



FEDERAL HEALTH MATTERS

News from the federal health sector

★ Women Have More Control Over Own Health Care

In a press release from July 31, 2012, U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced that women now have greater control over their health care and access to 8 new prevention-related health care services without paying more out-of-pocket costs beginning August 1, 2012. The new prevention-related services are well-woman visits; gestational diabetes screening; domestic and interpersonal violence screening and counseling; FDA-approved contraceptive methods and contraceptive education; breastfeeding support, supplies, and counseling; HPV DNA testing for women aged ≥ 30 years; sexually transmitted infections counseling for sexually active women; and HIV screening and counseling for sexually active women.

“President Obama is moving our country forward by giving women control over their health care,” Secretary Sebelius said. “This law puts women and their doctors, not insurance companies or the government, in charge of their health care decisions.”

★ Next Chapter of Let's Move!

In a press release from July 18, 2012, HHS Secretary Sebelius and First Lady Michelle Obama as well as local officials nationwide announced the next chapter in Let's Move! Cities, Towns, and Counties program, which encourages local elected officials to focus on improving the health of their communities. Secretary Sebelius announced 5 goals for the next year to address obesity and help communities be healthier. The goals are designed to help provide children with a healthier start; help early care and educa-

tion program providers incorporate best practices for nutrition and physical activity; provide healthy food in schools; improve access to healthy, affordable foods; and increase physical activity among children by mapping play spaces and taking other measures to increase access to play.

“Make no mistake, childhood obesity is a national problem and demands everyone's attention. But it's a problem that can't be solved just at the national level. We can make a significant impact, city by city, town by town, county by county,” Secretary Sebelius said.

Secretary Sebelius said the following organizations have committed to help support the goals of Let's Move!: The National League of Cities (with support from the Robert Wood Johnson Foundation, the United States Conference of Mayors, and the National Association of Counties); the Blue Cross Blue Shield Association (through the Partnership for a Healthier America's “Play Streets Initiative”); and KaBOOM! Additionally, subject matter experts from the HHS and Department of Agriculture have coordinated to provide technical assistance and information for elected officials on the newly launched website, <http://www.healthycommunitieshealthyfuture.org>, where more information is available about Let's Move!

★ Public-Private Partnership to Prevent Health Care Fraud

HHS Secretary Sebelius and Attorney General Eric Holder announced, in a press release dated July 26, 2012, the launch of a groundbreaking partnership among the federal government, state officials, a few leading private health insurance organizations, and other health care antifraud groups to

prevent health care fraud. This next step in the Obama Administration's efforts to combat health care fraud is designed to share information and best practices in order to improve detection and prevent payment of fraudulent health care billings.

“This partnership puts criminals on notice that we will find them and stop them before they steal health care dollars,” Secretary Sebelius said. “Thanks to this initiative today and the antifraud tools that were made available by the health care law, we are working to stamp out these crimes and abuse in our health care system.”

In an effort to prevent losses to government and private health plans, one of the partnership's objectives is to share information on specific schemes, utilized billing codes, and geographic fraud hotspots. Another possible goal is to spot and stop payments billed to different insurers for care delivered to the same patient on the same day in 2 different cities.

Organizations and government agencies that have joined this partnership include America's Health Insurance Plans, Amerigroup Corporation, Blue Cross and Blue Shield Association, Blue Cross and Blue Shield Louisiana, Centers for Medicare & Medicaid Services, Coalition Against Insurance Fraud, Federal Bureau of Investigations, Health and Human Services Office of Inspector General, Humana Inc., Independence Blue Cross, National Association of Insurance Commissioners, National Association of Medicaid Fraud Control Units, National Health Care Anti-Fraud Association, National Insurance Crime Bureau, New York Office of Medicaid Inspector General, Travelers, Tufts Health Plan, UnitedHealth Group, U.S. Department of Health

and Human Services, U.S. Department of Justice, and WellPoint, Inc.

For more information, log on to <http://www.healthcare.gov/news/factsheets/2011/03/fraud03152011a.html> or <http://www.stopmedicarefraud.gov>.

