Federal Health Matters

VA's Perlin Steps Down, Kussman Steps In

Effective August 11, Jonathan B. Perlin, MD resigned his VA post as under secretary for health. He has accepted a private sector position as chief medical officer and senior vice president for quality at Hospital Corporation of America (HCA), a health care service provider based in Nashville, TN. While the VA searches for a permanent replacement for Perlin, Principal Deputy Under Secretary for Health Michael J. Kussman, MD will serve as acting under secretary.

In a July 12 statement, VA Secretary R. James Nicholson praised Perlin's role in leading the VA's health care transformation since 2004. "Jon Perlin's dedicated service to our nation's veterans is evidenced by the fact that [the] VA's health care is now widely recognized as a model for safety, efficiency, effectiveness, and compassion." Perlin also received high praise from veterans service organizations. John Rowan, national president of the Vietnam Veterans of America, commended Dr. Perlin's frankness, noting that: "It was Dr. Perlin who acknowledged that the VA health care system was $800 million in the hole in the waning months of fiscal year 2005, despite earlier assurances by VA top officials that the department had the funds it needed."

The VA's announcement on July 21 of Kussman's new role highlighted the acting under secretary's three-decade long military career. Before joining the VA, Kussman served as commander of the Walter Reed Health Care System in Washington, DC; command surgeon for U.S. Army Europe; and TRICARE lead agent for Europe. For the past year, as principal deputy under secretary for health for the VA, he has been responsible for clinical and operational policies and programs, as well as oversight of health policy coordination between the VA and other federal and nonfederal agencies. Nicholson said of the decorated Army veteran: "his leadership will ensure that veterans continue to receive world-class health care during this transitional period."

DoD Supports Continuing Work on New Anthrax Vaccine

On July 6, LigoCyte Pharmaceuticals, Inc. (Bozeman, MT) announced that the DoD had awarded the company a $2.3 million contract to continue development of a third generation, mucosal anthrax vaccine. The vaccine, which is in the validation stage of preclinical testing, is unique in that it includes both a protein antigen to protect against *Bacillus anthracis* toxin and a bacterial capsule antigen to help the body fight infection. In addition, its dry powder formulation would facilitate remote transport and storage and its intranasal delivery system would preclude the need for needles and enable self-administration. The intranasal, dry powder formulation also is being applied to other LigoCyte vaccines.

In May 2006, the peer-reviewed journal *Vaccine* published a study from Battelle Memorial Institute that showed reductions in both mortality and morbidity in rabbits exposed to anthrax spores after immunization with the dual-antigen vaccine. In addition to previous DoD grants, LigoCyte's anthrax vaccine program received financial support from a $4.6 million, competitive National Institutes of Health grant in 2005.

VA Electronic Record System Wins Harvard Award

On July 10, the VA's electronic health record system, the Veterans Health Information Services and Technology Architecture (VistA), received the 2006 Innovations in American Government Award. This award, presented by the Ash Institute for Democratic Governance and Innovation at Harvard's John F. Kennedy School of Government, in partnership with the Council for Excellence in Government, recognizes innovative programs in the public sector.

While many health care facilities in the private sector still keep paper records, the VA's system electronically integrates office visit notes, prescriptions, and medical procedures for 100% of clinical visits. VistA also alerts staff about potential medication errors and tracks errors that occur, monitors how well and how often medical protocols are followed, and—unlike many other medical computer databases—allows patients to access their records through the My HealtheVet web site (www.myhealth.va.gov). Multimedia images (such as x-rays, pathology slides, and cardiology exam results) are hosted on VistA Imaging.

Prior to receiving this award, VistA garnered praise from other organizations. In a recent study comparing patients from 12 non-VA, metropolitan communities with VA patients from 26 Southwestern and Midwestern facilities, the RAND Corporation found that VA patients received 67% of recommended care as opposed to 51% in the national sample. Among other factors, the RAND report cited the VA's "sophisticated electronic medical record system."

