

Federal Health Update

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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

- **On May 10, 2012, the House Armed Services Committee approved HR 4310, the National Defense Authorization Act (NDAA) for Fiscal Year 2012. The bill is being debated on the floor of the House.**

The NDAA FY 2013 restates the firmly-held sense of Congress that prior service to our nation is a pre-payment of health care benefits in retirement. As such, it rejects Administration proposals to increase some TRICARE fees and establish new TRICARE fees. The legislation includes a modest increase in TRICARE pharmacy co-pays in 2013 and a cap on pharmacy co-pays beginning in 2014 that would allow fees to rise by no more than the annual retiree COLA. This is offset by a five-year pilot program that requires TRICARE for life recipients to obtain refills of maintenance drugs through the TRICARE mail-order program.

- **On May 15, 2012, the Congressional Budget Office (CBO) published a report analyzing the House's proposed 2013 national defense bill.**

According to the report, the proposed legislation would set higher copayments for those who use the TRICARE pharmacy system beginning in 2013 and would limit the future growth of those copayments to increases in the annual cost-of-living adjustment (COLA)

for military retired pay.

In the report, CBO estimates that the decrease net costs relative to current law would be about \$50 million over the 2013-2017 period, although over time, the costs would increase. <http://www.cbo.gov/sites/default/files/cbofiles/attachments/hr4310.pdf>

MILITARY HEALTH CARE NEWS

- **Secretary of the Army John McHugh and Chief of Staff Raymond T. Odierno announced the start of a comprehensive, Army-wide review of soldier behavioral health diagnoses and evaluations.**

The announcement comes following revelations that some soldiers diagnosed with post-traumatic stress disorder (PTSD) had that finding rejected during a subsequent evaluation at the Madigan Army Medical Center near Tacoma, Wash. The Army is currently reviewing those cases and, in some instances, determined that the original PTSD diagnoses were more accurate. The Army will now review diagnoses and evaluations made at its remaining medical facilities. Such diagnoses are the first step in a soldier's evaluation for disability benefits.

McHugh and Odierno said that the effort will be led by their respective deputies, Undersecretary of the Army Joseph Westphal and Vice Chief of Staff Lloyd Austin. Sergeant Major of the Army Raymond Chandler will serve as special advisor to the effort.

"These challenges require us to strengthen our efforts," McHugh said. "And that starts with the correct evaluation and proper medical diagnoses."

- **The Department of Defense announced that it will issue 23 awards to academic institutions across the country to perform multidisciplinary basic research.**

The program expects to award \$155 million over the next five years. The Multidisciplinary University Research Initiative (MURI) supports the research of teams of investigators whose backgrounds intersect multiple traditional science and engineering disciplines in order to accelerate research progress.

The awards will be made by the Army Research Office (ARO), the Office of Naval Research (ONR), and the Air Force Office of Scientific Research (AFOSR), and are subject to successful negotiation between the institution and DoD. The highly competitive MURI program complements DoD basic research programs that support traditional, single-investigator university research. Multidisciplinary University Research Initiatives incentivize research by multidisciplinary teams through larger and longer awards.

The awards announced are for a five-year period, subject to availability of appropriations and satisfactory research progress. Multidisciplinary University Research Initiative awards provide greater sustained support for the education and training of students pursuing advanced degrees in science and engineering fields critical to DoD.

Army Research Office, the Office of Naval Research, and the Air Force Office of Scientific Research solicited proposals in 21 topics and received 251 white papers, which were followed by 78 proposals. The awards announced today were selected based on merit review by a panel of experts.

The list of projects selected for fiscal 2012 funding may be found at <http://www.defense.gov/news/2012MURI.pdf>.

- **The U.S. Department of Labor, Office of Federal Contract Compliance Programs (OFCCP), has notifying TRICARE network providers that any on-going compliance reviews are “on hold,” pending the outcome of current litigation challenging the OFCCP’s jurisdiction over health care providers that are part of a TRICARE provider network.**

The OFCCP is tasked with enforcing the affirmative action requirements of Executive Order 11246 and related federal statutes. The litigation began several years ago when the OFCCP filed an administrative complaint with the U.S. Department of Labor’s Administrative Review Board (ARB) against Florida Hospital of Orlando to force the hospital to submit to a compliance review. Prior to this case, the OFCCP had never asserted jurisdiction over an employer based solely on its status as a TRICARE network provider.

