

# Federal Health Update

MARCH 23, 2012

*Welcome to Federal Health Update. This newsletter, produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care, is a compilation of the latest news in the federal health care sector.*

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## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House of Representatives on Thursday approved a \$3.5 trillion budget plan proposed by Rep. Paul Ryan (R-Wis.) on a 228 to 191 vote, largely along party lines.**

The plan aims to curb exploding deficits through deep cuts in domestic programs, while lowering tax rates for individuals and businesses. Among the provisions is a proposal to raise the eligibility age to 67 and cap spending on those who turn 65 after 2023, offering them a set amount with which to purchase private health insurance on newly created federal exchanges.

The plan is expected to be rejected by the Democratic-majority Senate.

- **Fearing that the Army may be mishandling the matter, Senator Patty Murray, the chair of the Veterans' Affairs Committee, announced she had begun an investigation into whether military hospitals across the country are denying treatment to service members with post-traumatic stress disorder because of cost considerations.**

The Army already is conducting at least three separate probes amid disclosures that the Madigan Army Medical Center on Joint Base Lewis-McChord in Murray's home state of Washington has reversed hundreds of PTSD diagnoses for patients who were up for medical

retirement. Murray's office said last week that a review of PTSD cases dating to 2007 found that 290 of 690 diagnoses — more than 40 percent — had been reversed by a medical screening team.

The Army now is re-evaluating how those diagnoses were changed.

Murray said she fears the same type of misdiagnoses may be happening at other military hospitals. She said she already has directed her committee staff to start looking for other cases. While Murray's committee does not oversee the Army, it has oversight over all issues involving veterans and the federal services they receive as soon as they leave the active military.

"Obviously, there's a very intense focus, necessarily, on Madigan right now, and that has to be ongoing," Murray said. "But I've directed my VA staff to start looking at cases nationwide, and we are finding them. I want to make sure that the Army is not just saying, 'Well, this was just Madigan,' because if we do that we're going to lose a lot of people who have the same issue across the country. ... I'm going to absolutely stay on top of the Army."

- **This week, the Supreme Court heard arguments on whether the individual mandate included in the Patient Protection and Affordable Care Act.** It is unclear where the justices will rule on the various provisions that have been challenged or, if the individual mandate is struck down, the rest of the law would be invalidated.

## **MILITARY HEALTH CARE NEWS**

- **TriWest Healthcare Alliance, which lost the \$20.5 billion contract to UnitedHealth Group to manage the west region for TRICARE, filed a protest on March 26, 2012 with the Government Accountability Office (GAO).**

In a statement, David J. McIntyre Jr., TriWest president and chief executive, called the March 16 decision "inexplicable" and described UnitedHealth as "a company with a long history of performance problems and legal issues, and with no history of providing health care to the military."

TriWest's support of programs involving suicide prevention and treatment of post-traumatic stress disorder had won praise from military leaders.

"They were leaders and innovators in trying to deliver those kinds of services to the Army and DoD," retired Gen. Peter W. Chiarelli, who served as the Army's vice chief of staff until January, said in an interview Monday.

TriWest has held the TRICARE west region contract for 16 years. But a decision in 2009 to again award TriWest the contract was protested by UnitedHealth, and TRICARE subsequently reissued its solicitation for bids.

Kevin Dwyer, a spokesman for TRICAE Management Activity, said the decision to award the contract to UnitedHealth was based on "technical proficiency, past performances and price."

TriWest said its bid was hundreds of millions of dollars lower than UnitedHealth's and claims that the change will force many beneficiaries either to lose access to their current doctors or pay more to continue seeing them.

Dwyer said "some beneficiaries may have to change providers, but it's too early to speculate on how many."

- **The Defense Department announced the launch of a challenge to develop innovative**

### **mobile applications that provide science, technology, engineering and math (STEM) learning tools.**

The contest, which will run from April 2, 2012, to June 4, 2012, is headed by the Advanced Distributed Learning Initiative, a research and development office within the department.

The challenge is open to all mobile app developers who have creative ideas for developing apps that foster problem-solving, discovery, and exploratory learning in the targeted area of “common misconceptions of science.” There is no cost for entering the challenge.

The winning developers will be showcased at the Advanced Distributed Learning Initiative's iFest Conference in Orlando, Fla., July 31, 2012 – Aug, 2, 2012. For more information and to submit an app entry, please visit: <http://www.adlnet.gov/stem-app-challenge>.

## **VETERANS AFFAIRS NEWS**

- **The Department of Veterans Affairs has released the second in a series of annual reports from its Gulf War Veterans Illnesses Task Force.**

The [report](#) outlines how the department will address the concerns of veterans deployed during the Gulf War of 1990-1991.

