



News from the federal health sector

★ Overtime to Reduce Backlog

In its latest initiative to combat the mountains of backlogged disability compensation claims, the VA is mandating overtime for claims processors in 56 regional benefits offices. The surge will be implemented through the end of fiscal year 2013. According to a VA press release on May 15, 2013, continued emphasis will be placed on high-priority claims for homeless veterans and those claiming financial hardship, the terminally ill, former prisoners of war, Medal of Honor recipients, and veterans filing Fully Developed Claims.

The decision is another step in the effort to bring claims responses up-to-date. It follows on an announcement in April 2013 of an initiative to expedite compensation claims decisions for veterans who have waited 1 year or longer.

“This increased overtime initiative will provide more veterans with decisions on their claims and will help us achieve our goal of eliminating the claims backlog,” said Secretary of Veterans Affairs Eric K. Shinseki.

Claims for Wounded Warriors separating from the military for medical reasons will continue to be handled separately and on a priority basis with the DoD through the Integrated Disability Evaluation System (IDES). On average, Wounded Warriors separating through IDES receive VA compensation benefits within 2 months following their separation from active service.

★ Translating the Diabetes Prevention Program Into Native American Real Life

The landmark Diabetes Prevention Program (DPP), a clinical trial conducted by the National Institutes of

Health (NIH), famously showed the impact of modest changes in exercise and diet for people at high risk of diabetes. But would those findings hold true for at-risk American Indians and Alaska Natives, who have the highest rate of diabetes-related death in the nation?

To find out, the Indian Health Service (IHS) sponsored the Special Diabetes Program for Indians (SDPI) to “translate” the DPP into the real world of tribal communities. The project, which involved 2,553 adults from 80 American Indian and Alaska Native tribes, was the first large-scale national evaluation of the effectiveness of lifestyle interventions on diabetes incidence in diverse tribal communities, the IHS says.

Beginning in 2006, the intervention was conducted among 36 rural, reservation, and urban health care programs. With the goal of losing 7% of initial body weight, participants engaged in a 16-session lifestyle curriculum, adapted from the NIH clinical trial, which consisted of diet, exercise, and behavior modification (published in *Diabetes Care*, December 2012).

The IHS project had similar findings with those of the NIH trial: a 4% rate of new cases of diabetes each year, compared with 4.8% in the DPP. The results were substantially lower than those of American Indians in the NIH placebo group (11% per year). Researchers also observed significant improvements in weight (4.4% weight loss), blood pressure, and lipid levels immediately after the intervention and annually for the 3 years of follow-up.

Tribal consultation precluded a comparison or placebo group, thus the SDPI intervention was not a randomized clinical trial. Nonetheless, the IHS

says, it has “added important information to help chart future directions for diabetes prevention activities among communities served by the IHS.”

★ Movement on Mental Health

As of May 31, 2013, VA has hired 1,607 mental health clinical providers, exceeding the goal (by 7 providers) set in President Obama’s 2012 Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and Military Families.

Increasing the number of providers addresses a growing need. In fiscal year (FY) 2012, more than 1.3 million veterans received specialized mental health care from the VA—up from 927,052 in FY 2006. Meeting the hiring milestone is a significant step, says Secretary of Veterans Affairs Eric K. Shinseki.

The VA has also hired an additional 2,005 mental health clinical providers to fill existing vacancies and is 318 new peer specialists closer to the goal of 800 peer specialists by December 31, 2013.

Other initiatives include expanding the use of innovative technology to serve veterans in rural or underserved areas, improving access to telemental health services, and increasing the number of Vet Centers, which provide readjustment counseling and referral services.

The VA also created “Make the Connection,” an award-winning national public awareness campaign aimed at reducing the stigma associated with seeking mental health care. At <http://maketheconnection.net>, veterans and their families can find information and resources, from suicide prevention coordinators to homeless assistance and caregiver support.

