THE CSTE WASHINGTON REPORT

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September 22, 2005 Volume 9, Number 18

INSIDE THIS ISSUE

EDITOR'S NOTE:. HHS Secretary Mike Leavitt September 15 announced the purchase of vaccine and antiviral medications that could be used in the event of a potential influenza pandemic. The department has awarded a $100 million contract to sanofi pasteur, the vaccines business of the sanofi-aventis Group, to manufacture avian influenza vaccine designed to protect against the H5N1 influenza virus strain, which is spreading among domestice and wild birds in Asia and has resulted in some human deaths. The number of individuals who could be protected by the newly contracted vaccine is still to be determined by ongoing clinical studies. In addition, HHS has awarded a $2.8 million contract to GlaxoSmithKline for 84,300 treatment courses of the antiviral drug zanamivir (Relenza) -- additional details are provided in this Washington Report.

The CSTE Washington Report is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S. Legislation cited in the report can be

accessed via http://www.thomas.loc.gov Regulations cited can be accessed via http://www.gpo.gov

HURRICANE UPDATE – With Hurricane Rita, currently a category 5 storm, barreling down on the Texas coast, Congress is still actively working to provide relief for Hurricane Katrina's victims. A conflict has developed between the Administration's approach to providing Medicaid coverage for evacuees and a Senate bipartisan bill. The Administration is providing Medicaid waivers for impacted states, negotiating coverage and reimbursement details in a fairly lengthy process. The Senate bill would simply extend current Medicaid coverage to every evacuee for a 10 month period. Other conflicts involve providing offsets for increased Katrina-related spending. Yesterday, the conservative Republican Study Group issued its proposal for finding $1 trillion in offsets over a 10 year period. Among the cuts it targets is $1.7 billion for CDC – essentially wiping out the nearly 25 percent increase provided to the agency in the House-passed FY 2006 Labor-HHS-Education Appropriations bill. Speaker Hastert said in response to the GOP Study Group's proposal that a discussion of appropriate offsets is on the table, but they must be realistic. He rejected, for instance, the group's proposal to delay by one year, for a $30 billion savings, implementation of the new Medicare prescription drug benefit. Other, probably more palatable, proposals are to do an across-the-board cut for most programs, although defense spending is likely to be exempted, or freeze all government spending at current, FY 2005 levels for several years.

In related activities, the House Energy and Commerce Subcommittees on Health and Oversight and Investigations are holding a joint hearing today (9/22) on "Assessing Public Health and the Delivery of Care in the Wake of Katrina". The lead witness is Dr. Julie Gerberding, Director of the CDC. Other witnesses include representatives of the National Association of Community Health Centers, American Medical Association, American Hospital Association, American Red Cross

LEGISLATIVE UPDATE – Members of the CSTE Executive Committee and the Surveillance Policy Committee had a very substantive and positive discussion with the Chief of Staff for the Senate Subcommittee on Bioterrorism and Public Health Preparedness, Dr. Bob Kadlec. The discussion focused on provisions in legislation introduced early this year, S. 3, which would authorize federalizing the current national disease reporting system. The Subcommittee plans to draft legislation that will meld provisions in S. 3 and in BioShield II (S. 975). It also plans to hold either a hearing or a roundtable discussion on the topic of disease surveillance.

In other legislative developments, while much activity has focused on hurricane relief efforts, Sen. Murkowski (R-AK), introduced bipartisan legislation on September 19th to reauthorize the Fetal Alcohol Syndrome prevention and services program. The bill has been referred to the Senate HELP Committee.

ALL CHILDREN 18 AND UNDER DISPLACED BY HURRICANE KATRINA WILL RECEIVE FREE VACCINATIONS -- HHS Secretary Mike Leavitt announced September 16 that all children from birth to 18 years old displaced by Hurricane Katrina are eligible to receive free vaccines through the federally-run Vaccines for Children program (VFC), regardless of whether they are staying at shelters, hotels, or with family

and friends and regardless of previous health insurance coverage status. Managed by HHS' Centers for Disease Control and Prevention (CDC), the VFC helps families of children who may not otherwise have access to vaccines by providing free vaccines to doctors who serve them.

"Children displaced by Hurricane Katrina have been through so much," Secretary Leavitt said. "But with each passing day there is hope for a brighter future for them, and we plan on doing everything possible to make sure their future is healthy. That's why we are taking this step today to make sure children have access to immunizations through the Vaccines for Children Program."

CDC's immunization recommendations for children displaced by Hurricane Katrina are aimed at keeping them up-to-date on routine vaccinations and protecting them from disease outbreaks in large, crowded group settings. The nation's childhood immunization coverage rates continue at record high levels, so there is no immediate threat of vaccine-preventable disease outbreaks among these children.

