Federal Health Update

APRIL 20, 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 and Senate are in session.**

MILITARY HEALTH CARE NEWS

- **The Army released suicide data for the month of March.**

  During March, among active-duty soldiers, there were 18 potential suicides: three have been confirmed as suicides and 15 remain under investigation. For February, the Army reported 11 potential suicides among active-duty soldiers. Since the release of that report, five have been confirmed as suicides and six remain under investigation.

  For 2012, there have been 45 potential active-duty suicides: 20 have been confirmed as suicides and 25 remain under investigation. Updated active-duty suicide numbers for 2011: 164 (164 have been confirmed as suicides and none remains under investigation).

  During March, among reserve component soldiers who were not on active duty, there

were 10 potential suicides (seven Army National Guard and three Army Reserve): four have been confirmed as suicides and six remain under investigation. For February, among that same group, the Army reported three potential suicides. Since the release of that report, one case has been added for a total of four potential suicides (four Army National Guard and no Army Reserve): three have been confirmed as suicides and one remains under investigation.

For 2012, there have been 20 potential not on active duty suicides (16 Army National Guard and four Army Reserve): 13 have been confirmed as suicides and seven remain under investigation. Updated not on active duty suicide numbers for 2011: 117 (81 Army National Guard and 36 Army Reserve); 117 have been confirmed as suicides and none remain under investigation.

Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline. Trained consultants can be reached at 1-800-273-TALK (8255) or by visiting their website at http://www.suicidepreventionlifeline.org.

- **Humana Military Healthcare Services has partnered with ActiveHealth Management (ActiveHealth(R)) to provide a new, secure, website for TRICARE Prime beneficiaries called MyActiveHealth(SM).**

The website will help TRICARE Prime beneficiaries enrolled with a civilian Primary Care Manager (PCM) improve their health and better manage any chronic health conditions. MyActiveHealth will give beneficiaries a secure way to store their health information and medical history. The website also offers health information resources for beneficiaries.

For more information regarding MyActiveHealth, visit www.humana-military.com/myactivehealth.

- **Military families can now find a TRICARE doctor, military clinic or urgent care center while on the move — right from their mobile devices.**

As part of efforts to make information and support available whenever and wherever for TRICARE beneficiaries, TriWest Healthcare Alliance has added this provider directory functionality to its mobile application and mobile website. TriWest manages the Department of Defense's TRICARE military health program for 2.9 million military members, retirees and family members in 21 western states.

Using the provider directory, beneficiaries using any phone or tablet with Internet access can easily locate the closest military clinic. They can also search for a health care provider by: name, location, specialty, facility or group name

The TriWest mobile app is available for: iPhone®/iPad or Android

TRICARE beneficiaries can also use the provider directory via TriWest's mobile site.

- **According to *Nextgov.com*, Defense Secretary Leon Panetta said congressional tinkering with the $613 billion 2013 Defense Department budget could have unintended consequences and result in a hollow force.**

Flanked by Army Gen. Martin Dempsey, chairman of the Joint Chiefs of Staff, Panetta also defended the long-term Defense strategy unveiled in January, saying it will help the Pentagon to slash its budget by $487 billion over the next 10 years.

During the press conference, Panetta emphasized that the department's military leadership backed both the 2013 budget and the Defense strategy. Panetta said the 2013 budget is a "zero-sum game" and any changes to it will require cuts in key systems and projects that support the long-term strategy.

The budget includes increases in fees for TRICARE beneficiaries ranging from $35 to $155 per month for military retirees in an effort to curb spiraling health care costs. According to Defense officials, these increases, after four years, would boost retiree health care costs to just under $2,000 a year, compared with the $4,000 per year federal civilian employees pay.

Panetta said if Congress does not go along with the TRICARE fee increases this will amount to a $13 billion hit to the long-term Defense budget, which could affect readiness and possibly lead to reductions in troop strength.