In October 2010, an administrative law judge issued a recommended decision adopting the OFCCP’s position that TRICARE network providers are federal subcontractors. Florida Hospital sought review by the ARB, and that review is still pending.

- **Heidi King, deputy director of the Department of Defense (DoD) Patient Safety Program, and Dr. James Battles, social science analyst for patient safety at the Health and Human Services Agency for Healthcare Research and Quality, were recently recognized as finalists for the Citizen Services Medal for their work developing and implementing the innovative team training system, TeamSTEPPS®.**

Team Strategies and Tools to Enhance Performance and Patient Safety, or TeamSTEPPS®, is designed to improve the quality, safety and efficiency of health care to achieve the best clinical outcomes for patients.

King and Battles developed the program to improve communication and patient safety in health care facilities nearly a decade ago. Today, TeamSTEPPS® has reached more than 80 percent of DoD military treatment facilities across Army, Navy and Air Force.

The Samuel J. Heyman Service to America Medals, sponsored by the Partnership for Public Service, are awarded annually to outstanding federal employees whose accomplishments have made a significant difference in the lives of Americans.

To learn more, please visit: [Citizen Services Medal](#).

- **Pacific Medical Centers (PacMed) has partnered with Providence Medical Group to offer nearly 10,000 eligible military families and retirees living in Snohomish County access to health care closer to home.**

PacMed is one of only six healthcare organizations nationally that sponsor the Uniformed Services Family Health Plan (USFHP), a Department of Defense health care option available to military family members in six areas across America, including the Puget Sound.

PacMed has worked with Providence Medical Group in the past to provide care to a limited number of our USFHP members at Providence’s Marysville clinic. The relationship has expanded to include Providence’s Everett and Snohomish clinics as well as allow new, eligible members to use the Marysville clinic.

USFHP provides the TRICARE Prime benefit and delivers health care to more than 115,000 beneficiaries nationally. Individuals enrolled in the USFHP must live in one of six service areas where they can receive benefits from a network of community-based, not-for-profit healthcare systems (including PacMed). This plan is the only Prime program that offers benefits to beneficiaries over the age of 65, regardless of whether they are enrolled in Medicare Part B.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) has released a draft of its strategic report to address key issues facing women veterans.**

The plan outlines steps for improvements to care and services for women veterans that are sustainable, accountable and a part of the department's culture and operations.

VA Secretary Eric Shinseki formed a task force to develop an action plan to address women veterans' issues. Since then, the group has conducted a broad survey of department experts to identify those issues and organize them by priority. The draft report is an interim step prior to VA finalizing its overall plan.

The number of women veterans using VA has increased 83 percent in the past decade, from about 160,000 to over 292,000 between fiscal years 2000 and 2009, compared with a 50 percent increase in men.

Women are now the fastest growing cohort within the veteran community. In 2011, about 1.8 million or eight percent of the 22.2 million veterans were women. The male veteran population is projected to decrease from 20.2 million men in 2010 to 16.7 million by 2020. In contrast, the number of women veterans will increase from 1.8 million in 2011 to 2 million in 2020, at which time women will make up 10.7 percent of the total veteran population.

VA is training providers in basic and advanced topics in women's health through mini-residencies, and over 1200 providers have currently received training. Comprehensive women's health care can be provided within three different models of care, including comprehensive women's clinics; separate, but shared, space women's clinics; or integrated primary care clinics. All of these clinic models ensure that women receive all of their primary health care (prevention, medical, and routine gynecologic care) by a single primary care provider. A network of medical directors and program managers who coordinate care for women Veterans now encompasses all 153 medical centers in the VA Health Care System.

To view the report, please visit VA's website at:

http://www.va.gov/opa/publications/Draft_2012_Women-Veterans_StrategicPlan.pdf.

The draft written report will be open for comment for 30 days, and responders will have a number of options to provide both electronic and written feedback. The public notice and instructions for how to submit comments will be posted at www.regulations.gov. Readers will also be able to participate in a public discussion board on the Internet at:

<http://vawomenvetstratplan.uservoice.com/forums/159415-general>.

