

FEDERAL HEALTH UPDATE

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Produced by Kate Connelly Theroux in collaboration with the Institute of Federal Health Care (IFHC)

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Executive and Congressional News

- **On June 9, 2010, the House Committee on Veterans' Affairs conducted a hearing to evaluate and examine the progress made by the Department of Veterans Affairs (VA) in complying with VA's Office of Inspector General's (OIG) recommendations.**

The OIG's target date for VA implementation of OIG recommendations on how to improve in a specific area is within one year of publication of the report. Currently, there are a total of 115 open reports with 694 open recommendations. Most of the open recommendations are tracking the target date; however, 16 reports containing 45 recommendations are over one year old.

The OIG has summarized the open recommendations for each report by each office in the department that is responsible for implementing them, and the total monetary benefit that has yet to be realized because they are still open. According to the OIG Semiannual Report to Congress released in March 2010, the total monetary benefit that has yet to be realized is \$92,714,122.

In addition, recommendations in the annual audit report on the VA information security program that is required by the Federal Information Security Management Act of 2002 (FISMA) are tracked separately by OIG's independent auditor. Presently, there are 40 open recommendations, of which 34 are carried over from prior years, and six are new recommendations.

Military Health Care News

- **Fort Riley, home to the first Warrior Transition Battalion (WTB) in the Army, is now home to the first completed WTB complex - a \$54 million dollar facility.**

The complex will allow wounded service members and their families take part in physical and behavioral health activities, receive quality outcome-focused care and service, and access conscious care.

The mission of WTB is to provide care and healing for the wounded, ill and injured soldiers, their families and caregivers in order to develop a balanced structure that is responsive to the Army and the needs of the warriors in the midst of this transition. The new facility will help accomplish this mission.

The three-building facility, located next to the Irwin Army Community Hospital, will provide a battalion headquarters, operating facilities and a Soldier and Family Assistance Center (SFAC). A WTB barracks already was completed. Work on the project began in September 2008 and took 18 months to finish. The new barracks, battalion headquarters, COFs and SFAC total about 131,000 square feet.

The WTB complex project was a joint effort among the U.S. Army Corps of Engineers, the Fort Riley garrison, the Army Medical Department and the Warrior Transition Command. Prior to the building of the WTB complex, soldiers assigned to this battalion lived in temporary mobile housing units.

The construction of the new facility aimed to meet the needs of and better the lives of the service members. In the WTB barracks, each service member has his or her own room, already furnished with a television and laptop, a bed, desk and recliner. There are gathering places, fireplaces and other rooms and activities to keep the service members in a relaxed environment.

The U.S. Army Corps of Engineers served as the executing agent for design and construction for the WTB complex.

- **TRICARE Management Activity announced that as of May 26, 2010, the one billionth TRICARE Encounter Data (TED) record was processed for TRICARE services around the world.**

The TED system helps civilian providers get paid promptly for the services they provide to TRICARE beneficiaries outside of military treatment facilities. Records are processed for provider payments in less than 24 hours in most cases.

The ease and speed of the TED system gives providers an incentive to participate in TRICARE. Increased participation in TRICARE networks provides beneficiaries better access to health care.

By verifying and analyzing the information in each record, the TED system allows provider payment to occur promptly and helps prevent payment of duplicate, fraudulent or erroneous claims. The information in the TED system provides data for developing health care trends and budget projections.

The TED system has processed more than \$140 billion of purchased services for TRICARE beneficiaries worldwide since 2004.

- **A new TRICARE study finds that there is a greater burden of asthma among minority children and higher rates of hospitalizations and emergency room visits.**

This study, co-authored by Maj. Gen. Elder Granger (Ret.), the former deputy director of the TRICARE Management Activity (TMA), is providing critical information on the potential impact of comprehensive health insurance coverage and access on racial and ethnic disparities in care. It identifies several factors that may point to future solutions for the nation's health care disparity problem.

