Federal Health Matters

Early TRICARE Benefits for Reservists

On July 23, the second of three temporary TRICARE benefits for reservists and their family members was implemented. Under the DoD's 2004 Temporary Reserve Health Benefit Program, reservists who are issued "delayed effective date" active duty orders are eligible for early TRICARE coverage—starting either on the date the orders are issued or 60 days before the member reports to active duty, whichever is later.

This temporary benefit has a retroactive effective date of November 6, 2003, which means that reservists who received notice of activation on or after November 6 and subsequently incurred expenses for TRICARE-covered medical and dental procedures during their preactivation period may apply for reimbursement. Unless the benefit is extended by law, it will end on December 31, 2004.

In order to receive the benefit, reservists and family members must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) and be TRICARE-eligible. In July, the TRICARE Management Activity sent out a letter of eligibility to all qualified reservists enrolled in DEERS. The DoD maintains, however, that many uniformed service members—including reservists—are missing out on benefits because they either aren't enrolled in DEERS or haven't updated their personal information.

The first of these temporary reservist benefits, implemented in March, extended the period of TRICARE coverage offered to newly separated service members and their eligible family members under the DoD's Transitional Assistance Management Program from 60 or 120 days to 180 days. The third, which is still being worked out, will offer medical-only TRICARE coverage to reservists who are unemployed or ineligible for employer-sponsored health insurance. Unlike the first two benefits, this last one won't be retroactive.

VistA Goes Public

Last year, the Institute of Medicine called the VA's electronic patient record system, known as Veterans Integrated Health Systems Technology Architecture (VistA), one of the best in the nation. Now, the private sector has a chance to take advantage of this technology. On July 21, the VA announced that a version of VistA, called VistA-Office Electronic Health Record, soon will be available for purchase by private health care systems across the United States.

VistA was developed by the VA and is used in over 1,300 VA facilities nationwide to keep track of approximately five million veteran patients. In addition, it's already being used by the District of Columbia's Department of Health and by health care systems in Finland, Germany, Egypt, and Nigeria. It offers a complete electronic record that incorporates all aspects of patient care and includes preventive health care reminders, electronic entry for pharmaceutical orders, consultation requests, X-ray and pathology slides, and laboratory results.

Health care organizations that wish to obtain a copy of the software will be charged a nominal fee and most likely will receive the product late next year.

DoD and CDC Join Forces to Fight Anthrax

With the common goal of strengthening our defenses against a possible bioterrorist attack using anthrax, the DoD has agreed to help the CDC in its efforts to develop a new anthrax treatment by encouraging military personnel who've been vaccinated against anthrax to donate plasma. The CDC will use the donated plasma to synthesize an antibody-based medication, anthrax immune globulin (AIG), which is being investigated as a treatment for severe anthrax disease.

The HHS recruited the DoD's help with the project because most people being vaccinated against anthrax in the United States are

military personnel. The plasma donation project began in August at Fort Campbell, KY and is expected to expand to other army installations at a later date.

In order to qualify as a donor, vaccinees must have received at least four doses of the anthrax vaccine and must pass a physical examination, medical history screening, and blood tests. Ideally, plasma donation begins 10 to 21 days following vaccination and continues once a week for 10 consecutive weeks.

The hope is that AIG administration, along with antibiotic treatment, will decrease the death rate among people who develop inhalation anthrax infection, generally the most severe form of the disease. During the 2001 anthrax attacks, this type of infection was associated with a 45% mortality rate. If the CDC's tests indicate success with AIG, it will be stored for emergency use. Since AIG is considered an investigational drug, any use of it would be supervised by the FDA.

The hope is that AIG administration, along with antibiotic treatment, will decrease the death rate among people who develop inhalation anthrax infection.

Ophthalmologic Supervision of VA Laser Eye Surgery

On August 2, the VA announced a new policy that all therapeutic laser eye surgeries performed at VA facilities must be supervised by an ophthalmologist "in a manner consistent with Joint Commission on Accreditation of Healthcare Organizations standards." This means that optometrists who are fully trained and appropriately licensed may perform laser eye surgeries in VA facilities—but only under an ophthalmologist's supervision. VA Secretary Anthony J. Principi says the new policy provides "an additional level of safety for our patients who come to us for eye care."

The change in policy follows a debate sparked in April 2003, when it was discovered that an Oklahoma-licensed optometrist was performing laser eye surgeries at a Kansas VA facility. Although the state law of Kansas—along with all other states except Oklahoma—prohibits optometrists from performing invasive eye surgery, VA policy permits facility directors to grant practitioners privileges up to the full extent of their licenses.