- **In April, the Department of Defense (DoD) submitted to Congress that that DoD and the Department of Veterans Affairs (VA) have made "significant progress" on their project to create an integrated electronic health record (iEHR), according to Information Week.**

The Congressional [report](#) stated that the two departments had agreed on a wide range of

topics, including common data standards, data center consolidation, common clinical applications, a common presentation layer and a governance structure for the iEHR. The Defense Department's Information Systems Agency will run the data centers, and its Manpower Data Center will handle identity management, the report said.

The two departments also have agreed on how iEHR functionalities will be developed. Their goal is to use "a coordinated, 'best-of-breed' approach that includes a mix of existing SOA (service-oriented architecture)-compliant capabilities, commercial-off-the-shelf, open-source and custom systems."

In addition, the two departments will acquire "commercially available components for joint use whenever possible and cost effective." Only if those are unavailable will they adopt a "department-developed application solution." Also, open source will be an option, although not the main development method. "To foster innovation and expedite the delivery of products to the user, the EHR will leverage both open source and traditional approaches to software acquisition," the document says.

- **A new study conducted by the Department of Veterans Affairs (VA) has found that veterans exposed to explosions may be at risk for early-onset dementia.**

VA researchers examined autopsied brains of four former combat service members and four athletes. The study showed evidence of a progressive degenerative brain disorder called chronic traumatic encephalopathy (CTE), a disease found in recent years among deceased professional football players who had suffered multiple concussions. However, researchers found that a single blast could trigger the disorder in service members.

The researchers also discovered what they believe is the mechanism by which explosions damage brain tissue and trigger the wasting disease, called chronic traumatic encephalopathy, or C.T.E., by studying simulated explosions on mice. The animals developed evidence of the disease just two weeks after exposure to a single simulated blast, researchers found.

Army and Navy brain-trauma scientists who treat or study soldiers and Marines who suffer combat brain injuries applauded the study for focusing attention on CTE, but questioned some of the conclusions given the limited number of brain autopsies performed in the study.

The study results were published in the journal [*Science Translational Medicine*](#).

GENERAL HEALTH CARE NEWS

- **Health and Human Services (HHS) Secretary Kathleen Sebelius announced the launch of a new web-based tool that will make it easier for all Americans to monitor and measure how the nation's health care system is performing.**

The web-based tool, the Health System Measurement Project, will allow policymakers, providers and the public to develop consistent data-driven views of changes in critical U.S. health system indicators.

The Health System Measurement Project brings together datasets from across the federal government that span topical areas, such as access to care, cost and affordability, prevention and health information technology. It presents these indicators by population characteristics, such as age, sex, income level, insurance coverage, and geography.

Using the Measurement Project, consumers can quickly view data on a given topical area from multiple sources, compare trends across measures and compare national

trends with those at the state and regional level. For example, an individual could use the Measurement Project to monitor the percentage of people who have a specific source of ongoing medical care or track avoidable hospitalizations for adults and children by region or ethnic group.

The measures included in the Health System Measurement Project, developed and selected by the HHS Office of the Assistant Secretary for Planning and Evaluation, are aligned with the HHS Strategic Plan, the National Quality Strategy, and other departmental strategic planning efforts. The measures are drawn primarily from existing publicly available datasets. The tool contains information on how the measures were calculated and provides users with direct links back to the original data sources.

To access the Health System Measurement Project, go to HealthMeasures.aspe.hhs.gov.

- **Health and Human Services (HHS) Secretary Kathleen Sebelius released a national plan to fight Alzheimer's disease.**

The National Plan to Address Alzheimer's Disease, a provision of National Alzheimer's Project Act (NAPA), which was signed into law in January 2011, includes the development of effective prevention and treatment approaches for Alzheimer's disease and related dementias by 2025.

In February 2012, the administration announced that it would take immediate action to implement parts of the plan, including making additional funding available in fiscal year 2012 to support research, provider education and plan public awareness. The President's proposed FY 2013 budget provides a \$100 million increase for efforts to combat Alzheimer's disease. These funds will support additional research (\$80 million), improve public awareness of the disease (\$4.2 million), support provider education programs (\$4.0 million), invest in caregiver support (\$10.5 million), and improve data collection (\$1.3 million).