"Differences in Prevalence, Treatment, and Outcomes of Asthma Among a Diverse Population of Children With Equal Access to Care" was published online June 7 in the [Archives of Pediatrics & Adolescent Medicine](#).

The TMA Center for Health Care Management Studies directed the research exploring if there are differences in prevalence, treatment and outcomes among children with asthma covered by TRICARE. The study found that black and Hispanic children are significantly more likely than white children to be diagnosed with asthma. These children are also more likely to have asthma-related hospitalizations and emergency room visits. Black children were less likely to visit a specialist, but more likely to receive recommended asthma medications. Racial and ethnic disparities in health care among children have also been reported in other countries with universal health coverage, suggesting the importance of factors other than access to care.

Eligibility, inpatient, outpatient and pharmacy claims data were used to determine health care quality and outcomes. Socio-economic, racial and ethnic information came from the Defense Enrollment Eligibility Reporting System.

The authors conclude that many factors influence racial and ethnic disparities in health care and improving health outcomes will require a multifaceted approach beyond universal health coverage.

- **Airmen who pass their physical training evaluation test with a score exceeding 90 percent will now be eligible to test only once per year, according to a revision of the Air Force PT Program, which begins July 1.**

Currently, physical training evaluations must be conducted twice a year for all Air Force members. A score of 90 percent rates the Airman as being in "excellent" health, but does not allow any deviation from the standard testing cycle.

In line with the new AF Fitness Program guidelines, also starting July 1, which define who administers the test to Airmen, Sheppard's Fitness Assessment Cell is prepared to do their part to support the revision.

The Fitness Assessment Cell members will also conduct the tests. They anticipate the revision to be a positive change for the members they will be testing.

Senior Master Sgt. Robert Velez, 383rd Training Squadron health care optimization operational medicine instructor, said it adds to personal motivation, since

you know that you don't have to take the test every six months as a reward for maintaining your fitness all year.

The revision may also help motivate members who are consistently scoring in the high 80's.

The change is also seen as a return to personal responsibility.

"It is a sign of trust," said Airman 1st Class Joseph George, 82nd Communication Squadron network technician. "If you got above a 90 and then it drops way below on the next year's test, then it is obvious what happened. You are trusted to continue your workouts on your own and maintain a 90."

The Air Force Fitness Program revision only applies if the member tests in all four components, to include the 1.5-mile timed run, abdominal circumference, push-ups and sit-ups.

Veterans Health Care News

- **Veterans and others with Parkinson's disease who undergo deep brain stimulation (DBS) may benefit from research co-sponsored by the Department of Veterans Affairs and published recently in the prestigious [New England Journal of Medicine](#).**

VA cares for about 40,000 Veterans with Parkinson's disease. DBS is often recommended for people who no longer respond well to medication alone.

The new report shows DBS is equally effective at either of two sites in the brain. Earlier results from the landmark study indicated that DBS overall is somewhat riskier than carefully managed drug therapy but may hold significant benefits for appropriate patients.

In DBS, surgeons implant electrodes in the brain and run thin wires under the skin to a pacemaker-like device. Electrical pulses from the battery-operated device jam the brain signals that cause motor symptoms like stiffness and tremors. Thousands of Americans have seen successful results from DBS, but questions have remained about which of two stimulation sites in the brain yields better outcomes.

The new analysis finds both sites roughly equal for patient outcomes relating to movement symptoms. There were subtle differences between the sites in terms of cognitive skills and mood, but the clinical significance of the differences is not clear.

Researchers will follow the study participants several more years to examine the relative benefits and risks of each DBS approach.

The study was sponsored by VA's Cooperative Studies Program and the National Institute of Neurological Disorders and Stroke, part of the National Institutes of Health.

- **Secretary of Veterans Affairs Eric K. Shinseki visited the Louis Stokes Cleveland VA Medical Center today and received a first-hand update on Recovery Act-funded projects that will help veterans access VA care and provide surgical ward upgrades.**

The Cleveland VA Medical Center provides both inpatient and outpatient health care services at two facilities located in Cleveland (Wade Park) and Brecksville, Ohio.