Recognizing that collaboration is

the key to success, President Obama has directed all VA health care systems (VAHCS) to conduct Mental Health Summits, engaging with local partners and nurturing community engagement in addressing veterans' mental health needs. "Locally-driven summits provide a well-established method to strengthen our community partnerships, and they have been successful in support of VA's goal to end homelessness among veterans," says Veterans Health Administration Undersecretary for Health Dr. Robert A. Petzel. Each VAHCS will reach out to relevant Veteran Service Organizations, community-based organizations, health care providers, and local governments to develop and conduct the summits.

★ Hearing Loss: A Silent Epidemic

Nearly 2 million veterans have a service-related hearing disability. According to the DoD, in the past 10 years alone, more than 350,000 service members have reported tinnitus (ringing in the ear[s]) and more than 250,000 have reported hearing loss, making these the 2 most common service-connected disabilities.

Hearing loss can be caused by head injury, illness or infection, ototoxic medications, and loud noises. Immediate physical damage can be done by a jet engine, at 155 dB, but sounds louder than 85 dB can cause permanent hearing loss through prolonged exposure. A bomb blast is 175 dB, gunfire is 145 dB.

In honor of Better Hearing and Speech Month (May), the DoD Hearing Center of Excellence (HCE) (<http://hearing.health.mil>) produced an infographic to help service members educate and protect themselves against hearing loss. The infographic details the signs and symptoms of hearing problems: frequent requests for repetition; turning up the volume on radios, TVs, etc; avoidance of so-

cial situations; withdrawal from conversations; and muffled hearing. The HCE also notes that hearing problems can lead to depression and anxiety, social isolation, fatigue, and increased risk of falling.

The accompanying frequently asked questions (FAQ) section warns that noise-induced hearing loss is usually gradual and painless but permanent: Once destroyed, the hearing nerve and sensory nerve cells do not recover. Service members may feel they've "gotten used" to the routine noise—in that case, they may have already sustained hearing damage.

Hearing loss is not only a health problem, but also an economic one. In 2010, VA tinnitus hearing loss claims totaled more than \$1 billion. But in as many as 50% of cases, hearing loss is a preventable problem. The FAQs suggest ways service members can protect their hearing, such as by double-protecting ears by putting muffs over earplugs when shooting big-bore firearms and always having disposable hearing protection handy.

The HCE works with the VA to address the prevention, diagnosis, treatment, research, and rehabilitation of hearing loss and impairments, including audio-vestibular dysfunction often related to traumatic brain injury.

★ The Long View on Diabetes Drugs

What are the long-term risks and benefits of commonly used diabetes drugs? The Glycemia Reduction Approaches in Diabetes: A Comparative Effectiveness (GRADE) Study is looking for volunteers to find out. Conducted by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), GRADE aims to enroll about 5,000 patients diagnosed with diabetes over the past 5 years.

While short-term studies have shown the efficacy of various drugs when used in combination with met-

formin, no long-term studies have been done to determine which combination works best and with fewest adverse effects. "What differentiates GRADE from previous studies is that it will perform a head-to-head comprehensive comparison of the most commonly used drugs over a long period of time," said David Nathan, MD, of Massachusetts General Hospital in Boston, co-principal investigator with John Lachin, ScD, of The George Washington University in Washington, DC. "In addition to determining which medications control blood glucose levels most effectively over time, we hope to examine individual factors that are associated with better or worse response to the different medications," continued Dr. Nathan.

The study will look at 4 widely used diabetes drugs: sulfonylurea, which increases insulin levels directly; DPP-4 inhibitor, which indirectly increases insulin levels by increasing the effect of a naturally occurring intestinal hormone; GLP-1 agonist, which increases the amount of insulin released in response to nutrients; and long-acting insulin. During the study, all patients will be on metformin along with a second medication randomly assigned from among the 4 classes of medications. Their diabetes medications and management will be free; study care will include at least 4 medical visits per year.

Patients will be followed for up to 7 years. "Type 2 diabetes progresses slowly," notes Barbara Linder, MD, PhD, the GRADE project officer at NIDDK. "This study will help us understand how different combinations of medications affect the disease over time, and ultimately help physicians make better choices for their patients' long-term care."

Each of 37 clinical centers in the U.S. will enroll up to 150 patients. Screening began in May 2013. Learn more about the study at <https://grade.bsc.gwu.edu>. ●