

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

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Happy New Year!

Executive and Congressional News

- The House is in recess until Jan. 17, 2012; the Senate resumes on Jan. 23, 2012.
- The White House announced that, as part of First Lady Michelle Obama's and Dr. Jill Biden's Joining Forces initiative, the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) have committed to leverage their missions in education, research, and clinical care to train the nation's physicians to meet the unique health care needs of the military and veterans communities.

Together, the AAMC and AACOM are committing to improve the education in their medical schools, the research in their laboratories, and the clinical care in their hospitals to better address the health issues that military families face. Specifically, these organizations are committing to:

- Train their medical students as well as their current physicians, faculty, and staff to better diagnose and treat veterans and military families;
- Develop new research and clinical trials on PTSD and TBI to better understand and treat those conditions;
- Share their information and best practices with one another through a collaborative web forum created by the AAMC;
- Continue to work with the VA and the Department of Defense to make sure that the best care available is available to their beneficiaries.

Examples of universities stepping up to provide for veterans and their families include:

- Virginia Commonwealth University is leading a groundbreaking project to provide resources and training to health care providers, volunteers, and community members throughout Virginia who can help ease the transition home for veterans with TBI and PTSD.
- University of Pittsburgh researchers are developing a new imaging tool that allows the visualization of the wiring of the brain in vivid high definition, which could lead to new breakthroughs in the diagnosis of TBI.
- University of South Florida is working with the Departments of Defense and Veterans Affairs to create a first-of-its-kind Center for Veterans Reintegration, which will mean a single, cohesive research, treatment, and education facility for veterans and families.

The Joining Forces Initiative aims to educate, challenge and spark action from all sectors of society to ensure veterans and military families have the support they have earned.

More information is available at: www.JoiningForces.gov.

Military Health Care News

- Three class action lawsuits have now been filed in the wake of a breach affecting 4.9 million beneficiaries in the TRICARE military healthcare program.

The two latest lawsuits were filed against Science Applications International Corp., a TRICARE business associate involved in the breach. The third lawsuit, filed in October, was filed against TRICARE and the Defense Department and not SAIC. The September 2011 breach incident in San Antonio involved unencrypted computer backup tapes containing patient information that were stolen from an SAIC employee's car. In December, five members of Congress sent a bipartisan letter to TRICARE asking detailed questions about the breach.

One suit against SAIC, filed in a Texas state court by attorney Richard Coffman, seeks \$4.9 billion in damages, or \$1,000 for each person affected. It alleges SAIC failed to adequately protect the beneficiaries' information as required under federal and state laws.

The second suit against SAIC, filed by two law firms, seeks unspecified total damages on behalf of Californians affected by the breach. This lawsuit, filed by Robbins Umeda LLP and Blood Hurst & O'Reardon LLP, alleges violation of state privacy law.

Based on the total number of individuals affected, the TRICARE breach is the largest so far in the federal tally of major breaches reported since the HIPAA breach notification rule took effect in September 2009.

- The Army Times reports that TRICARE's Uniform Formulary Beneficiary Advisory Panel will consider a proposal to drop Bayer's Levitra and Staxyn, currently the only erectile dysfunction pills in TRICARE's formulary, and add Viagra.

The recommendation, made by the Defense Department's Pharmacy and Therapeutics Committee, is based on cost-effectiveness as well as clinical considerations, according to information provided to the advisory panel.

The committee said the Pentagon and Veterans Affairs Department issued a joint solicitation for erectile dysfunction medications and Viagra was the contract winner.

If the panel approves the recommendation, the changes would take place "the first Wednesday after the start of a 60-day implementation period," according to the committee.

Those affected by the change would be notified by mail, according to the Pentagon.

The approval would end a six-year hiatus for Viagra in the TRICARE formulary. It was stocked by military pharmacies and offered for low cost shares to military beneficiaries until October 2005, when it was dropped as part of an effort to "provide the highest quality medications to beneficiaries while reducing overall costs," a senior defense official said.

Viagra would be available to those who have a valid prescription and are over age 40, according to information provided to the panel.

Other eligible users would include patients under 40 being treated with medication that causes dysfunction, patients who have had their prostate removed and are suffering from erectile dysfunction, and other conditions.