The American Recovery and Reinvestment Act of 2009 (ARRA) provided \$15.2 million to design, construct, upgrade and renovate veteran health care services at the medical center. It is estimated that the ARRA funding at the Cleveland VAMC has created more than 500 jobs for Ohioans. Other provisions of the law allow VA to award construction contracts at many of its 153 VA medical centers and 130 national cemeteries.

- **Engineering Services Network Inc., a service-disabled, veteran-owned contractor, has won a contract from the Department of Veterans Affairs worth as much as \$10.9 million to help the VA move medical records from old systems to a new one.**

The contract includes \$7.9 million for the first year, with options worth an additional \$3 million.

Under the new contract, ESN will upgrade the VA's Veterans Health Information Systems and Technology Architecture (VistA) to meet Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards, enabling third-party health care revenues/payments (aka "5010/D.O.").

The enhancements must be ready for external testing by January 2011 and be in production by January 2012. ESN is supported on the project by team members Harris Patriot Healthcare Solutions, Inc.; Vangent, Inc. and 7 Delta, Inc.

VistA is an award-winning, enterprise-wide electronic health record system used throughout the Veterans Health Administration (VHA). The VHA uses VistA to oversee the health care needs of millions of Veterans by employing the Nation's largest integrated health care system at over 1,400 sites across the U.S.

Under the contract, ESN is tasked with providing 13 specific enhancements to VistA legacy products, employing a synergistic approach that will create efficiencies in the development process and overall schedule.

- **Older veterans with posttraumatic stress disorder (PTSD) are nearly twice as likely to develop dementia as their peers without PTSD, according to new research released by the San Francisco Veterans Affairs Medical Center.**

The report, "*Posttraumatic Stress Disorder and Risk of Dementia Among US Veterans*," was published in the latest issue of *Archives of General Psychiatry*.

Dr. Kristine Yaffe of the University of California, San Francisco, and the San Francisco Veterans Affairs Medical Center and her colleagues followed more than 180,000 veterans aged 55 and older for seven years. All were free from dementia at the study's outset, while about 30 percent had PTSD.

Nearly 11 percent of the vets with PTSD developed dementia during follow-up, compared to only about 7 percent of those who didn't have PTSD.

Once the researchers took into account factors such as other physical or mental health problems, they found that vets with PTSD were still nearly twice as likely to develop dementia.

While it is unknown how PTSD might up dementia risk, the researcher noted, it's possible that years of stress can cause lasting changes in the brain. "The implications in terms of taking care of patients with PTSD, particularly as they age, are pretty big," Yaffe said. "It's going to be an area that's important for us to understand better."

- **The number of veterans receiving disability benefits for a sleeping disorder has increased 61 percent in the past two years and now costs taxpayers more than \$500 million per year, according to [USA Today](#).**

More than 63,000 veterans receive benefits for sleep apnea, a disorder that causes a sleeping person to gasp for breath and awaken frequently. It is linked to problems ranging from daytime drowsiness to heart disease. The top risk factor for contracting the disorder appears to be obesity, though a sleep expert at the VA and a veteran's advocacy organization cite troops' exposure to dust and smoke in places such as Afghanistan and Iraq as contributing factors.

More claims are likely to be made in the future as Baby Boomers age and get heavier, says Max Hirshkowitz, director of the Sleep Disorder Center at the Houston Veterans Affairs Medical Center.

Veterans are four times more likely than other Americans to suffer from sleep apnea, Hirshkowitz said. About five percent of Americans have the disorder, he said, compared with 20 percent of veterans.

In 2007, Congress asked the Department of Veterans Affairs to pay closer attention to sleep apnea among veterans. Greater awareness of the disorder has prompted more veterans to seek treatment. The result has been a sharp increase in claims and disability payments to veterans.

The number of veterans claiming sleep apnea as a disability has jumped to 63,118 in 2010 from 39,145 in 2008, a 61 percent increase.

