide.

The deadline for interested vendors to submit proposals for building the new medical-scheduling application for VistA is Jan. 31, 2012.  
Health Care News

- **John Buse, M.D., Ph.D., of the University of North Carolina at Chapel Hill School of Medicine, has been named the new chair of the National Diabetes Education Program (NDEP), for a two-year term effective Jan. 1, 2012.**

NDEP is a joint program of the National Institutes of Health and the Centers for Disease Control and Prevention, which engages public and private partnerships to improve diabetes management and outcomes, to promote early diagnosis, and to prevent or delay the onset of type-2 diabetes in the United States and its territories.

Buse will guide the NDEP in its efforts to reduce the burden of diabetes. NDEP facilitates the adoption of proven approaches to improve the health of people with diabetes and to prevent or delay the onset of type-2 diabetes. Buse is charged with strengthening the program's outreach and engagement with partners and leading activities to support NDEP's mission to empower patients, health care providers and communities to improve diabetes-related health care and prevention efforts.

Buse succeeds Martha (Marti) Funnell, M.S., R.N., as chair of the NDEP. Funnell is a researcher at the University of Michigan Medical School, Ann Arbor, and co-director of the Behavioral, Clinical, and Health Systems Intervention Research Core at the Michigan Diabetes Research and Training Center.

Nearly 26 million Americans have diabetes, and 79 million have pre-diabetes, a condition that places them at increased risk for developing type-2 diabetes and heart disease.

Started in 1997, NDEP has more than 200 partner organizations, which help to identify, disseminate, and support the adoption of evidence-based, culturally and linguistically appropriate tools and resources that support behavior change, improved quality of life, and better diabetes outcomes. NDEP resources are available at [www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org).

- **The Centers for Disease Control and Prevention (CDC) is awarding a total of almost \$339 million to state and local health departments across the United States to fund HIV prevention activities this year.**

The awards are for the first year of a five-year funding cycle designed to achieve a higher level of impact with every federal HIV prevention dollar spent.

The awards are a critical component of CDC's new high-impact approach to HIV prevention and better align resources to reflect the geographic burden of the HIV epidemic today. As part of this funding announcement, CDC is also providing the health departments with new, specific guidance for prioritizing the most effective prevention programs that will have the greatest impact on reducing new HIV infections. Providing funding to health departments has long been CDC's single largest investment in HIV prevention, accounting for approximately half of CDC's overall HIV prevention budget. Funds were awarded to health departments in all 50 states, the District of Columbia, eight U.S. territories and eight cities with heavy HIV burdens.

The funds are allocated to individual health departments to match resources to the geographic burden of HIV, as measured by the number of people reported living with HIV in each jurisdiction. This new funding approach ensures that many areas with heavier HIV burdens receive needed funding increases.

CDC will award an additional \$20 million to health departments by March 2012 as part of this funding cycle to implement innovative HIV prevention demonstration projects. CDC is currently reviewing applications for this competitive round of funding.

- **The Centers for Medicare and Medicaid Services (CMS) has selected 73 individuals from 27 States and the District of Columbia for its Innovation Advisors program.**

The initiative, launched by the CMS Innovation Center in October 2011, will help health professionals deepen skills that will drive improvements to patient care and reduce costs. After an initial orientation phase, the advisors will work with the CMS Innovation Center to test new models of care delivery in their own organizations and communities. They will also create partnerships to find new ideas that work and share them regionally and across the United States.

The 73 individuals were selected from 920 applications through a competitive process, and include clinicians, allied health professionals, health administrators and others. By attending in-person meetings as well as remote sessions to expand their skills and applying what they learn, the advisors will be able to deepen their knowledge in health care economics and finance, population health, systems analysis, and operations research.

Among other duties, the advisors will be expected to support the Innovation Center in testing new models of care delivery; to form partnerships with local organizations to drive delivery system reform; and to improve their own health systems so their communities will have better health and better care at a lower cost.

Each advisor's home organization will receive a stipend of up to \$20,000. The stipend will support an individual's activities while serving as an Innovation Advisor.

A list of Innovation Advisors can be found at <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4240>.

More information about the Innovation Advisors Program, including a fact sheet and list of participants and their home organization, can be found at: <http://innovations.cms.gov/initiatives/innovation-advisors/index.html>.