HHS considers all children from birth to 18 years old who have been displaced by the effects of Hurricane Katrina to effectively be uninsured, because they are not expected to have access to medical records or proof of insurance. Taking this action allows doctors, clinics, and health departments who provide childhood vaccinations to immunize these children using VFC vaccine.

The Vaccines for Children program is an entitlement program (a right granted by law) for eligible children, age 18 and below, known as section 1928 of the Social Security Act. VFC became operational Oct. 1, 1994. Through the VFC program, publicly purchased vaccine is available at no charge to enrolled public and private health care providers for eligible children. More information about the VFC program can be obtained at http://www.cdc.gov/nip/vfc/.

CDC's Interim Immunization Recommendations for Individuals Displaced by Hurricane Katrina can be accessed at http://www.bt.cdc.gov/disasters/hurricanes/katrina/vaccrecdisplaced.asp. Complete information on the full range of accelerated benefits available from HHS for hurricane victims is available at http://www.hhs.gov/katrina.

HHS BUYS VACCINE AND ANTIVIRALS IN PREPARATION FOR A POTENTIAL INFLUENZA PANDEMIC -- HHS Secretary Mike Leavitt September 15 announced the purchase of vaccine and antiviral medications that could be used in the event of a potential influenza pandemic.

The department has awarded a $100 million contract to sanofi pasteur, the vaccines business of the sanofi-aventis Group, to manufacture avian influenza vaccine designed to protect against the H5N1 influenza virus strain, which is spreading among domestice and wild birds in Asia and has resulted in some human deaths. The number of individuals who could be protected by the newly contracted vaccine is still to be determined by

ongoing clinical studies. In addition, HHS has awarded a $2.8 million contract to GlaxoSmithKline for 84,300 treatment courses of the antiviral drug zanamivir (Relenza).

These purchases build on the department's plans to buy enough vaccine for 20 million people and enough antivirals for another 20 million people. These supplies of vaccine and antiviral treatment will be placed in the nation's Strategic National Stockpile where they will be available for use should an influenza pandemic occur.

"These countermeasures provide us with tools that we have never had prior to previous influenza pandemics," Secretary Leavitt said. "Never before have we possessed the wealth of knowledge on the problem and the ability to prepare for it. These new contracts are part of our aggressive, multi-pronged approach to planning for pandemic influenza."

Initial clinical studies of the sanofi pasteur vaccine in humans have shown that two 90-microgram doses of the vaccine are required to stimulate a level of immune response that researchers anticipate would provide protection for an individual against the H5N1 strain that has been spreading among birds in Asia. However, further clinical testing is underway, including the evaluation of techniques that may reduce the amount of antigen (active ingredient) per dose needed to achieve effective individual protection. The H5N1 strain is considered a potential threat that could lead to a global human influenza pandemic.

The agreement with GlaxoSmithKline will provide HHS with an initial supply of zanamivir, an antiviral medication that is effective in reducing the severity of symptoms of human seasonal influenza. This antiviral purchase builds upon HHS' efforts to stockpile oseltamivir (Tamiflu), another antiviral medication that is effective in treating the symptoms of human seasonal influenza. The H5N1 virus that is circulating in Southeast Asia appears to be sensitive to the antiviral activities of these drugs. HHS has received the full shipment from this order.

Earlier this year, Secretary Leavitt established an HHS-wide Influenza Task Force to coordinate all HHS activities affecting the public health preparedness for seasonal influenza outbreaks and an influenza pandemic. Long term objectives include an effective and efficient global surveillance network for outbreaks of influenza-like illness in humans and animals, and interoperable local, state, and federal government response plans for influenza outbreaks within the United States -- including strategies and plans for effective coordination with response partners, public and private and timely communication with the public.

These investments are part of a comprehensive U.S. approach to prepare for an influenza pandemic. HHS supports pandemic influenza preparedness in several other areas such as enhanced surveillance in Southeast Asia and improved vaccine production methods and capacity. These measures can provide early warning and additional time for vaccine production should a pandemic emerge.

RESEARCH FINDS LOW ELECTRONIC HEALTH RECORD ADOPTION RATES FOR PHYSICIAN GROUPS -- A comprehensive study by the Medical Group Management Association (MGMA) Center for Research and the University of Minnesota School of Public Health has captured the current state of adoption of electronic health records (EHR) by U.S. medical group practices. More than 3,300 medical group practices participated in the Assessing Adoption of Health Information Technology project, which was funded by the federal Agency for Healthcare Research and Quality (AHRQ). The study reports current rates of EHR adoption, which EHR features are more frequently used, barriers to adopting an EHR and how users rated the benefits of having adopted an EHR.