VA issued a draft version of this report for public comment on Oct. 21, 2011. During the 30-day comment period, VA received over 450 comments through a special social media website created for this purpose, along with twenty-five other comments received through mail, e-mail and telephone calls.

The chairman of the Gulf War Veterans' Illnesses Task Force is John R. Gingrich, chief of staff at VA, and a retired Army officer who also served in the Gulf War.

The report focuses on efforts to improve the delivery of health care for Gulf War veterans. One of the most substantial additions is the launch of a prototype clinical care model specifically for Gulf War veterans, which is the most critical point of service VA provides. There are also efforts underway to create better links between specialty knowledge on Gulf War health issues and subject matter experts for health care providers serving these veterans at the point of care.

Gulf War specific research and development is also contributing to clinical practice and clinical education throughout VA. Two new positions were established in the Office of Research and Development for deployment health and Gulf War health-related issues. Both positions have been filled, are enhancing research efforts for Gulf War Veterans now, and will continue to do so in the coming years.

VA continues to leverage partnerships to improve longitudinal medical surveillance and epidemiology so the department is better able to address the potential health impacts on veterans from past environmental exposures as well as those on today's battlefield.

- **The Department of Veterans Affairs is awarding a California more than \$1 million for a new fire alarm system at the State Veterans' Home in Yountville.**

VA's grant will cover approximately 65 percent of the estimated \$1,605,000 cost of the project.

In fiscal year 2010, VA spent more than \$9 billion to serve California's nearly two million Veterans. VA operates 10 major medical centers in the state, with outpatient clinics and Vet Centers across the state, plus nine national cemeteries.

California operates six state Veterans homes and is planning two more. These homes are residential care facilities offering medical, dental, pharmacy and rehabilitation services and social activities. Veterans age 55 and older, discharged from active military service under honorable conditions, may apply for admission. The age requirement is waived for disabled or homeless Veterans needing long-term care.

More information about California state Veterans home is available on the Internet at [www.calvet.ca.gov/VetHomes/Default.aspx](http://www.calvet.ca.gov/VetHomes/Default.aspx).

- **Each year, the Military Order of the Purple Heart (MOPH) is honored to pay special recognition to a Professional Staff Member of the U.S. Congress who best demonstrates exemplary service to our nation's veterans.**

On March 21, 2012, the Military Order of the Purple Heart (MOPH) presented this year's Exemplary Service Award to Dolores A. Dunn, staff director of the Subcommittee on Health, House Committee on Veterans Affairs.

Each year, the Military Order of the Purple Heart (MOPH) recognizes a professional staff member of the U.S. Congress who best demonstrates exemplary service to our nation's veterans.

Dunn, a government employee for over thirty-one years, joined the staff of the House Committee on Veterans Affairs in 2003. Dunn was promoted to staff director of the Subcommittee on Health, with legislative, oversight, and investigative jurisdiction over the entire Veterans Health Administration, including medical services, medical support and compliance, medical facilities, medical and prosthetic research and major and minor construction.

The organization now known as the "Military Order of the Purple Heart of the U.S.A. Inc.," (MOPH) was formed in 1932 for the protection and mutual interest of all combat wounded veterans and active duty men and women who have received the decoration. Chartered by the Congress, the MOPH is unique among veteran service organizations in that all its members were wounded in combat. For this sacrifice, they were awarded the Purple Heart Medal.

With grants from the MOPH Service Foundation, the MOPH and its Ladies Auxiliary promote patriotism, fraternalism, and the preservation of America's military history. Most importantly, through veteran service, they provide comfort and assistance to all veterans and their families, especially those requiring claims assistance with the VA, those who are homeless, and those requiring employment assistance.

- **The Department of Veterans Affairs is awarding nearly \$800,000 to renovate the heating, ventilation and air conditions systems at Fairchild and Shermanske halls at the Wisconsin Veterans home in Union Grove.**

VA's grant will cover approximately 65 percent of the project's cost, which carries a \$1.2 million price tag.

Last year, VA spent nearly \$2.2 billion in Wisconsin to serve the state's 408,000 Veterans. VA operates major medical centers in Madison, Milwaukee and Tomah, outpatient clinics and Vet Centers across the state, and a national cemetery.

Information about the Wisconsin state Veterans homes at Chippewa Falls, King and Union Grove can be obtained on the Internet at <http://dva.state.wi.us/homes.asp>.

