



Federal Health Matters

New Military Pharmacy Program Off to a Shaky Start

On June 1, the new TRICARE Retail Pharmacy (TRRx) program went into effect. The program, under the management of Express Scripts Inc. (Maryland Heights, MO), was intended to streamline the claims processing system and allow TRICARE beneficiaries nationwide access to their pharmacy benefits. But within hours of its implementation, a software glitch rendered pharmacists unable to verify beneficiaries' eligibility, fill prescriptions, or process claims. As a result, the entire online claims processing system became overloaded, causing members of other health insurance plans to be affected as well.

While commercial customer business was restored that same day, and the software problem was resolved the next, system errors and "time outs" within the network infrastructure continued throughout the week, with pharmacists experiencing slow response times or receiving a "system unavailable" error message. The following week, the program began to stabilize, but higher than normal rates of eligibility rejection continued.

Express Scripts sent fax alerts, updated the telephone help line, and posted web site messages to keep staff at the approximately 53,000 retail pharmacies in the nationwide network updated. With

the system unable to verify beneficiary eligibility, the company asked pharmacists to dispense emergency three- to five-day supplies of medicine to beneficiaries as needed.

Since the start of the problems, TRICARE experts and private sector consultants have been working with Express Scripts to restore and fine-tune the system. As the system is put back on track, updates are being posted every 72 hours on the TRICARE Management Activity web site.

Improving the Future of VA Nursing

With many VA nurses approaching retirement, officials have been investigating better ways to recruit and retain nurses for the future work force. To help in this inquiry, Congress formed the National Commission on VA Nursing to examine the resources and incentives that the VA has to offer its prospective and current nurse employees. This 12-member panel examined leadership, professional development, compensation, technology, respect and recognition, work environment, and research opportunities for nurses within the VA—and found many areas in need of improvement. Chairperson of the National Commission on VA Nursing Linda Burnes Bolton said in summary, "VA and Congress must allocate resources to strengthen the

ability of local facilities to attract and retain a qualified nursing work force."

On May 17, the commission submitted their recommendations to VA Secretary Anthony J. Principi. These include:

- strengthening the line authority and accountability for facility nurse executives;
- supporting nursing education guidelines that are comparable to medical education guidelines;
- establishing nationwide staffing standards that ensure adequate nursing resources;
- improving the recognition of nurse's achievements and performance;
- supporting legislation to ensure competitive locality pay for registered nurses; and
- establishing a Center for Excellence in Quality Nursing Care.

Principi commented that these recommendations should provide "a springboard for our success in answering the concerns of VA nurses."

Biannual HIV Testing for Service Members

Effective March 29, a new DoD health policy requires all military personnel to be tested for HIV every two years. This policy is based on recommendations by the Armed Forces Epidemiological Board that cite studies indicating

that the earlier an HIV diagnosis is made, the greater benefit antiretroviral therapies may provide for the infected individual. The new rule standardizes the HIV testing interval within the DoD—which previously varied among the different branches—and consolidates HIV testing for deployment. Service members who test positive for HIV aren't discharged automatically and may continue their military careers. Currently, about two of every 10,000 service members are infected with HIV, which is equal to or lower than the civilian rate in the United States for individuals of the same age and gender.

Consolidating TRICARE: Three New Regions

The wheels are in motion for the next generation of DoD health care contracts, which will divide the country into three new regions—TRICARE West, TRICARE South, and TRICARE North—with three new regional contractors. Without interrupting service, these contractors aim to improve customer service, increase access to care, and simplify enrollment transfers when beneficiaries relocate.

Assistant Secretary of Defense for Health Affairs William Winkewer, Jr. explained that these regional contractors will build on an already strong system of patient care. "While our military treatment facilities remain the core of the military health system," he said, "our regional contractors are important partners, providing additional providers and facilities for our beneficiaries through a civilian network."

The transition began on June 1, when TRICARE Region 11 (Northwest) was transformed into TRICARE West and began receiving health services and support through its new contractor, the TriWest Healthcare Alliance Corp. (Phoenix, AZ). Region 9 (Southern California) joined TRICARE West as of July 1; Regions 7/8 (Central), 10 (Golden Gate), and 12 (Alaska and Hawaii) fill out the rest of TRICARE West on October 1.

On July 1, former TRICARE Regions 2 (Mid-Atlantic) and 5 (Heartland) formed another new region, TRICARE North, with the support of the new region contractor, Health Net Federal Services, a division of Health Net, Inc. (Woodland Hills, CA). Current TRICARE Region 1 (Northeast) is scheduled to change over on September 1.

And on August 1, current TRICARE Regions 3 (Southeast) and 4 (Gulfsouth) will reconfigure into the new TRICARE South region, under the support of the new TRICARE South region contractor, Humana Military Health Services, a subsidiary of Humana, Inc. (Louisville, KY). Current TRICARE Region 6 (Southwest) will join the new region on November 1.

Benefits and costs will remain the same, but network providers, procedures for filing claims, and point of contact for TRICARE assistance will be updated and made available to transitioning regions. Once the new regions are in place, the national health care information line won't be available. While local phone numbers may be available, beneficiaries should contact their TRICARE primary care manager or local military treatment facility for assistance.

A military health system team will monitor each transition to guar-

antee a smooth changeover and make sure that the contractors are meeting performance standards. A system has been set up so that any claims mistakenly sent to the former contractor are forwarded automatically to the new contractor.

Fit for Deployment

"If you are not in shape, you will be mission-ineffective," says Col. Reid Muller, MD, commander of the 174th Fighter Wing's medical group. That's why the Air National Guard is pushing its current fitness program and supporting the new "FitnessAge Test" for its 108,000 members. And this call for improved physical fitness is coming from the top, with Air Force Chief of Staff Gen. John P. Jumper demanding better health for all active and reserve Air Force personnel.

The new test—which determines how each member's physical fitness level compares with their age—includes a running or three-minute step test, an abdominal circumference measurement, push-ups, sit-ups, and stretching. In 2003, the average age of 67,000 members tested was 36, and their average fitness age was also 36—a good sign, according to Col. Sylvia Nye, nurse and fitness advocate who administers the test to guard members.

Being physically fit helps service members' bodies adjust to severe conditions during deployment, such as extreme temperature changes and high altitudes. The current fitness program focuses on body composition, cardiorespiratory ability, flexibility, muscular strength, and endurance. Diet and exercise training programs can be personalized for optimal results. ●