- **The National Association for Uniformed Services (NAUS) released a statement about the proposed TRICARE fee increase:** http://www.marketwatch.com/story/national-military-association-president-calls-on-congress-to-stop-the-war-on-tricare-2012-04-16

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs has awarded McShane Development Company, LLC, Rosemont, Ill., a contract to build a new health care clinic in Gilbert, Ariz.**

Construction of the two-story building, covering 60,000 square feet of space, will add specialty care services including audiology, radiology and dental to the existing services. This project will also improve access to primary care services, and includes nearly 500 additional parking spaces. The new facility will replace the existing 30,000-square-foot clinic on the former Williams Air Force Base/Arizona State University East Campus. Once the new facility is accepted, VA will pay an annual rent of $1.95 million and will lease the facility from the developer for a 20-year term.

The new clinic will house outpatient services for more than 19,000 veterans annually in Maricopa County, as well as parts of Pinal and Gila counties. The facility is located near Mercy Gilbert Hospital and will be overseen by the Phoenix VA Health Care System, which is a part of Veterans Integrated Service Network 18.

- **The Department of Veterans Affairs hosted its first tribal consultation focused on providing services to American Indian and Alaska Native Veterans in Washington, D.C., on April 5.**

The meetings focused on areas concerning the three major components of VA. Within the Veterans Benefits Administration, the discussion centered on the Native American Direct Loan Program, which enables eligible veterans to use their VA home loan guaranty benefit on federal trust land.

Included in the topics covered by the Veterans Health Administration was a discussion

on how VA can engage tribes in activities related to an agreement with the Indian Health Service. The agreement seeks ways to enhance the health care of American Indian and Alaska Native veterans through greater collaboration and resource-sharing between both agencies.

Finally, the National Cemetery Administration explored ways of increasing awareness of a public law stipulating that grants to tribal organizations will be made in the same manner as grants to states.

- **The Department of Veterans Affairs announced the national deployment of claims transformation initiatives to 12 regional offices in the remaining months of fiscal year 2012 to improve benefits delivery to veterans, families and their survivors.**

The 12 regional offices to begin the deployment of the transformation initiatives include: Huntington, W.Va.; Hartford, Conn.; Portland, Ore.; Houston, Texas; Cleveland, Ohio; Des Moines, Iowa; Boise, Idaho; Phoenix, Ariz.; New Orleans, La.; San Juan, Puerto Rico; Atlanta, Ga.; Newark, N.J. This deployment follows four pilot programs at Indianapolis, Ind., Wichita, Kan., Milwaukee, Wis., and Fort Harrison, Mont., in 2012.

VA's transformation plan is based on more than 40 measures that were selected, evaluated, tested and measured from over 600 stakeholder and employee innovation ideas.

During the national deployment, VA will track and gauge the integrated effects of the transformation plan to reduce the backlog of disability claims and provide veterans, their families and survivors with more timely and accurate claims decisions. VA expects to deploy the transformation plan to the remaining 40 regional offices throughout calendar 2013.

The major components of the plan include:

- **The Intake Processing Center**, which adds a formalized process for triaging claims documents and other mail, and drives faster and more accurate association of mail with veterans' claims files;
- **Segmented Processing Lanes**, which allow claims that can be more easily rated to move quickly through the system and the more complex claims to be processed by VA's more experienced and skilled employees;
- **Cross-Functional Teams**, which support a case-management approach to claims processing that minimizes rework and reduces processing time; and
- **The Veterans Benefits Management System**, which is a new electronic claims processing system that employs rules-based technologies to improve decision speed and quality.

VA provides compensation and pension benefits to more than 4 million veterans, family members and survivors.

- **The Department of Veterans Affairs will recognize 2012 National VA Research Week April 23 - 27.**

This year's theme, "Caring for Veterans Through Discovery & Collaboration," will mark a week that celebrates the contributions of veterans who make research possible by participating in VA research studies as well as VA investigators and collaborators.