## GENERAL HEALTH CARE NEWS

▪ **The Department of Health and Human Services (HHS) announced the winners of a contest to find innovative technology applications to help solve tough health IT problems on March 25, 2012.**

The Investing in Innovation (i2) program's "One in a Million Hearts Challenge" uses prizes and challenges to foster innovative health IT solutions that empower patients to pursue healthy lifestyles and improve their heart health. It is the first federal program to operate under the authority of the America COMPETES Reauthorization Act. The i2 competition received funding from the American Recovery and Reinvestment Act. The awards were made at the American College of Cardiology Scientific Conference in Chicago.

- The winning team will be awarded \$50,000 for [THUMPr](#), a web-based application whose simple, immersive interface enables users to easily create personal heart health profiles. It generates unique recommendations based on the Million Hearts ABCS framework (Aspirin, Blood pressure, Cholesterol, Smoking cessation), pairing them with actionable steps for the user.
- The second place team will be awarded \$20,000 for [mHealthCoach](#), which incorporates 11 unique data feeds, supports social media integration, peer communities, and fitness groups. mHealthCoach teaches users about cardiovascular health by visually representing positive activities such as exercise, low fat intake and low sodium diets and negative activities such as the intake of fatty foods.
- The third place team will be awarded \$5,000. [Wellframe](#) focuses on patient engagement, evidence-based information and resources, targeted and actionable information and ease of usability. The application provides a heart disease risk assessment, social comparisons, preventive care alerts and educational resources.

For more information about the Million Hearts initiative, visit the <http://millionhearts.hhs.gov/index.html>.

▪ **The Agency for Healthcare Research and Quality (AHRQ) issued a request for proposal entitled "Patient Safety Organization Privacy Protection Center" (PSOPPC).**

The Patient Safety and Quality Improvement Act of 2005 authorized the creation of Patient Safety Organizations (PSO) to collect, aggregate and analyze confidential and privileged information regarding the quality and safety of healthcare.

The Patient Safety Act also authorized AHRQ to develop a "Network of Patient Safety Databases" (NPSD) where PSOs can voluntarily contribute non-identifiable patient safety event information. The NPSD is going to report on non-identifiable, aggregated patient safety event information to be included in AHRQ's Annual National Healthcare Quality Report and in the National Healthcare Disparities Report.

AHRQ established the PSOPPC (RFP No. 12-10005) to assist PSOs and others to make certain that patient safety event information be made non-identifiable prior to sending to the NPSD. The main requirement of this contract is to provide guidance to PSOs with how to use common formats and how to render patient safety event information non-identifiable. The contractor selected must maintain the PSOPPC and the information received by the PSOPPC to high standards of quality control, and manage it efficiently and transparently. The contractor must also maintain the PSOPPC website and databases, transfer non-identifiable information concerning patient safety events to the NPSD, provide assistance and training to PSOs, and conduct several meetings and conference calls.

Notice of Intent is due April 12, 2012 with proposals due April 19, 2012. For more information, go to [www.fbo.gov](http://www.fbo.gov).

▪ **Weight loss and increased physical fitness nearly halved the risk of losing mobility in**

**overweight or obese adults with type 2 diabetes, according to four-year results from the Look AHEAD (Action for Health in Diabetes) trial funded by the National Institutes of Health.**

Look AHEAD is a multi-center, randomized clinical trial designed to determine the long-term effects of intentional weight loss on the risk of developing cardiovascular disease in overweight and obese individuals with type 2 diabetes. Beginning in 2001, 5,145 participants were randomly assigned to either an intensive lifestyle intervention group (ILI) or a diabetes support and education group (DSE). Participants receiving the intervention attended group and individual meetings to achieve and maintain weight loss through decreased caloric intake and increased physical activity. The DSE group attended three meetings each year that provided general education on diet, activity, and social support.

To assess mobility and disability, participants rated their ability to carry out activities with or without limitations. Included were vigorous activities such as running and lifting heavy objects and moderate ones such as pushing a vacuum cleaner or playing golf. Participants also separately rated their ability to climb a flight of stairs; bend, kneel or stoop; walk more than a mile; and walk one block. Both groups were weighed annually and completed a treadmill fitness test at baseline, after one year, and at the end of four years.

After four years of the study, participants in the ILI group experienced a 48 percent reduction in mobility-related disability compared with the DSE group. Furthermore, 20.6 percent of ILI participants reported severe disability compared to 26.2 percent of participants in the DSE group. Likewise, 38.5 percent of those in the ILI group reported good mobility, whereas the rate was 31.9 percent in the DSE group. Weight loss was a slightly stronger predictor of better mobility than improved fitness, but both contributed significantly to the observed reduction in risk.