About 18 million American men suffer from erectile dysfunction, according to a study published in the American Journal of Medicine. Physical causes include heart disease, high blood pressure and diabetes as well as tobacco and heavy alcohol use; psychological causes include depression, anxiety, stress and fatigue.

If Viagra enters the formulary, users would pay \$9 for a 90-day supply through TRICARE's mail order pharmacy and \$12 at retail pharmacies for a 30-day supply. The drug would be dispensed free at military pharmacies. Cialis and Levitra, which would become non-formulary, would cost \$25 both at retail pharmacies and through the mail.

- According to a study by the Iraq and Afghanistan Veterans of America, the unemployment rate for military spouses is 26 percent – nearly 18 percentage points higher than the national average.

To help combat the higher unemployment rate among America's military spouses, TriWest Healthcare Alliance has recently joined the Military Spouse Employment Partnership—a targeted recruitment and employment solution to connect spouses from all military branches to private companies seeking their skill sets.

TriWest, which is responsible for managing the military's healthcare benefit, TRICARE, for 2.9 million beneficiaries in 21 western states, was recently named the number two most military-spouse-friendly employer in America. This is the third consecutive year TriWest made Military Spouse Magazine's top-20 list.

TriWest also:

- Sponsors the Military Spouse Corporate Career Network: offers virtual and in-person meetings or webinars helping military spouses with resumes, employment resources, training to update skill sets, and assistance in finding employment resources in their current location or the area to which they're relocating.
- Participates in Hiring Our Heroes: an initiative launched by the U.S. Chamber of Commerce to help veterans and their spouses find meaningful employment. TriWest was named a top-five finalist for the Hiring our Heroes Veteran and Military Spouse Employment Award.
- Sponsors Army Wife Network's West Region Spouse Field Exercises: on-site workshops for Army posts and Guard/Reserve units, geared toward empowering individuals to make the right choices in their relationship, career, or personal lives.

About 20 percent of TriWest's recruitment budget is set aside for military spouses. Additionally, at any given time, 10 to 30 employees at TriWest have a spouse who is deployed. To support its military spouse employees, TriWest offers the "We Care" program, which:

- Designates temporary, alternative work schedules for spouses to accommodate transitioning to a single-head-of-household during mobilization
- Offers a reduction of work hours less than full-time status without losing full-time benefits
- Provides eligibility for paid time off
- Grants two phone cards totaling 100 minutes per month
- Offers eligibility for eight hours of administrative leave, with pay, to attend homecoming ceremonies
- The Department of Defense awarded BrainScope® Company, a Bethesda Maryland medical neurotechnology company, a \$7.5 million contract to use their BrainScope technology to help medical teams effectively treat head injuries in the emergency department.

BrainScope's Ahead™ M-100 is a handheld non-invasive non-radiation emitting medical device under development to use at the point-of-care to aid in triage or use for patients where TBI is suspected. The device capable of assessing structural brain injuries and impairment from TBI and concussions, and can rapidly assess brain injuries based on patterns identified in brain electrical activity.

- The Department of Defense has awarded \$11 million, four-year grants to researchers at the University of Southern California's Institute for Creative Technologies, (ICT), New York-Presbyterian Hospital/Weill Cornell Medical Center, and Emory University School of Medicine to test different ways to treat PTSD including the use of virtual-reality

exposure therapy developed at ICT.

The study will involve 300 military and civilian personnel who have been diagnosed with PTSD that occurred after their service in the Iraq and Afghanistan wars. The researchers will look at personal and genetic factors that may impact an individual's chances of developing PTSD as well the individual's future response to therapy. The study will conduct a large-scale head-to-head investigation of virtual reality as compared to traditional exposure treatment for PTSD to determine which intervention is most effective. Patients using virtual reality will use a headset with goggles and earphones as the therapist controls the digital scenes. Sensory cues will be added such as chair vibrations that simulate an explosion.
Veteran Health Care News

- Some veterans covered under the Veterans Group Life Insurance program (VGLI) now have the opportunity to increase their coverage to the current maximum coverage under the Service members' Group Life Insurance (SGLI) program.

Under the Veterans' Benefits Act of 2010, enacted on Oct. 13, 2010, veterans can increase their coverage by \$25,000 at each five-year anniversary date of their policy to the current legislated maximum SGLI coverage, presently, \$400,000. To date, approximately 21 percent of eligible veterans have taken advantage of this opportunity, resulting in nearly \$113 million of new coverage being issued.