Payments to apnea patients with a disability rating of 50 — by far the largest group receiving benefits — rose to a minimum of \$534 million in 2010 from \$306 million in 2008. The minimum payment for a disability with a rating of 50 is \$9,240 a year but increases if a veteran is married and has children.

Health Care News

- **The Gates Foundation will invest \$1.5 billion over the next five years to support maternal and child health, family planning, and nutrition programs in developing countries.**

Melinda Gates, co-chair of the Bill & Melinda Gates Foundation, made the announcement will discussing her vision for maternal and child health in a speech at the Women Deliver 2010 conference, an international meeting of policymakers, health experts, and advocates.

Gates said it is critical to challenge the notion that large numbers of maternal and child deaths are inevitable, or even acceptable, in poor countries.

Gates highlighted the importance of designing integrated health programs for women and children that address multiple needs — such as family planning, prenatal care, safe childbirth, and nutrition.

To help advance a comprehensive approach to women's and children's health, Gates announced that the Gates Foundation will invest \$1.5 billion from 2010 through 2014 to support innovative projects addressing family planning; health care for pregnant women, newborns, and children; and nutrition.

This new pledge will add to the foundation's spending in other areas that affect women's and children's health, such as developing and delivering children's

This new pledge will add to the foundation's spending in other areas that affect women's and children's health — such as developing and delivering children's vaccines, and preventing pneumonia, diarrhea, malaria, and HIV/AIDS.

A significant portion of the new funding will support programs in India, Ethiopia, and other countries that have relatively high rates of maternal and child mortality. The foundation is providing initial grants totaling \$94 million in India and \$60 million in Ethiopia, with additional grants to be announced over the coming year. The grants will primarily fund non-governmental organizations and research institutions, and will be closely coordinated with government programs.

The new grants will support a variety of projects, including efforts to:

- Support the development of comprehensive, integrated programs, for example, by training front-line health workers to provide multiple services;
 - Develop and introduce interventions that could have a major health impact, such as simplified antibiotics for newborn infections and more cost-effective treatment for post-partum hemorrhage;
 - Conduct social and behavioral research on promoting lifesaving practices such as immediate, exclusive breastfeeding and skin-to-skin contact to keep newborns warm;
 - Develop effective strategies to expand the availability and use of voluntary family planning services in poor urban areas; and
 - Rigorously evaluate innovative programs, and share effective strategies with other countries.
- **The Agency for Healthcare Research and Quality (AHRQ) has made available software that makes it easier and faster for a state, hospital or other healthcare organizations to analyze and post health care quality data.**

The software, called "My Own Network powered by AHRQ," or MONAHRQ, enables providers to create a customized Web site that can be used to chart the clinic's healthcare outcomes or for reporting those results to the public.

The cost of creating a Web site from the ground up for this data is typically about \$300,000 and could take up to a year or more to complete, according to states that tested the software for AHRQ as it was being developed. The Web site application cut that time to a few days.

An organization can enter its own hospital administrative data, including patient characteristics, diagnoses, procedures, health insurance type and charges.

The tool processes that information and then creates a Web site that the organization can customize by selecting a specific color scheme, inserting logos and using other features, according to the announcement. The software provides a step-by-step approach to analyzing the quality data and to generate the Web site.

A Web site created using MONAHRQ can provide information about quality of care for specific hospitals, including statistics about patient safety and mortality rates after specific surgeries, such as coronary bypass surgery.

The online site can also supply measures about hospital services, such as the number of patient discharges, the costs and lengths of hospitalizations by condition, for instance, hip replacement surgeries.

MONAHRQ also can create maps of county-by-county rates for potentially avoidable hospitalizations by health condition, such as diabetes, and for the prevalence of selected illnesses and medical procedures.

The Windows-based MONAHRQ software is free and can be downloaded from AHRQ's [Web site](#).

- **The United Nations World Health Organization (WHO) has vaccinated more than 1.2 million children in Afghanistan against polio after an outbreak in neighboring Tajikistan, where it was thought to have been eradicated nearly one decade ago.**

Most of the 200 cases reported as of June 5 were near Tajikistan's border with Afghanistan, the target of WHO's vaccination drive earlier this month.