Overweight and obesity affects more than two-thirds of U.S. adults age 20 and older. More than one-third of adults are obese. Many factors contribute to the problem, including genetics, lifestyle habits, and the food environment. Excess weight can lead to type 2 diabetes, heart disease, high blood pressure, stroke, and certain cancers. Nearly 26 million Americans have diabetes, and 7 million of them do not know it.

The results are published in the March 29, 2012, issue of the [\*New England Journal of Medicine\*](#).

- **Death rates from all cancers combined for men, women and children continued to decline in the United States between 2004 and 2008, according to the Annual Report to the Nation on the Status of Cancer, 1975–2008.**

The overall rate of new cancer diagnoses among men decreased by an average of 0.6 percent per year between 2004 and 2008. Overall cancer incidence rates among women declined 0.5 percent per year from 1998 through 2006 with rates leveling off from 2006 through 2008.

The report is co-authored by researchers from the Centers for Disease Control and Prevention, the North American Association of Central Cancer Registries, the National Cancer Institute, and the American Cancer Society.

The report included a special feature, which highlights the effects of excess weight and lack of physical activity on cancer risk. Esophageal adenocarcinoma, cancers of the colon and rectum, kidney cancer, pancreatic cancer, endometrial cancer, and breast cancer among postmenopausal women are associated with being overweight or obese. Several of these cancers also are associated with not being sufficiently physically active.

For more than 30 years, excess weight, insufficient physical activity, and an unhealthy diet have been second only to tobacco as preventable causes of disease and death in the United States. However, since the 1960s, tobacco use has declined by a third while obesity rates



have doubled, significantly impacting the relative contributions of these factors to the disease burden. Excess weight and lack of sufficient physical activity have been linked to increased risk of cardiovascular disease, hypertension, diabetes, and arthritis, as well as many cancers.

The Report to the Nation was first issued in 1998. In addition to drops in overall cancer mortality and incidence, this year's report also documents the second consecutive year of decreasing lung cancer mortality rates among women. Lung cancer death rates in men have been decreasing since the early 1990s.

The report notes that continued progress against cancer in the United States will require individual and community efforts to promote healthy weight and sufficient physical activity among youth and adults.

- **A new comparative effectiveness study found older adults with stable coronary heart disease (CHD) who underwent bypass surgery had better long-term survival rates than those who underwent a non-surgical procedure to improve blood flow to the heart muscle, also called revascularization.**

The National Institutes of Health-supported study compared a type of surgery known as coronary artery bypass graft (CABG) with a non-surgical procedure known as percutaneous coronary intervention (PCI). While there were no survival differences between the two groups after one year, after four years the CABG group had a 21 percent lower mortality.

Comparative effectiveness research results provide information to help patients and health care providers decide which practices are most likely to offer the best approach for a particular patient, what the timing of interventions should be, and the best setting for providing care.

In CHD, also called coronary artery disease, plaque builds up inside the coronary arteries that supply blood to the heart muscle. Over time, blocked or reduced blood flow to the heart muscle may occur, resulting in chest pain, heart attack, heart failure, or erratic heart beats. Each year, more than half a million Americans die from CHD.

In CABG, or bypass surgery, the most common type of heart surgery in the United States, blood flow to the heart muscle is improved by using ("grafting") a healthy artery or vein from another part of the body to bypass the blocked coronary artery.

PCI is a less invasive, non-surgical procedure in which blocked arteries are opened with a balloon (also called angioplasty). A stent, or small mesh tube, is then usually placed in the opened arteries to allow blood to continue to flow into the heart muscle.

With NHLBI support, the American College of Cardiology Foundation (ACCF) and the Society of Thoracic Surgeons (STS) came together to compare short- and long-term survival outcomes after CABG versus PCI. The investigators linked medical data available in their ACCF and STS databases with follow-up information in the Medicare Provider Analysis and Review database of the Centers for Medicare and Medicaid Services.

Linking these three datasets from 644 U.S. hospitals allowed researchers to analyze information from the STS database on 86,244 older adults (average age 74) with stable CHD who underwent CABG between 2004 and 2007 and 103,549 older adults (average age 74) with stable CHD from the ACCF database who underwent PCI between 2004 and 2007. Follow-up ranged from one to five years, with an average of 2.72 years.

The study found that at one year there was no difference in deaths between the groups (6.55 percent for PCI versus 6.24 percent for CABG). However, at four years there was a lower mortality with CABG than with PCI (16.41 percent versus 20.80 percent). This long-term survival advantage after CABG was consistent across multiple subgroups based on gender, age, race, diabetes, body mass index, prior heart attack history, number of blocked coronary

vessels, and other characteristics.

