



News from the federal health sector

## ★ More Hospitals Learning to Share

For every 10 hospitals, 6 exchanged electronic health information with other providers and hospitals in 2012, a 41% jump since 2008, according to research from the Office of the National Coordinator for Health Information Technology, published August 5, 2013, in their publication *Health Affairs*.

Hospitals with basic electronic health record (EHR) systems and those participating in health information organizations (HIOs) had the highest rates of exchange activity, regardless of the organizational affiliation of the provider exchanging data or the type of clinical information exchanged, the researchers said. The proportion of hospitals that adopted at least a basic EHR and participated in an HIO grew more than 5-fold from 2008 to 2012.

During this same period, the number of hospitals exchanging radiology reports, laboratory results, clinical care summaries, and medication lists increased significantly. However, care summaries and medication lists need more attention, the researchers say. Only about one-third of hospitals exchanged such information with outside providers.

“Health information exchange is happening and it is growing,” said Farzad Mostashari, MD, lead investigator. “But we still have a long road ahead toward universal interoperability.”

## ★ Expanding Research Into PTSD and TBI

In a press release of August 10, 2013, the VA announced with the DoD the establishment of 2 joint research consortia to study the diagnosis and treatment of posttraumatic stress dis-

order (PTSD) and mild traumatic brain injury (mTBI).

The University of Texas Health Science Center in San Antonio and the San Antonio Military Medical Center, both in Texas; and the Boston VA Medical Center in Massachusetts, will collaborate in the Consortium to Alleviate PTSD to develop the most effective diagnostic, prognostic, novel treatment, and rehabilitative strategies to treat acute PTSD and prevent chronic PTSD. The group will focus, for instance, on discovering and developing biomarkers that can be useful for diagnosis and for the development of therapies.

The Chronic Effects of Neurotrauma Consortium—a collaborative effort between the Virginia Commonwealth University, the Uniformed Services University of the Health Sciences, and the Richmond VA Medical Center—will examine the factors that influence the chronic effects of mTBI and common comorbidities, such as concussions and neurodegeneration.

The collaborations, which are planned for a 5-year period, are a response to President Obama’s 2012 Executive Order directing federal agencies to develop a coordinated National Research Action Plan. Together, the DoD/VA consortia reflect a combined investment of \$107 million.

Recent collaborative achievements, the VA says, “make clear how much can get accomplished when the public and private sectors join forces.” For example, the DoD and the University of Pittsburgh used high-definition fiber tracking to accurately diagnose TBI, and a collaboration with the University of Wisconsin, Madison produced a non-invasive neurostimulation therapy for TBI patients.

In addition to the consortia, the federal agencies’ goals include building new tools and technologies via the President’s Brain Research through Advancing Innovative Neurotechnologies Initiative and maximizing the impact of existing research.

## ★ ED Visits for CNS Stimulant Abuse on the Rise

The number of young adults ending up at the emergency department (ED) for adverse effects from non-medical use of central nervous system (CNS) stimulants jumped 300% between 2005 and 2011—from 5,605 to 22,949, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). The drugs included prescription products benzphetamine and modafinil, used to treat attention-deficit/hyperactivity disorder, and over-the-counter (OTC) products containing stimulants. Illicit stimulants, such as methamphetamine, were not included in the study. *Nonmedical use* of pharmaceuticals included taking more than the prescribed dose, taking a drug prescribed for another individual, deliberate poisoning, and documented misuse or abuse.

In 2011, about 1.24 million ED visits were related to the nonmedical use of pharmaceuticals, including prescription, OTC medications, and supplements. Although caffeine is a CNS stimulant, caffeine-containing energy drinks had only a minor effect on the increase in ED visits, because those visits tended to involve adverse reactions, not nonmedical use.

On average, 30% of the 2011 ED visits for nonmedical CNS stimulant use also involved alcohol (that proportion remained relatively steady over the 7-year study period). The SAMHSA report noted that the non-

medical use of CNS prescription drugs is linked to heart and blood vessel problems, as well as to drug abuse or dependence. When combined with alcohol, CNS stimulants can alter the perception of intoxication and increase the risk of alcohol poisoning or alcohol-related injuries.