John P. Holdren, Ph.D., director of the White House Office of Science and Technology Policy and assistant to the President, will be a featured speaker at VA's Research Week Forum April 26. The Forum, to be held at VA Central Office in Washington D.C., is part of

the Department's annual Research Week celebration. Dr. Joel Kupersmith, Chief Research and Development Officer, will provide opening remarks and serve as Forum moderator.

For more information about Research Week, including registering for the VA Central Office Forum, visit www.research.va.gov.

- **Secretary of Veterans Affairs Eric K. Shinseki announced that the department would add approximately 1,600 mental health clinicians to its existing workforce of 20,590 mental health staff as part of an ongoing review of mental health operations.**

  VA's ongoing comprehensive review of mental health operations has indicated that some VA facilities require more mental health staff to serve the growing needs of veterans. Based on a model for team delivery of outpatient mental health services, plus growth needs for the Veterans Crisis Line and anticipated increases in Compensation and Pension/Integrated Disability Evaluation System exams, VA projected the additional need for 1,900 clinical and clerical mental health staff at this time. As these increases are implemented, VA will continue to assess staffing levels.

  VA will allocate funds from the current budget to all 21 Veterans Integrated Service Networks (VISNs) across the country this month to begin recruitment immediately. Staff additions will include nurses, psychiatrists, psychologists and social workers as well as nearly 300 support staff.

  Last year, VA provided specialty mental health services to 1.3 million veterans. Since 2009, VA has increased the mental health care budget by 39 percent. Since 2007, VA has seen a 35 percent increase in the number of veterans receiving mental health services, and a 41 percent increase in mental health staff.

  VA has enhanced services by integrating mental health care into the primary care setting, developed an extensive suicide prevention program, and increased the number of Veterans Readjustment Counseling Centers (Vet Centers). VA's Veteran Crisis Line has received more than 600,000 calls resulting in over 21,000 rescues of Veterans in immediate crisis.

  To locate the nearest VA facility or Vet Center for enrollment and to get scheduled for care, veterans can visit VA's website at www.va.gov.

GENERAL HEALTH CARE NEWS

- **According to a Health and Human Services (HHS) report, the Medicare program has saved $202 million in nine metropolitan statistical areas through competitive bidding – a reduction of 42 percent in costs. As the program expands under the Affordable Care Act and earlier law, it could save up to $42.8 billion for taxpayers and beneficiaries over the next 10 years.**

  The report showed there have been no negative effects on the health of people on Medicare or their access to needed supplies and services.

  Key information in the report:

  - Seniors, and people with disabilities in Medicare will directly save a projected $17.1 billion due to lower co-insurance for durable medical equipment and

lower premiums for Medicare over the next decade, while taxpayers are projected to save an additional $25.7 billion through the Medicare Supplementary Medical Insurance Trust Fund because of reduced prices.

- In the first year of implementation in nine metropolitan statistical areas, through a combination of lower prices and fewer unnecessary services, the competitive bidding program saved Medicare $202 million.
- Medicare beneficiaries in the nine areas had substantial reductions in their co-insurance for DME.
- Last year alone, people with Medicare saved up to $105 on hospital beds, $168 on oxygen concentrators, and $140 on diabetic test strips.
- A real-time claims monitoring system, set up to ensure that access to supplies was not compromised, has found that people on Medicare continue to have access to all necessary and appropriate items.

The Affordable Care Act expands Round 2 of the DME competitive bidding program from 70 to 91 metropolitan statistical areas across the country. CMS is evaluating bids from suppliers for the 91 areas. By 2016, all areas of the country will benefit from either the competitive bidding program or lower rates based on the competitively bid rates.

To read the full report, please visit: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid/index.html.

- **Death rates from unintentional injuries among children and adolescents from birth to age 19 declined by nearly 30 percent from 2000 to 2009, according to a new Vital Signs report from the Centers for Disease Control and Prevention.**

However, more than 9,000 children lost their lives as a result of unintentional injury in the United States in 2009. And although rates for most causes of child injuries have been dropping, suffocation rates are on the rise, with a 54 percent increase in reported suffocation among infants less than one year old. Poisoning death rates also increased, with a 91 percent increase among teens aged 15-19, largely due to prescription drug overdose.