★ **Observation, Surgery Equally Effective in Early Prostate Cancer**

A VA press release from July 30, 2012, announced the results of a major federal study, which found no difference in survival between men with early-stage prostate cancer who had their prostate surgically removed and those who were simply watched by their doctors, with treatment only as needed to address symptoms if they occurred. The results were published in the July 19, 2012 issue of the *New England Journal of Medicine*.

“The study results have significant implications for a great number of veterans in our care,” said Secretary of Veterans Affairs Eric K. Shinseki. Lead author Dr. Timothy Wilt said, “Our data show that observation provides equivalent length of life, with no difference in death from prostate cancer, and avoids the harm of early surgical treatment.” Wilt is with the Center for Chronic Disease Outcomes Research at the Minneapolis VA Medical Center and the University of Minnesota.

The trial included 731 men at 44 VA sites and 8 academic medical centers across the nation. There was agreement among the trial participants that they would be randomly assigned to 1 of 2 treatments. The Prostate Cancer Intervention Versus Observation Trial (PIVOT) was conducted and funded by the VA’s Cooperative Studies Program, with added funds from the National Cancer Institute and the Agency for Healthcare Research and Quality.

One treatment group received a radical prostatectomy—surgical removal of the walnut-sized prostate. The general practice of surgery in treating prostate cancer comes from the belief that removing the pros-

tate can lower the risk of prostate cancer spreading and causing death. The treatment’s effectiveness lacks evidence, especially when the cancer was only initially detected by a blood test—the prostate-specific antigen (PSA) test. A majority of the time, the tumors are too small to be felt during a physician’s examination and do not cause any symptoms.

The second group was the “observation group.” Rather than performing immediate surgical or radiation therapy, physicians carefully followed men and provided treatments aimed at relieving symptoms, such as painful or difficult urination, if and when the cancer progresses and causes bothersome health problems. Patients were followed between 8 years and 15 years.

No difference was found in the death rates among the 2 groups either from any cause whatsoever or specifically from prostate cancer, according to Wilt and colleagues’ analysis of the results.

When compared with the control group, the surgery group experienced almost double the rate of erectile dysfunction (81% vs 44%), about 3 times the rate of urinary incontinence (17% vs 6%), and a similar rate of bowel dysfunction (12% vs 11%).

Even though no difference in overall mortality or prostate cancer deaths were found between the 2 groups for men who had cancers with a PSA value ≤ 10, the authors assert surgery may provide a survival benefit for men with PSA scores > 10, or other clinical results indicating more aggressive, higher risk tumors.

★ **VA Workshop to Eliminate Claims Backlog**

In a press release dated August 7, 2012, the VA discussed a workshop that took place on July 31, 2012, for 10 Veteran Service Organizations (VSO) to collaborate in the VA’s effort to eliminate the claims backlog. The highlight was the VA’s emphasis on

the shared goal of better serving veterans and positive result of filing Fully Developed Claims (FDC), a program where participation is optional and allows for faster claims processing while preserving rights to appeal a decision.

“VA prides itself in our ongoing partnership with organizations that represent veterans throughout the VA claims process,” said Under Secretary for Benefits Allison A. Hickey. “They are at the frontlines and have a major role in our ability to transform our claims process, starting with fully developed claims.”

With an FDC claim, certain types of evidence are submitted, such as private treatment records and notice of federal treatment records, to the VA when a claim is first filed and the filer certifies that he or she has no more evidence to submit. The VA gathers the appropriate federal records and sends the veteran to a VA examination on determination of necessity. Early submittal of evidence will allow the VA to start processing the claim immediately without mandatory wait periods or waiting to seek additional information.

Chicago Regional Director Duane Honeycutt led a discussion during the workshop on ways the VA’s regional offices and VSO staff can work together to increase the numbers of FDCs veterans file. The Chicago Regional Office is an example of recent successes in reducing the time to process a claim by working with veteran representatives to increase FDC claims with the FDC comprising 10% of the office’s claims, compared with the national average of 3%. Veterans can find the FDC forms by logging on to <http://www.vba.va.gov/pubs/forms/VBA-21-526EZ-ARE.pdf> and <http://www.vba.va.gov/pubs/forms/VBA-21-527EZ-ARE.pdf>. More information on the FDC program is available at <http://www.benefits.va.gov/transformation/fastclaims/>.