The agency vaccinated more than 1 million children in Tajikistan against polio last month.

To guarantee that no child is left unvaccinated in Afghanistan, where health coverage is poor in remote areas, WHO took a four-pronged approach, setting up immunization posts at border crossing points to reach all children travelling between the two countries; carrying out house-to-house visits; setting up mobile clinics; and having fixed teams in hospitals.

Afghanistan's Badakhshan region has been polio-free for some 10 years, making it all the more important to contain possible spill-over effects from outbreaks in neighboring areas.

Polio is a highly infectious and sometimes fatal disease, and is often marked by acute flaccid paralysis among sufferers. It has been eradicated from much of the world, but experience shows that the virus can travel far relatively rapidly.

- **On June 9, 2010, New York Governor David Paterson signed into law legislation granting the state authority to review and approve health insurance premiums before they take effect, and increasing medical loss ratio percentages, with which insurers in the state must comply.**

New York is the first state to take such a bold step to help consumers and potentially block huge increases in health insurance rate premiums.

In early May, Secretary Sebelius sent a letter to governors and state insurance commissioners urging them to review the authority they have under their state laws to determine whether they have all of the regulatory tools needed to approve health insurance rates before they take effect.

New York took swift action and crafted legislation that will affect 3 million people enrolled in small-employer or individually purchased plans. It will require that insurance companies apply to the state Insurance Department before raising premiums. The state will then have 60 days to review and determine whether the rates are justified. The law also adjusts the medical loss ratio, requiring insurers to spend 82 percent of premiums on medical care, up from 75 percent for small-business policies and 80 percent for individual ones.

According to *The New York Times*, New York has the highest average premiums for individually bought policies — \$6,630 for single people and \$13,296 for families in 2009, more than double the national average, according to industry figures.

Several provisions in the Affordable Care Act strengthen HHS' and states' oversight of insurance premiums and rate hikes, including grants for states to help create or strengthen reporting and review processes. On June 7, HHS announced the availability of \$51 million in Health Insurance Premium Review Grants under the Affordable Care Act. These monies will fund the first round of grants available to states through a new \$250 million grant program to create and strengthen insurance rate review processes.

Reserve/Guard

- As of June 8, 2010, the total number of Guard and Reserve currently on active duty has **decreased** by 664 to 125,094. The totals for each service are Army National Guard and Army Reserve 93,476; Navy Reserve, 6,225; Air National Guard and Air Force Reserve, 18,359; Marine Corps Reserve, 6,193; and the Coast Guard Reserve, 841. www.defenselink.mil

Reports/Policies

- **The Institute of Medicine (IOM) published "Enhancing Food Safety: The Role of the Food and Drug Administration," on June 8, 2010.** In this report, the IOM examines the gaps in the current food safety system under the purview of the FDA and to identify the tools needed to improve food safety. <http://www.iom.edu/Reports/2010/Enhancing-Food-Safety-The-Role-of-the-Food-and-Drug-Administration.aspx>
- **The Institute of Medicine (IOM) published "A Foundation for Evidence-Driven Practice: A Rapid Learning System for Cancer Care," on June 4, 2010.** This report provides the summary of a workshop held to examine how to improve treatment and accelerate advances in cancer management by applying the concept of a "rapid learning health system"—using advances in IT and improved information sources to deliver the best care, personalized for each patient. <http://www.iom.edu/Reports/2010/A-Foundation-for-Evidence-Driven-Practice-A-Rapid-Learning-System-for-Cancer-Care.aspx>

Legislation

- **H.R.5484** (introduced June 8, 2010): The VetStar Veteran-Friendly Business Act of 2010 was referred to the House Committee on Veterans' Affairs
Sponsor: Representative Harry Teague [NM-2]
- **S.3455** (introduced June 4, 2010): The Department of Defense Authorization Act for Fiscal Year 2011 was put on the Senate Legislative Calendar.
Sponsor: Senator Carl Levin [MI]
- **S.3459** (introduced June 7, 2010): The On-the-Job Training Act of 2010 was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Jeanne Shaheen [NH]
- **S.3469** (introduced June 9, 2010): A bill to build capacity and provide support at the leadership level for successful school turnaround efforts was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Michael F. Bennet [CO]

