Federal Health Matters

Stimulus Package Provides Billions in Federal Health Funds

The American Recovery and Reinvestment Act (ARRA), signed by President Obama on February 17, is best known as a $787 billion package aimed at stimulating the economy. But the act also contains a great deal of funding intended to stimulate health-related projects at the VA, the DoD, the IHS, and other federal departments and agencies.

Under ARRA, the VHA will receive $1 billion for nonrecurring maintenance at medical facilities—as long as the VA secretary provides Congress with a plan for the use of the funds by March 17. The VA will receive an additional $150 million for grants to help states acquire, construct, and repair veterans' extended care facilities.

The act provides the DoD with $1.33 billion for the construction of military hospitals, along with $400 million for modernizing and enhancing the energy efficiency of existing medical facilities. The IHS will receive $415 million for improving Indian health facilities: $227 million for new construction, $100 million for maintenance and improvements, $68 million for sanitation, and $20 million for medical equipment. In addition, the IHS will receive $85 million to enhance its health information technology.

A major target of ARRA's health-related funding is comparative effectiveness research. The act provides $400 million each to the HHS secretary and the National Institutes of Health and $300 million to the Agency for Healthcare Research and Quality for such research. It also establishes a Federal Coordinating Council for Comparative Effectiveness Research, which will coordinate research efforts of the VA, the DoD, the HHS, and other federal departments and agencies. The council will be chaired by the HHS secretary and will consist of up to 15 federal officials appointed by the President—at least half of whom will be "physicians or other experts with clinical expertise."

The act also provides the HHS Office of the National Coordinator for Health Information Technology with $2 billion—about $1.94 billion more than the office's annual funding since its creation in 2004—for affiliated grants and loans. Of this amount, $300 million is designated to support regional or subnational efforts toward health information exchange.

The full text of ARRA is available online for public review and comment at http://www.whitehouse.gov/the_press_office/arra_public_review.

Army Reports Record Numbers of Soldier Suicides

Following the release of statistics indicating that 2008 was a record setting year for soldier suicides and that January 2009 might be a record setting month for the problem, the U.S. Army began a month-long "stand-down" aimed at suicide prevention on February 15.

The 2008 statistics, released on January 29, reported 128 confirmed cases of soldiers in the U.S. Army, U.S. Army Reserve, and U.S. Army National Guard who committed suicide last year, as well as 15 additional soldier deaths that are still under investigation. These numbers make 2008 the fourth consecutive year of rising soldier suicides and the year with the most soldier suicides since the army began tabulating these statistics in 1980. In addition, 2008 was the first year since the Vietnam War when the soldier suicide rate (20.2 per 100,000) is believed to have been higher than the adjusted civilian suicide rate (19.5 per 100,000, after adjusting for the army's younger and predominantly male demographics).

On February 5, the army reported that seven confirmed soldier suicides, along with 17 soldier deaths still being investigated, occurred in January 2009. The possible total of 24 soldier suicides would be higher than that of any month since the tabulations began and would exceed the combined number of troops killed by combat in Operations Iraqi and Enduring Freedom in January.

According to a January 29 army news release, the stand-down will include training to help soldiers recognize warning signs of suicide in their peers and to help them intervene "at the buddy level." There are also plans for a "chain-teaching" program on suicide prevention to be held after the stand-down, from March 15 to June 15.

On February 11, Sen. Daniel K. Akaka (D-HI), chair of the Senate VA Committee, and Sen. Richard M. Burr (R-NC) called on DoD Secretary Robert M. Gates and VA Secretary Eric K. Shinseki to discuss the rising suicide problem in a DoD/VA Senior Oversight Committee meeting. Akaka called the problem "an escalating crisis threatening to take even more of our servicemembers if we don't act."

In its news releases about the suicide spike, the army emphasized that it has increased its suicide prevention efforts over the past two years and that eliminating the stigma associated

with mental health care is key to these efforts. It also highlighted attempts to strengthen resilience, improve the detection of mental health problems, and enhance relationships on the part of soldiers and their families through such programs as Comprehensive Soldier Fitness, BATTLEMIND, and Strong Bonds.

With regard to service members who have separated from the military, VA statistics indicate that, between 2002 and 2005, there were 144 suicides among the nearly 500,000 veterans of Operation Iraqi Freedom and Operation Enduring Freedom. The VA provides mental health counseling and other services at 232 Vet Centers throughout the country, and it announced February 7 that its suicide hotline, 1-800-273-TALK, has "received about 100,000 calls and has been credited with rescuing over 2,600 people."

GAO Reports Find Faults in VA Long-Term Care Planning and DoD/VA Information Sharing Efforts

Two reports released in January by the Government Accountability Office (GAO) find ongoing flaws in the way the VA projects and budgets for long-term care needs and insufficiencies in the VA and DoD's plans for meeting information sharing goals.

The first report, released on January 23, charges the VA with basing the long-term care spending estimates contained in its 2009 budget justification on "unrealistically low" cost assumptions and "unrealistically high" workload projections. For example, an estimate that nursing home care spending would increase by about $108 million assumed that nursing home costs would increase by 2.5% between fiscal years (FYs) 2008 and 2009—despite the 5.5% cost increase that occurred between FYs 2006 and 2007. Furthermore, the GAO points out that the VA's 2007 strategic plan for long-term care reported the intention to increase noninstitutional care workload without specifying the magnitude of the increase or the timeframe for achieving it. Additional research, however, revealed that this workload would have to increase 167% to achieve the VA's goal of meeting projected demand for noninstitutional care services by 2013.

The 2007 strategic plan also did not report its workload intentions with regard to patients who receive nursing home care on a discretionary basis, a group that accounted for three fourths of the VA's overall FY 2007 nursing home workload. VA officials told the GAO, however, that the department plans to maintain a stable nursing-home workload overall—which means that, in order to accommodate planned workload increases in nondiscretionary nursing home care, workload related to nondiscretionary nursing home care would have to be reduced.

Sen. Daniel K. Akaka (D-HI), chair of the Senate VA Committee, responded to the report by noting that there is widespread political support for the practice of funding VA health care one year in advance and that, "For this to work, projections of veterans' health care needs must be accurate." VA Secretary Eric K. Shinseki, who was sworn in on January 20, told the House VA Committee on February 4 that he is developing a "credible and adequate 2010 budget request."

In a January 28 report, the GAO stated that the DoD and VA do not yet have the "comprehensive picture" needed to achieve their goal of sharing electronic health records seamlessly. In order to achieve health information system interoperability by September 30, 2009, as required by the National Defense Authorization Act for Fiscal Year 2008, the VA and DoD are using the *Joint Executive Council Strategic Plan for Fiscal Years 2008–2010* and the *DoD/VA Information Interoperability Plan (Version 1.0)* as their key planning documents. But neither of these documents contain the objective goals and measures needed to track the project's progress adequately, according to the GAO report. It adds that the DoD and VA "will remain ineffectively positioned" to meet their deadline until they fully establish an interagency program office.

The report recommends that the departments develop result-oriented goals and performance measures for interoperability, document these goals and measures in their plans, and use them for future assessments and reports on their progress. After receiving drafts of the report, both S. Ward Casscells, assistant secretary of defense for health affairs, and James B. Peake, former VA secretary, said they agreed with its recommendations. ●