This Vital Signs report is CDC's first study to show fatal unintentional injury trends by cause and by state for children from birth to 19 years. The most common cause of death from unintentional injury for children is motor vehicle crashes; other leading causes include suffocation, drowning, poisoning, fires, and falls.

Death rates from motor vehicle crashes dropped by 41 percent from 2000-2009. Several factors have played a role in this reduction, including improvements in child safety and booster seat use and use of graduated drivers licensing systems for teen drivers. However, crashes remain the leading cause of unintentional injury death for children.

CDC and more than 60 partner organizations are releasing a National Action Plan on Child Injury Prevention in conjunction with the Vital Signs report.

For a copy of the plan and more information about child injury prevention, visit www.cdc.gov/safechild.

- **"Breast cancer" may be an inaccurate blanket term for ten separate diseases, according to a new study in *Nature*.**

Researchers examined the breast cancers in 2,000 women from the U.K. and Canada and determined that there were 10 distinct types of breast cancer. The report suggested

that because hospitals often cast a wide net of tests and don't break down the kind of breast cancer further from their broad categorizations, treatments might not be as specialized as they could be.

Breast cancer is normally classified by "markers" on tumors and treatment varies depending on this information. Seventy percent of breast cancers respond to hormone therapies, but reactions can vary. Breaking down specifically what kind of disease is affecting the patient could be crucial in how it is treated.

Breast cancer will affect 229,060 Americans and cause about 39,920 deaths in 2012, according to the National Cancer Institute.

- **A joint, strategic partnership to improve surgical patient safety at the national level was announced by leaders of the American College of Surgeons (ACS) and the Centers for Disease Control and Prevention (CDC).**

At the core of the alliance is a desire to sustain and strengthen quality health care by combining expertise and organizational resources in tracking, reporting, and preventing surgical site infections (SSIs) and other adverse outcomes among surgical patients.

The ACS National Surgical Quality Improvement Program (ACS NSQIP®) and the CDC's National Center for Emerging and Zoonotic Infectious Diseases, Division of Health Care Quality Promotion (DHQP), will form a working group to jointly develop and maintain measures of SSIs and infectious and noninfectious complications that affect surgical patients. The work group will build upon the portfolio of SSI measures developed jointly by ACS and CDC in 2010 for abdominal hysterectomy and colon operations. These measures are now in place as part of Medicare quality reporting programs.

A key objective of the new ACS-CDC collaboration is to harmonize and maintain the ACS NSQIP and CDC's National Healthcare Safety Network (NHSN) definitions, data requirements, and technical specifications in a manner that will allow data transfers from ACS NSQIP to NHSN, yet still maintain the individuality of each reporting system. Furthermore, ACS and CDC will explore ways to maximize the use of electronic health records (EHRs) for collecting and submitting standard SSI measure data and other data to aggregating systems, namely ACS NSQIP and CDC's NHSN.

An initial three-year period has been identified for the ACS-CDC collaboration to address surgical patient safety problems caused by SSIs and other infectious and noninfectious complications.

- **The Department of Health and Human Services (HHS) posted online for public comment an updated National Action Plan to eliminate healthcare-associated infections.**

The update confirms progress in the effort to make healthcare safer and less costly by reducing preventable complications of care, including healthcare-associated infections (HAIs).

Every day, approximately 1 in every 20 patients has an infection related to the patient's hospital care. These infections cost the U.S. healthcare system billions of dollars each year and lead to the loss of tens of thousands of lives. In addition, HAIs can have devastating emotional, financial and medical consequences.

A new state-by-state breakdown by the Centers for Disease Control and Prevention (CDC) demonstrates that HAIs in hospitals have been declining since HHS first introduced its *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination in 2009*. The CDC report also pinpoints specific medical

procedures that require stronger infection prevention efforts to maximize patient safety.