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HIII Hearings

- The House Veterans Affairs Committee will hold a hearing on **June 15, 2010**, to examine the state of the Veterans Benefits Administration.
- The Senate Veterans Affairs Committee will hold a hearing on **June 16, 2010**, to examine veterans' claims processing, focusing on if current efforts are working.
- The House Veterans Affairs Committee will hold a hearing on **June 23, 2010**, to examine how to overcome rural health care barriers using innovative wireless health technology solutions.
- The House Veterans Affairs Committee will hold a hearing on **June 24, 2010**, to markup pending legislation.
- The House Veterans Affairs Committee will hold a hearing on **June 30, 2010**, to examine the U.S. Department of Veterans Affairs Office of General Counsel.
- The Senate Veterans Affairs Committee will hold a hearing on **July 1, 2010**, to examine veterans' claims processing, focusing on if current efforts are working.

Meetings / Conferences

- The Military Healthcare Convention & Conference will be held on **June 22-25, 2010**, in San Antonio, Texas. www.MilitaryHealthcareConvention.com
- The 24th International Congress and Exhibition on Computer Assisted Radiology will be held on **June 23-26, 2010**, in Geneva Switzerland. <http://www.cars-int.org/>
- The National Eye Institute hosts Translational Research and Vision Symposium on **June 24-25, 2010**, in Bethesda, Md. <http://www.nei.nih.gov/anniversary/symposia/research.asp>
- The International Papillomavirus Conference & Clinical and Public Health Workshop are scheduled for **July 3-8, 2010**, in Montreal, Canada. <http://hpv2010.org/main/>
- The International Society for Infectious Diseases Neglected Tropical Diseases Meeting will be held on **July 8-10, 2010**, in Boston, Mass. <http://www.isid.org/>
- The CDC 7th International Conference on Emerging Infectious Diseases will be held on **July 11-14, 2010**, in Atlanta, Ga. <http://www.iceid.org/>
- The 8th Annual Health Care Quality Congress (HCQ 2009) will be held on **Aug. 2-4, 2010**, in Boston Mass. <http://www.worldcongress.com/events/HL10025/>
- The 9th International Rotavirus Symposium will be held **Aug. 2-3, 2010**, in Johannesburg, South Africa. <http://www.rotavirus2010.com>
- 13th Annual Force Health Protection Conference: "Military Preventive Medicine and Public Health" will be held on **Aug. 10-13, 2010**, in Phoenix, Ariz. <http://www.theconferencewebsite.com/conference-info/FHPC-2010/>
- National Conference on Health Statistics will be held **Aug. 16-18, 2010**, in Washington, D.C. <http://www.cdc.gov/nchs/events/nchs.htm>
- The 2010 Advanced Technology Applications for Combat Casualty Care (ATACCC) Conference will be held **Aug. 16-19, 2010**, in St. Pete Beach, Fla. <https://www.atacc.org/>
- 13th Battlefield Healthcare event: Pre and Post Deployment Combatant Care will be held **Sept. 20-22, 2010**, in San Diego, Calif. <http://www.battlefieldhealthcare.com/Event.aspx?id=331874>
- USU-HJF Military Medicine Symposium: Advancing Public-Private Partnerships will be held on **Sept. 23, 2010**, in Washington D.C. www.hjf.org/symposium
- The 6th Annual World Healthcare Innovation and Technology Congress (WHIT v.6.0) will be held **Nov. 8-10, 2010**, in Washington D.C. <http://www.worldcongress.com/events/HL10010/>

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. To subscribe, please visit <http://fedhealthinst.org/subscribe.cfm>. To unsubscribe, please send an email to newsletter@fedhealthinst.org with UNSUBSCRIBE as the subject.

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