- **According to the Centers for Disease Control and Prevention (CDC), 1 in 88 U.S. children have autism spectrum disorders.**

The new study reveals a 23 percent increase in autism cases in 2008, up from 1 in 110 children in 2006. Numbers are even higher for boys, with 1 in 54 8-year-olds now counted on the spectrum. The new numbers represent a 73 percent increase since the CDC first began counting in 2000.

The number of children identified with ASDs ranged from 1 in 210 children in Alabama to 1 in 47 children in Utah. The largest increases were among Hispanic and black children.

The report, Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2008, provides autism prevalence estimates from 14 areas.

Study results from the 2008 surveillance year show 11.3 per 1,000 8-year-old children have been identified as having an ASD. This marks a 23 percent increase since the last report in 2009. Some of this increase is due to the way children are identified, diagnosed and served in their communities, although exactly how much is due to these factors is unknown. “To understand more, we need to keep accelerating our research into risk factors and causes of autism spectrum disorders,” said Coleen Boyle, Ph.D., M.S.Hyg., director of CDC’s National Center on Birth Defects and Developmental Disabilities.

The study also shows more children are being diagnosed by age 3, an increase from 12 percent for children born in 1994 to 18 percent for children born in 2000.

To learn more about this study, visit [www.cdc.gov/autism](http://www.cdc.gov/autism).

## GUARD/RESERVE

- As of March 20, 2012, the total number of Guard and Reserve currently on active duty has **decreased** by 235 to 71,662. The totals for each service are Army National Guard and 52,118; Navy Reserve, 4,748; Air National Guard and Air Force Reserve, 9,267; Marine Corps Reserve, 4,754, and the Coast Guard Reserve, 775. [www.defenselink.mil](http://www.defenselink.mil)

## REPORTS/POLICIES

- **The Institute of Medicine (IOM) published “Primary Care and Public Health: Exploring Integration to Improve Population Health,” on March 28, 2012.** This report identifies a set of core principles derived from successful integration efforts – including a common goal of improving population health, as well as involving the community in defining and addressing its needs. <http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx>

## HILL HEARINGS

- The Senate Armed Services Subcommittee on Personnel will hold a hearing on



**April 25, 2012**, to examine the Active, Guard, Reserve, and civilian personnel programs in review of the Defense Authorization request for fiscal year 2013 and the Future Years Defense Program.

## LEGISLATION

- **H.R.4266** (introduced March 27, 2012): Protecting Pregnant Women and Children From Hexavalent Chromium Act of 2012 was referred to the House Committee on Energy and Commerce  
Sponsor: Representative Adam B. Schiff [CA-29]
- **H.R.4274** (introduced March 28, 2012): To amend title IV of the Public Health Service Act and title V of the Federal Food, Drug, and Cosmetic Act to permanently extend the provisions of the Best Pharmaceuticals for Children Act and the Pediatric Research Equity Act of 2003 was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Mike J. Rogers [MI-8]
- **S.2236** (introduced March 26, 2012): the *Advancing Breakthrough Therapies for Patients Act of 2012* was referred to the Committee on Health, Education, Labor, and Pensions  
Sponsor: Senator Michael F. Bennet [CO]
- **S.2243** (introduced March 28, 2012): A bill to establish a program to provide incentive payments to participating Medicare beneficiaries who voluntarily establish and maintain better health was referred to the Committee on Finance.  
Sponsor: Senator Ron Wyden [OR]

## MEETINGS

- 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>
- The Conference on Vaccine Research will be held on **May 7–9, 2012**, in Baltimore, Md. <http://immunize.us1.list-manage2.com/track/click?u=69948816469e0f4801f8647ee&id=20e0c08ef8&e=8a0b0385de>
- The Weight of the Nation, Moving Forward, Reversing the Trend Conference will be held on **May 7-9, 2012**, in Washington DC <http://www.cdc.gov/won/>
- 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/)
- The 2012 National Conference on Health Statistics will be held **August 6-8, 2012**, in Washington DC 2012 [http://service.govdelivery.com/service/view.html?code=USCDC\\_43](http://service.govdelivery.com/service/view.html?code=USCDC_43)

- The 28th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.1-3, 2012**, in Los Angeles, Calif. <http://www.istss.org/Home.htm>

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**If you need further information on any of the items in the Federal Health Update, please contact Kate Theroux at (703) 447-3257 or by e-mail at [dhakat@aol.com](mailto:dhakat@aol.com).**