In response, a number of physician organizations (including the AMA, the American Academy of Ophthalmology, and the American College of Surgeons) teamed up to form the Veterans Eye Treatment Safety (VETS) Coalition, with the primary goal of encouraging Congress to pass legislation prohibiting anyone other than licensed medical doctors and doctors of osteopathy from performing eye surgery at all VA and VA-contracted facilities. Bills to this effect have been introduced in both the House and the Senate (H.R. 3473 in November 2003 and S. 2743 in July 2004), but neither has progressed past committee review at this point.

In the meantime, the VETS Coalition calls the VA's latest action "a significant step by the VA to resolve a patient safety issue," but believes it doesn't go far enough. The group says that the VA hasn't adequately defined "supervision" and that anything short of direct oversight by a licensed ophthalmologist in the operating room would be unsafe for patients. They also call for the VA to establish minimum optometric education and training standards before implementing the new policy.

Air Force Gets a Head Start on Formulary Exclusions

In a controversial move this July, Air Force Assistant Surgeon General for Health-Care Operations Maj. Gen. Joseph E. Kelley issued a memorandum to all air force pharmacies instructing them to stop distributing several common, but costly prescription medications. Beneficiaries still can obtain the newly excluded drugs—which include certain nonsedating antihistamines and selective cyclooxygenase-2 inhibitors, as well as one brand of insulin—through the TRICARE Mail Order Pharmacy (TMOP) or the TRICARE Retail Pharmacy (TRRx) program. In addition, less costly alternatives within the same drug classes (and with similar efficacy) are available at base pharmacies.

This action comes as the DoD Pharmacy and Therapeutics (P&T) Committee is set to begin reviewing medications to exclude from the DoD's newly established Uniform Formulary (UF). Once the committee completes its review and selects drugs for designation as nonformulary agents, the drugs won't be available at military med-

Bob Washington, who will serve on the UF's Beneficiary Advisory Panel, told reporters... that the air force's formulary changes look like an attempt to circumvent the DoD P&T Committee review process.

ical treatment facility pharmacies and will carry a $22 copayment when beneficiaries get them through the TMOP or TRRx program.

But Bob Washington, who will serve on the UF's Beneficiary Advisory Panel, told reporters from *The Free Lance–Star*, a newspaper based in Fredricksburg, VA, that the air force's formulary changes look like an attempt to circumvent the DoD P&T Committee review process. Air force officials responded to that charge by saying that immediate action was necessary to alleviate fiscal problems. Kelley's memo called fiscal year 2004 "an extremely challenging budget year for the Air Force Medical Service," citing expensive new drugs and price increases for the approximately 150 high-use medications contained on the DoD and VA contract list.

Tom Philpott of *The Free Lance–Star* quotes Frank Rohrbough with the Military Officer Association of America as saying "a 'top down' formulary change, typically made at base level, hints at the severity of a medical budget shortfall hitting all the services this year."

Chiropractic Care Added at Selected VA Sites

This fall, 26 VA facilities will begin offering chiropractic care. This change fulfills a requirement in the Department of Veterans Affairs Health Care Program Act of 2001 that chiropractic care be offered by at least one facility in each of the VA's 21 VISNs. It also delivers on promises VA Secretary Anthony J. Principi made back in March regarding the integration of chiropractic care into the VA health care system, which were based on recommendations from a multidisciplinary health care advisory panel. Principi has pledged to "ensure that chiropractic care is ultimately available and accessible to veterans who need it throughout the VA system."

The VA is both contracting and directly hiring doctors of chiropractic, who will consult with VA primary care providers and perform evaluations for patients with neuromusculoskeletal conditions. Contract practitioners will provide chiropractic care to veterans who don't live close to the designated facilities through the VA's outpatient fee-based program. These patients must have prior authorization from the VA and a referral from their primary care provider.

The American Chiropractic Association (ACA) applauded the VA's swift implementation of Principi's March directive. "The VA operated at light speed to designate these sites," said ACA President Donald J. Krippendorf, "and we look forward to continuing to work with them to implement other key elements of the Secretary's initiative...." A complete list of VA sites offering chiropractic care, including contact information, is available on the ACA web site (www.amerchiro.org/government/va/062804.shtml). ●

LET YOUR VOICE BE HEARD!

Do you have comments on this, or any other department, article, or column in *Federal Practitioner*? Write us and add your voice to discussions of today's important issues in federal health care.

E-mail your letter to:
fedprac@qhc.com

Or mail it to:
Reader Feedback
Federal Practitioner
26 Main Street
Chatham, NJ 07928-2402