The VGLI program allows newly discharged veterans to convert their SGLI coverage they had while in the service to a civilian program. Before enactment of this law, veterans could not have more VGLI than the amount of SGLI they had at the time of separation from service.

For more information about VA's insurance program or other VA benefits, go to www.va.gov or call 1-800-827-1000.

Veterans are also encouraged to visit VA's web portal [eBenefits - Insurance](#).

- Registration is open for the 32nd National Veterans Wheelchair Games, the largest annual wheelchair sports event in the world.

More than 500 veterans from across the United States, Puerto Rico and Great Britain are expected to compete in the Games, taking place June 25-30, 2012, in Richmond, Va. – the site of the very first National Veterans Wheelchair Games held in 1981.

The Games, presented by the Department of Veterans Affairs and Paralyzed Veterans of America, are open to all U.S. military veterans who use wheelchairs for sports competition due to spinal cord injuries, neurological conditions, amputations or other mobility impairments. The 32nd Games will be co-hosted by the Hunter Holmes McGuire VA Medical Center and the Virginia Mid-Atlantic Chapter of Paralyzed Veterans of America.

The Games are made possible through the support of national host sponsors, Altria Group, Invacare and UPS.

The 32nd Games will include competitions in 17 different events such as swimming, basketball, table tennis, archery, and wheelchair slalom, which is a timed obstacle course. The athletes compete in all events against others with similar athletic ability, competitive experience or age.

In addition to the competitions and the opening and closing ceremonies, the Games will include a "Kids Day at the Games" on Friday, June 29, in which local children with disabilities have the opportunity to interact with the athletes, participate in sporting events, and watch veterans compete.

Veterans interested in competing may download the registration packet from the Games' website at www.wheelchairgames.va.gov. The deadline for interested athletes to complete their registration is April 15.

- The Department of Veterans Affairs is working to significantly reduce the average time needed to obtain health-care records from private physicians with the help of a private contractor and the Internet to speed claims decisions.

One innovation is using a private contractor to assist VA in collecting health-care records. When private medical records support a veteran's application for benefits, a contractor will quickly retrieve the records from the health-care provider, scan them into a digital format and send the material to VA through a secure transmission.

This pilot project hopes to validate initial estimates that the specialized contract can yield records required to process veterans' disability compensation claims in seven to 10 days instead of VAs average 40 days.

In addition, the additional contract frees VA staff focus on core duties to process claims more quickly.

Exploring economical contract support for time savings is one of more than three dozen initiatives supporting VA/s claims transformation plan, which aims to ensure that by 2015, veterans' claims are decided within 125 days.

VA officials emphasize that in all cases veterans must sign documents approving the release of their medical records to the department from private health-care providers.

The test is expected to involve about 60,000 records requests among regional benefits offices in Phoenix; New York City; St. Louis; Portland, Ore.; Chicago; Anchorage, Alaska; Indianapolis; and Jackson, Miss. At the conclusion of the test, VA officials will decide whether to cancel, modify or expand any changes in procedures nationwide.

- On March 1, 2013, VA will stop issuing paper checks.

People who do not have electronic payments for their federal benefits by that time will receive their funds via a pre-paid debit card. Called the Direct Express card, it is issued by Comerica Bank as the financial agent of the U.S. Treasury.

- Veterans Affairs hospitals screen elderly men with limited life expectancies for prostate cancer at surprisingly high rates, even though guidelines recommend against it, according to a study led by a physician at the UCSF-affiliated San Francisco VA Medical Center (SFVAMC).

The study of 622,262 men at 104 VA medical centers around the country was published electronically in the Journal of General Internal Medicine.

The authors found that, nationally, an average of 45 percent of men over age 85 or with four or more serious diseases were given a prostate-specific antigen (PSA) screening test. Screening rates at individual VA medical centers ranged from 25 percent to 79 percent.

Researchers noted that the latest guidelines from the U.S. Preventive Services Task Force recommend that men 75 years or older should not be given the PSA screening test because the potential harms, such as false positive results and unnecessary medical treatments, outweigh the benefits.

The study found that healthy older men with longer life expectancies were screened at the same rates as frail, ill men. "Low or high, a hospital's screening rate had nothing to do with whether the men were sick or well," researchers commented.