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Indeed, the VA credits VistA with a reduction in medical errors and a greater emphasis on preventive care. For instance, it estimates that 6,000 lives have been saved and hospitalizations for pneumonia have been cut in half as a result of accurate electronic tracking of pneumonia vaccine administration to veterans with emphysema. And when Hurricane Katrina hit in the fall of 2005, destroying clinics in New Orleans, LA and Gulfport, MS, VHA facilities in other locations were able to quickly locate the patient prescriptions and health information of 40,000 displaced veterans using VistA. Furthermore, while costs of health care in the private sector soar and levels of customer satisfaction decrease, the VA reports that over the past 10 years, VistA "has helped improve operating efficiencies approximately 6% per year."

The $100,000 prize that comes with the Innovations in American Government Award is meant to be used to distribute program information so that it can serve as a model for other government agencies and private institutions. As such, the VA plans to present demonstrations of VistA's capabilities at medical centers across the country.

Groundbreaking VA Laboratory Closes

July 21 marked the end of an era, with the closing of the Special Pathogens Laboratory at the VA Pittsburgh Healthcare System (VAPHS). The laboratory is best known for its definitive research on Legionnaire disease, a bacterial pneumonia named for a 1976 outbreak during the 58th Pennsylvania American Legion Convention in Philadelphia, in which hundreds of attendees became ill and 34 died. Researchers at the Special Pathogens Laboratory are credited with discovering the reservoir for the bacteria (potable water), as well as developing and refining diagnostic methods.

According to an article in the *Pittsburgh Tribune-Review*, local VA leadership decided that the laboratory was no longer needed as its research mission had been completed. Victor L. Yu, MD, chief of the infectious disease section at the VAPHS and one of the original Legionnaire researchers, told the *Tribune-Review* that the closing of this laboratory "absolutely will jeopardize lives," since the facility had been performing specialized testing of samples believed to be infected with the *Legionella* bacteria for hospitals nationwide. He explained that a fee paid by the hospitals for this testing kept the lab financially self-supporting. But David Cowgill, public and community relations coordinator for the VAPHS, countered that government facilities are not permitted to perform testing for private hospitals and that "there are no contractual agreements in place" for the laboratory to be supported by these fees.

After his appeal to the director of the VAPHS was denied, Dr. Yu wrote to the VA Central Office in Washington, DC asking for an investigation of the decision to close the laboratory. As of press time, he has not received a response. The *Tribune-Review* reports that several laboratory employees, who were laid off on July 5 in anticipation of the shut down, remained in the facility voluntarily to continue testing specimens until the official closing date. Since this time, responsibility for *Legionella* testing has been transferred to the VAPHS clinical laboratory.

IHS and Mayo Clinic Collaborate on Native Health Initiative

On July 10, representatives from the HHS (on behalf of the IHS) and the Mayo Clinic signed a Memorandum of Understanding to formalize a relationship between the two organizations intended to "reduce the burden of cancer and other diseases" in Native American communities. The collaboration will focus on five areas: (1) education and training for Native American students interested in pursuing health care careers; (2) career opportunities for qualified Native American researchers, clinicians, and other health workers; (3) research targeted at the health concerns of Native American communities; (4) federal and foundation grants and funding to improve health circumstances; and (5) cost-effective health care and preventive services for members of Native American communities.

According to IHS Director Charles Grim, DDS, MHSA, this formal alliance between the Mayo Clinic and the IHS strengthens existing bonds. "Mayo's Native American programs have a long history of working with American Indian and Alaska Native students, physicians, nurses, researchers, tribal communities, and the IHS in a way that respects tribal sovereignty and self-determination."

An example of the Mayo Clinic's previous Native American programs is the American Indian/Alaska Native Cancer Information Resource Center and Learning Exchange (Native CIRCLE), a web site created to provide both health care professionals and the Native communities they serve with educational resources on the prevention, diagnosis, and treatment of cancers in Native American populations—in whom survival rates for most cancers are poor. Other campaigns include Spirit of Eagles, which boosts Native Americans' access to cancer research programs and clinical trials, and the Native WEB, a nurse training program that aims to bolster early detection of breast and cervical cancers in Native American communities. ●