The plan includes the funding of two major clinical trials; the development of new high-quality, up-to-date training and information for our nation's clinicians; and a new public education campaign and website to help families and caregivers find the services and support they need.

As many as 5.1 million Americans have Alzheimer's disease and that number is likely to double in the coming years. At the same time, millions of American families struggle with the physical, emotional and financial costs of caring for a loved one with Alzheimer's disease.

To read the National Plan to Address Alzheimer's Disease, visit <http://aspe.hhs.gov/daltcp/napa/NatlPlan.pdf>.

- **The National Institute of Nursing Research (NINR) announced five new members to the National Advisory Council for Nursing Research (NACNR), the institute's principal advisory board.**

The NACNR meets three times a year on the NIH campus to provide recommendations on the direction and support of the nursing, biomedical, social and behavioral research that forms the evidence base for nursing practice. An important role of the council is to conduct a second level of review of grant applications that have been scored by scientific review groups. In addition, the council reviews the institute's extramural programs and makes recommendations about its intramural research activities.

- Julie Anderson, Ph.D., RN, is a nursing assistant professor in the University of North Dakota's College of Nursing, Grand Forks.

- Susan Gennaro D.S.N., RN, is dean and professor of the Connell School of Nursing at Boston College.
- William L. Holzemer, Ph.D., RN, is professor and dean at the Rutgers University College of Nursing, Newark.
- Anne Rosenfeld, Ph.D., RN, is professor and associate dean for Research at the University of Arizona College of Nursing, Tucson.
- Colonel Bruce A. Schoneboom, Ph.D. is currently serving as the Corps Specific Branch Proponency Officer for the U.S. Army Nurse Corps.

NINR supports basic and clinical research that develops the knowledge to build the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms caused by illness, and enhance end-of-life and palliative care. For more information about NINR, visit the website at www.ninr.nih.gov.

- **People with higher levels of education and higher income have lower rates of many chronic diseases compared to those with less education and lower income levels, according to Health, United States, 2011.**

Health, United States, 2011 is the 35th annual report prepared by CDC's National Center for Health Statistics, and includes a compilation of health data through 2010 from a number of sources within the federal government and in the private sector.

This year's edition features a special section on socioeconomic status and health. Among the highlights:

- In 2007-2010, higher levels of education among the head of household resulted in lower rates of obesity among boys and girls 2-19 years of age.
- In 2007-2010, women 25 years of age and over with less than a bachelor's degree were more likely to be obese (39 percent-43 percent) than those with a bachelor's degree or higher (25 percent). Obesity prevalence among adult males did not vary consistently with level of education.
- Between 1996-2006, the gap in life expectancy at age 25 between those with less than a high school education and those with a bachelor's degree or higher increased by 1.9 years for men and 2.8 years for women.
- Between 2000 and 2010, the percentage of children with a family income below 200 percent of poverty level who were uninsured decreased from 22 percent to 11 percent - 13 percent.

A special abridged edition, Health, United States, 2011: In Brief is also available as a companion to the full report. Both the full report and the abridged version are available at www.cdc.gov/nchs.

- **The [Community Preventive Services Task Force](#) announced its recommendation for team-based care (TBC) for improving blood pressure control on the basis of strong evidence of effectiveness.**

A review of 77 studies of team-based care showed that patients' control of blood pressure improved when their care was provided by a team of health professionals—a primary care provider supported by a pharmacist, nurse, dietitian, social worker or community health worker—rather than by a single physician.

The collected studies showed that team-based care helped increase the proportion of patients with controlled blood pressure, led to a decrease in both systolic (top number) and diastolic (bottom number) blood pressure, and improved outcomes in patients who had diabetes and elevated blood lipids.

Team members supplemented the activities of the primary care provider by providing support and sharing responsibility for hypertension care, such as medication management, patient follow-up, and helping the patient adhere to their blood pressure control plan, including monitoring blood pressure routinely, taking medications as prescribed, reducing sodium in the diet, and increasing physical activity.

The greatest improvement in blood pressure was seen when the team members could change medications independently, or with the approval of the primary care provider. Improvements were not as great when team members could only oversee taking of medication. The complete findings of the review are expected to be published in May 2013.