- **The National Institute of General Medical Sciences (NIGMS) has established two new divisions, administering existing NIGMS programs along with programs transferred to NIGMS from the former NIH National Center for Research Resources (NCRR).**

The new [Division of Training, Workforce Development, and Diversity](#) merges NIGMS research training programs with activities that were previously in the institute's Division of Minority Opportunities in Research (MORE). The division also houses the Institutional Development Award program from NCRR. It is led by former MORE Director Clifton A. Poodry, Ph.D.

The new [Division of Biomedical Technology, Bioinformatics, and Computational Biology](#) administers research and research training in areas that join biology with the computer sciences, engineering, mathematics and physics. It includes programs of the former NIGMS Center for Bioinformatics and Computational Biology (CBCB) along with NCRR biomedical technology programs. Former CBCB Director Karin Remington, Ph.D., is the division director.

The amount of money allocated to programs in the new divisions will not change as a result of the reorganization or transfer of NCRR programs. Most grants in the new divisions will continue to be managed by the same staff members.

- **According to the American Cancer Society, cancer death rates fell by 1.8 percent per year in men and 1.6 percent per year in women between 2004 and 2008.**

In its annual report, "[Cancer Statistics, 2012](#)," the ACS found that advances in cancer screening and treatment have prevented more than a million total deaths from cancer since the early 1990s. But new cases of seven less-common cancers rose in the past decade, suggesting more could be done.

This year, the cancer group projects 1,638,910 people will be newly diagnosed with cancer and 577,190 people will die from it.

While the rate of decline is small, it is significant because it has continued to fall each year for the past 10 years of available data. Between 1999 and 2008, cancer death rates fell by more than 1 percent per year in men and women in every racial and ethnic group except for American Indians/Alaska Natives, among whom rates have held steady.

The biggest declines in the latest report were among black men, where cancer deaths fell by 2.4 percent, and Hispanic men, where rates fell by 2.3 percent.

Death rates fell in all four of the most common cancers, lung, colon, breast and prostate, with lung cancer accounting for nearly 40 percent of the total drop in men and breast cancer account for 34 percent of the total decline in women.

Despite improvements in the rates of the most common cancers, a companion report found an increase in cases of several cancers over the past decade. These included cancers of the pancreas, liver, thyroid, and kidney and melanoma, as well as esophageal cancer and certain types of throat cancers associated with human papillomavirus or HPV infection.

That report found cases of HPV-related throat cancer and melanoma rose only in whites, and rates of esophageal cancer rose in both whites and Hispanics. Exactly why these cancers are increasing is not yet clear, but early detection and obesity may be playing a role, according to researchers.

Reserve/Guard

- As of Jan. 3, 2012, the total number of Guard and Reserve currently on active duty has **decreased** by 1,312 to 86,213. The totals for each service are Army National Guard and 66,218; Navy Reserve, 4,410; Air National Guard and Air Force Reserve, 9,683; Marine Corps Reserve, 5,141, and the Coast Guard Reserve, 761. [www.defenselink.mil](http://www.defenselink.mil)

## Reports/Policies

- There were no reports released this week.

## Legislation

- No legislation was introduced this week.

## Hill Hearings

- There are no hearings scheduled.

## Meetings / Conferences

- 2012 Military Health System Conference will be held **Jan. 30 - Feb. 2, 2012**, in National Harbor, Md. [www.tricare.mil](http://www.tricare.mil)
- Digital Health Communication Extravaganza will be held on **Feb. 15-17, 2012**, in Orlando, Fla. <http://conferences.dce.ufl.edu/dhcx/>
- 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/16/11/e1.htm>
- Behavioral Risk Factor Surveillance System (BRFSS) 29<sup>th</sup> Annual Conference will be held on **March 24-28, 2012**, in Atlanta, Ga. <http://www.brfss2011conference.com/>
- Warrior Resilience Conference IV will be held **March 29-30, 2012**, in Washington DC [http://www.dcoe.health.mil/Default\\_Error.aspx?aspxerrorpath=/content.aspx](http://www.dcoe.health.mil/Default_Error.aspx?aspxerrorpath=/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/>
- Armed Forces Public Health Conference "Partners in Prevention" Core Conference will be held on **June 4-8, 2012**, in San Diego, Calif. <http://www.pdhealth.mil/education/afphc.asp>
- 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).*