Although the SAMHSA report focused on adults aged 18 to 34 years, and research has shown abuse of prescription drugs is highest among young adults aged 18 to 25 years, a survey by the National Institute on Drug Abuse found that about 1 in 12 high school seniors reported non-medical use of prescription hydrocodone/acetaminophen in 2010 and 1 in 20 reported abusing prescription oxycodone hydrochloride.

The SAMHSA report was based on findings from the Drug Abuse Warning Network, a public health surveillance system. The complete survey findings are available at <http://www.samhsa.gov/data/spotlight/spot103-CNS-stimulants-adults.pdf>.

### ★ Talking About Suicide Matters

September was Suicide Prevention Month, and to help veterans in crisis, the VA kicked off new efforts to mobilize people and organizations nationwide.

The VA held mental health summits at VA medical centers (VAMCs) to engage community partners, Veteran Service Organizations, health care providers, and local governments. VA suicide prevention coordinators also organized community events, hosted health fairs, and led training sessions.

The It Matters campaign aims to reinforce the personal connections that give life hope and meaning. The theme is carried out through a variety of vehicles, such as a nationwide public service announcement, *Talking*

*About It Matters*, and a photo-sharing site, *Show Us What Matters*. The program also gives health care professionals and others an electronic toolkit with downloadable posters, flyers, sample written content for blogs and newsletters, web banner ads, and public service announcements.

Since 2007, the Veterans Crisis Line has answered more than 890,000 calls and made more than 30,000 life-saving rescues. In 2009, the crisis line added an anonymous chat service, which has had more than 108,000 chats.

In addition to the hotline, the VA has placed suicide prevention coordinators at all VAMCs and large outpatient facilities, improved case management and reporting, and boosted the number of mental health clinical providers.

For more information, visit <http://www.VeteransCrisisLine.net/ItMatters>.

### ★ Decline in Childhood Obesity

Children who are overweight or obese as preschoolers are 5 times as likely as normal-weight children to be overweight or obese as adults. That's why recent research brings good news: Obesity is on the decline among children, according to the School Health Policies and Practices Study (SHPPS) 2012 report by the Centers for Disease Control and Prevention (CDC) released last month during National Childhood Obesity Awareness Month. About 1 in 8 preschoolers in the U.S. is obese, but between 2008 and 2011, the report says, obesity declined in 19 of 43 states and territories studied.

Obesity rates increased slightly or stayed the same in 24 states and territories, but other data also provide hope for a turnaround. Another CDC report on the SHPPS shows that many schools are changing their approaches

to nutrition and physical activity. This national study found that schools are working to reduce unhealthy behaviors by upping their exercise requirements and improving nutrition services. For instance, in 2000, 23% of surveyed districts required schools to prohibit offering junk foods during breakfast or lunch periods—by 2006 that was up to 39% and in 2012, 42%. Similarly, in 2000, only 4% of surveyed districts required schools to prohibit selling junk food through vending machines—by 2012, that number rose to 43%.

More school districts are also adding exercise back into their curricula: The percentage of districts that required elementary schools to teach physical education rose from 83% in 2000 to 94% in 2012. The study also found that 59% of districts required and 32% recommended that elementary schools provide students with regularly scheduled recess; 11% of districts required and 23% recommended that middle schools provide physical activity breaks outside of physical education class.

More schools are also now required to offer health education classes on alcohol and drug use prevention, emotional and mental health, HIV prevention, and other health topics.

The healthy changes aren't limited to students, either. More districts are providing funding for at least 1 type of screening for faculty and staff, regardless of what their health insurance covers. And of the districts with school health councils (groups that offer guidance on the development of policies or coordinated activities on health topics), 79% had representation from students' parents or families.

For the full SHPPS 2012 report, visit [http://www.cdc.gov/healthyyouth/shpps/2012/pdf/shpps-results\\_2012.pdf](http://www.cdc.gov/healthyyouth/shpps/2012/pdf/shpps-results_2012.pdf). ●