The study authors recommend new interventions at VA medical centers to reduce inappropriate PSA screening in elderly men, as well as new communication tools to help elderly men weigh the benefits and harms of screening.

According to the study, VA hospitals associated with academic medical centers tended to have lower screening rates. The researchers also found that hospitals in the southern United States, and hospitals with a higher ratio of nurse practitioners and physicians' assistants, were likely to have higher screening rates.

Other studies have shown higher screening rates in the South, say the authors, who speculate that the disparity may be attributable to "regional differences in physician attitudes about resource allocation," which are reflected in higher health care expenditures generally and a more prevalent belief in the effectiveness of PSA screening than in other areas of the country.

The association between a higher ratio of mid-level health care providers and higher screening rates is harder to explain, they say, but may indicate limited hospital resources or high patient load, resulting in less rigorous application of screening guidelines.

The study was supported by funds from the National Institutes of Health, the American Federation for Aging Research, the National Institute on Aging and the Department of Veterans Affairs. Some of the funds were administered by the Northern California Institute for Research and Education.

Health Care News

- The National Coordinator for Health Information Technology announced a nationwide, open call for entries in the Healthy New Year Video Challenge, highlighting personal stories of patients and families using health technology to improve health.

The video challenge, launched by the Office of the National Coordinator for Health Information Technology (ONC), kicks off the first in a series of consumer video contests in 2012 as a way to engage consumers to integrate technology into their health care.

Submissions for the Healthy New Year Video Challenge will be accepted through Feb. 16, 2012, and can range from creative and innovative ways of e-mailing your doctor, using an online patient-portal to manage your health information, or downloading a mobile application that sends medication reminders. All videos must meet certain eligibility criteria.

The winning entries will be determined from public votes, and a panel of judges will ultimately select the top winners in each category. ONC will award winners a portion of \$5,000 in prize money and feature the videos on its consumer website, www.HealthIT.gov, as a way to motivate and inspire everyone to use health information technology to be more engaged partners in improving health and health care.

For more details, including contest rules on the Health New Year Video Challenge, visit <http://healthynewyear.challenge.gov>.

- Science Applications International Corporation (SAIC) was awarded a blanket purchase agreement by the U.S. Department of Health and Human Services (HHS) to provide a broad range of lifecycle information technology (IT) services to help develop and maintain a variety of data-focused systems for the Health Resources and Services Administration's (HRSA) Bureau Reporting Systems.

The blanket purchase agreement (BPA) has a one-year base period of performance and four one-year options. SAIC was also awarded four initial task orders under the agreement worth more than \$26 million combined that will provide IT services and support to the Bureau of Health Professions, the Maternal Child Health Bureau, the HIV/AIDS Bureau, and the Office of Rural Health Policy. Work will be performed primarily in the National Capital Region.

HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA's Office of Information Technology (OIT) is required to develop, implement and maintain HRSA's information architecture and enhance data systems as needed.

Under the contract, SAIC will provide a broad range of lifecycle IT support services including operations and maintenance support; software development, testing, verification and reporting; and ongoing technical support to enable HRSA to gather performance data from grantees and health care providers nationwide.

- CDC is looking for proposals to design and test a surveillance system to incorporate data for congenital and inherited conditions that have low prevalence but have a high health and economic impact in the U.S. population.

CDC wants to deploy this surveillance system to inform agencies and organizations, evaluate policies, and intervene to improve health services and health outcomes.

At present, approximately 7,000 people have low prevalence/high impact conditions in the U.S population collectively affecting about 25 million people. In the U.S., a condition is considered low prevalence/high impact when the number of cases at any given time does not reach 200,000. In comparison, the number of cases for a common disease such as

diabetes amounted to nearly 26 million for the U.S. in 2010.

Health care for individuals with low prevalence/high impact conditions can be costly and labor intensive. For example, the 2006 average annual medical expenditure for people with actively managed cystic fibrosis aged below 65 years was about \$48,000, which is 22 times as much as the average medical expenditure for a person without the disease. The cost of treatment for some low prevalence/high impact diseases can be as high as \$400,000 per year.