According to data submitted to CDC's National Healthcare Safety Network and reported in the HAI Action Plan, central line-associated bloodstream infections have declined by 33 percent, surgical site infections (SSIs) have declined by 10 percent, and catheter-associated urinary tract infections have declined by seven percent since the baselines were set.

In addition, invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) infections have declined by 18 percent, and the use of measures known to prevent SSIs, as reported by the Centers for Medicare and Medicaid Services' Surgical Care Improvement Project, have steadily increased since the baseline was established. These reductions are in line with the prevention targets detailed in the HAI Action Plan and the HHS Partnership for Patients initiative.

An announcement of the request for public comments on the National Action Plan will be published in the Federal Register the week of April 23.

GUARD/RESERVE

- As of April 10, 2012, the total number of Guard and Reserve currently on active duty has **decreased** by 128 to 71,981. The totals for each service are Army National Guard and 51,631; Navy Reserve, 4,635; Air National Guard and Air Force Reserve, 10,292; Marine Corps Reserve, 4,609, and the Coast Guard Reserve, 814. www.defenselink.mil

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REPORTS/POLICIES

- **The GAO published "Defense Health Care: Applying Key Management Practices Should Help Achieve Efficiencies within the Military Health System,"** ***(GAO-12-224) on April 12, 2012.*** This report reviews DoD's efforts to slow its rising health care costs by changing selected clinical, business and management practices. Specifically, GAO determined the extent to which DoD has identified initiatives to reduce health care costs and applied results-oriented management practices in developing plans for implementing and monitoring them; and implemented its seven medical governance initiatives approved in 2006 and employed key management practices. *http://www.gao.gov/assets/600/590090.pdf*

- **The Institute of Medicine (IOM) published** ***"Envisioning a Transformed Clinical Trials Enterprise (CTE) in the United States: Establishing an Agenda for 2020 - Workshop Summary,"*** **on April 13, 2012.** This report focused on how to transform the CTE, and discussed a vision to make the enterprise more efficient, effective, and fully integrated into the health care system. http://www.iom.edu/Reports/2012/Envisioning-a-Transformed-Clinical-Trials-Enterprise-in-the-United-States.aspx

- **The Rand Corporation published** ***"Medical Readiness of the Reserve Component,"*** **on April 16, 2012.** This report identifies existing medical readiness requirements of reserve components (RC), quantifies current RC medical readiness, identifies obstacles to achieving compliance, and suggests options for improving medical readiness in a cost-effective manner. http://www.rand.org/pubs/monographs/MG1105.html

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

- **S.2288** (introduced April 17, 2012): A bill to amend title XXVII of the Public Health Service Act to preserve consumer and employer access to licensed independent insurance producers was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Mary L. Landrieu [LA]
- **S.2289** (introduced April 17, 2012): A bill to amend the Federal Food, Drug, and Cosmetic Act with respect to pediatric provisions was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Jack Reed [RI]
- **S.2292** (introduced April 17, 2012): A bill to promote accountability, transparency, innovation, efficiency and timeliness at the Food and Drug Administration for America's patients referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Richard Burr [NC]
- **S.2293** (introduced April 18, 2012): A bill to establish a national, toll-free telephone parent helpline to provide information and assistance to parents and caregivers of children to prevent child abuse and strengthen families was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Barbara Boxer [CA]
- **S.2295** (introduced April 18, 2012): A bill to permit manufacturers of generic drugs to provide additional warnings with respect to such drugs in the same manner that the Food and Drug Administration allows brand names to do so was referred to the Committee on Health, Education, Labor, and Pensions.
  Sponsor: Senator Patrick J. Leahy [VT]

MEETINGS

- 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 7th Annual Amygdala, Stress and PTSD Conference will be held on **April 24, 2012,** in Bethesda Md. http://www.amygdalaconference.org/
- 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=8a0b038

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- 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/
- 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
- 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.