Team-based care is a central pillar of the [Million Hearts](#) initiative, launched by the Department of Health and Human Services in September 2011. Million Hearts is a national, public-private initiative of the Department of Health and Human Services to prevent 1 million heart attacks and strokes over five years.

High blood pressure was listed as a primary or contributing cause of death for approximately 336,000 Americans in 2007. If all patients with high blood pressure were treated to goal as outlined in current clinical guidelines, it is estimated that 46,000 deaths might be averted each year. Total annual costs associated with hypertension are \$156 billion, including medical costs of \$131 billion and lost productivity costs of \$25 billion.

- **The U.S. Food and Drug Administration approved generic versions of the blood thinning drug Plavix (clopidogrel bisulfate), which helps reduce the risk of heart attack and stroke by making it less likely that platelets in the blood will clump and form clots in the arteries.**

Clopidogrel is FDA-approved to treat patients who have had a recent heart attack or a recent stroke, or have partial or total blockage of an artery (peripheral artery disease).

Dr. Reddy's Laboratories, Gate Pharmaceuticals, Mylan Pharmaceuticals, and Teva Pharmaceuticals have gained FDA approval for 300 milligram (mg) clopidogrel. Apotex Corporation, Aurobindo Pharma, Mylan Pharmaceuticals, Roxane Laboratories, Sun Pharma, Teva Pharmaceuticals, and Torrent Pharmaceuticals have received approval for 75 mg clopidogrel.

. GUARD/RESERVE

- As of May 8, 2012, the total number of Guard and Reserve currently on active duty has **decreased** by 451 to 69,780. The totals for each service are Army National Guard and Army Reserve 49,939; Navy Reserve, 4,483; Air National Guard and Air Force Reserve, 9,937; Marine Corps Reserve, 4,577, and the Coast Guard Reserve, 844. www.defenselink.mil

REPORTS/POLICIES

- **The Institute of Medicine (IOM) published “Public Engagement on Facilitating Access to Antiviral Medications and Information in an Influenza Pandemic -**

Workshop Series Summary," on May 17, 2012. This study explores the public's perception of how to facilitate access to antiviral medications and treatment during an influenza pandemic and considers the usefulness of several alternative strategies of delivering antiviral medication to the public. <http://www.iom.edu/Reports/2012/Public-Engagement-on-Facilitating-Access-to-Antiviral-Medications.aspx>

HILL HEARINGS

- The Senate Armed Services Subcommittee on Personnel will hold a closed hearing on **May 22, 2012**, to markup those provisions that fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2013.
- The Senate Armed Services Committee will hold closed hearings on **May 23-24, 2012**, to mark up the National Defense Authorization Act for fiscal year 2013.

LEGISLATION

- **H.R.5709** (introduced May 10, 2012): To amend the Public Health Service Act to provide for the public disclosure of charges for certain hospital and ambulatory surgical center treatment episodes was referred to the House Committee on Energy and Commerce. Sponsor: Representative Daniel Lipinski [IL-3]
- **H.R.5711** (introduced May 10, 2012): Access to Substance Abuse Treatment Act of 2012 was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Budget. Sponsor: Representative Russ Carnahan [MO-3]
- **H.R.5716** (introduced May 10, 2012): To establish a Skin Cancer Research Fund to increase funding for the conduct or support of research relating to skin cancer by the National Institutes of Health was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means. Sponsor: Representative Brian P. Bilbray [CA-50]

MEETINGS

- 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/
- 2012 American College of Oncology Administrators (ACOA) Oncology Update will be held on **June 20 - 22, 2012**, in Chicago, Ill. <http://www.aameda.org/Conference/ACOA/ACOAMain.html>
- 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
- CFHA's 14th Annual Conference: will be held on **Oct. 4-6, 2012**, in Austin, Texas <http://www.cfha.net/?page=2012Austin>

- 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>
 - The 118th AMSUS Annual Continuing Education Meeting will be held **Nov. 11-15, 2012**, in Phoenix, Ariz. <http://amsusmeeting.org>
 - 2012 American Academy of Medical Administrators (AAMA) Annual Conference will be held on **Nov. 13 - 16, 2012**, San Antonio, Texas
<http://www.aameda.org/Conference/Annual/AnnualMain.html>
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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.