To address the problem, CDC released a FOA on Jan. 4, 2012, titled "A Pilot Surveillance System for High Impact/Low Prevalence Congenital and Inherited Conditions" (RFA-DD-12-002) looking for applicants to design a surveillance system to focus on spina bifida, a neurological condition affecting mobility, muscular dystrophy a neuromuscular condition, and fragile X syndrome, a condition affecting cognition and behavior. The project will develop a prototype surveillance system that in future may be able to serve as a model for other low prevalence/high impact conditions.

Research objectives are to identify gaps and deficiencies in existing local, regional, and national data sources and existing surveillance systems for the three target conditions, develop and execute a plan to integrate all major data sources into a functional surveillance system for the three target conditions simultaneously, and then pilot test the surveillance system. Eligible applicants can include higher education institutions, nonprofits, for-profits, small businesses, and state and local governments. Estimated total program funding for the Cooperative Agreement is \$800,000 with one expected award. The award ceiling is \$400,000.

The Letter of Intent is due Feb. 2, 2012, with applications due March 2, 2012. For further information, go to www.grants.gov or phone the contact center at 800-518-4726 or email: support@grants.gov.

- The U.S. Department of Health and Human Services will invest approximately \$1.8 million to increase its efforts to improve the treatment and prevention of HIV and other sexually transmitted diseases (STD) in Guatemala and to further strengthen ethical training on human research protections.

The Centers for Disease Control and Prevention (CDC) will expand its current investment that supports the Guatemalan Ministry of Health and Social Assistance's (MSPAS) strategy to improve surveillance and control of HIV and other STDs among at-risk populations in Guatemala. CDC supports approximately 60 percent of the costs of the strategy and will increase that investment by \$775,000 over three years.

CDC support will assist MSPAS in expanding and updating national STD guidelines for diagnosis and treatment, strengthening the national surveillance system of STDs, and supporting laboratory diagnostic capacity. In Latin America, Central America is second only to the Caribbean as the sub-region most affected by the HIV epidemic.

In addition, the National Institutes of Health (NIH) is committing \$1 million to support research that will be used to evaluate the impact of the revisions to the HHS regulations governing human subject research that are currently being considered. Assessing the impact of the revisions that are ultimately implemented will be critical to the development of an evidence-based approach to ensuring the effectiveness of human research subject protections.

CDC will improve public health investigators' ethics training by updating existing epidemiology case studies, based on actual investigations involving research methods and ethical considerations. These case studies are included in the standard curriculum offered to all Field Epidemiology Training Program (FETP) residents. Additionally, CDC is developing a case study that references specifics from the unethical research conducted in Guatemala in the 1940s by the U.S. Public Health Services. The case study will include learning objectives focused on the scientific and ethical issues in designing a field study, including components of a protocol, sampling strategy and sample size, informed consent in developing countries, developing an informed consent form, institutional review boards, and other scientific and ethical issues related to developing and conducting a field investigation. Each year, approximately 400 to 600 new residents across 40 countries participate in CDC's FETP training.

- The Office of the National Coordinator for Health IT (ONC) published a notice in the [Federal Register](#) that it will create a dashboard to monitor, evaluate and improve the adoption of electronic health records.

The hope is that by monitoring progress, those with access will be able to see how well grantees are doing in comparison to each other, validate their progress reports and track performance improvements in order to receive payment. The data includes physicians' health IT implementation, demographics and contact information from their National Provider Identifier (NPI).

ONC will make publicly available certain de-identified data, such as health IT adoption estimates at the state and national level. ONC will protect this information by allowing access through the use of selective passwords and disclosing routine use to federal and state agencies, the Department of Justice and the National Archives for records management.

Reserve/Guard

- As of Jan. 10, 2012, the total number of Guard and Reserve currently on active duty has decreased by 237 to 85,976. The totals for each service are Army National Guard and 65,388; Navy Reserve, 4,663; Air National Guard and Air Force Reserve, 9,946; Marine Corps Reserve, 5,224, and the Coast Guard Reserve, 755.
www.defenselink.mil/Reports/Policies
- The GAO published "Medicare Advantage: Changes Improved Accuracy of Risk Adjustment for Certain Beneficiaries," (GAO-12-52) on Jan. 9, 2012. This report assesses the overall accuracy of the current risk adjustment model.
<http://www.gao.gov/products/GAO-12-52>

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
- 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) 29th 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
- 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/

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.