Smaller Practices Report Lower Adoption Rates

The research shows that just 14.1 percent of all medical group practices use an EHR, and just 11.5 percent indicated that an EHR was fully implemented for all physicians and at all practice locations. More significantly, the research shows that only 12.5 percent of medical group practices with five or fewer full-time-equivalent physicians (FTE) have adopted an EHR. The adoption rate increased with the size of practice; groups with six to 10 FTE physicians reported a 15.2 percent adoption rate, groups with 11-20 FTE physicians reported an 18.9 percent adoption rate, and groups of 20 or more FTE physicians had a 19.5 percent adoption rate.

Other data reveals that 12.7 percent of groups were in the process of implementing an EHR; 14.2 percent said implementation is planned in the next year; and 19.8 percent said implementation was planned in 13-24 months. The remaining 41.8 percent have no immediate plans for EHR adoption. Among those with no immediate plans for implementation, the difference between large and small groups is striking—47.8 percent of practices with five or fewer FTE physicians compared with only 20.7 percent of practices with 21 or more physicians.

"Obviously, rates are low across the spectrum of all group sizes, but smaller groups face more challenges in adopting these technologies and progress more slowly than their larger counterparts," said Terry Hammons, MD, senior vice president, research and information, MGMA Center for Research, and co-author of the study. "For widespread adoption of EHRs to be successful, more work needs to be done, and small to medium size medical group practices will need more help than they are getting now."

Contributing researchers from the University of Minnesota School of Public Health Bryan E. Dowd, Ph.D., professor and director of Graduate Studies, Division of Health Services Research, Policy, and John E. Kralewski, Ph.D., professor, Division of Health Services Research and Policy, note that while some practices report important efficiency gains from their EHRs, there is widespread dissatisfaction with the design and performance of these technologies.

Nationally Representative Sample Surveyed

With funding from AHRQ, MGMA Practice Management Resources Director David N. Gans, FACMPE, Kralewski, Hammons and Dowd surveyed a nationally representative sample of medical group practices to assess their current use of information technology. They conducted the survey in January and February 2005. MGMA members made up 25 percent of the sample.

"This survey provides a guidepost for where we should focus our efforts to move the adoption of state-of-the-art electronic health record systems," said AHRQ Director Carolyn M. Clancy, M.D. "Adoption of these EHR systems is an important means to an end in our efforts to improve the quality of health care in America."

Findings of the research are also highlighted in the September/October edition of *Health Affairs* in "Medical Groups' Adoption of Electronic Health Records and Information Systems" written by Gans, Kralewski, Hammons and Dowd.

EHR Capabilities Vary

The report provides insight into which EHR capabilities are actually used, as not every EHR has all functions and not every medical group fully uses the capabilities of its EHR system. More than 97 percent of the respondents with an EHR reported that their system had functions for patient medications, prescriptions, patient demographic and visit/encounter notes. Less than 65 percent reported the EHR provided drug formulary information or clinical guidelines and protocols. Equally important was that only 83.1 percent of respondents said their EHR was integrated with their practice billing system.

"System integration is a highly important function of the EHR," Gans said. "Integration with the practice billing system facilitates cost savings by eliminating the manual entry of billing information, improving charge capture and improving documentation in the medical record of billed services."

Cost a Barrier to Adoption

Despite State and federal efforts to encourage adoption of these technologies, group practices cited "lack of capital resources to invest in EHR" as the top barrier to adoption. Also, University of Minnesota researchers noted, an important barrier to adoption is that practices are not convinced EHRs will improve their performance. The return on investment in terms of cost and quality are not yet evident, according to Kralewski.

The research indicates that the average purchase and implementation cost of an EHR was $32,606 per FTE physician. Maintenance costs were an additional $1,500 per physician per month. Not surprising was the finding that smaller practices had the highest per-physician implementation cost at $37,204. The study also found that the average cost for EHR implementation was about 25 percent more than initial vendor estimates.

NIEHS AWARDS $37 MILLION TO TRAIN EMERGENCY AND HAZARDOUS WASTE WORKERS --More than $37 million will go to workers involved in

emergency response and hazardous waste clean-up from awards just made by the National Institute of Environmental Health Sciences (NIEHS), one of the National Institutes of Health. The grants will provide training designed to protect workers and their communities from exposure to toxic materials encountered during hazardous waste operations and chemical emergency response.

“There is no better way to protect the health and safety of workers who are involved in our nation’s emergency response and hazardous waste clean-up efforts than to provide them with the proper training and education,” said NIEHS Director David A. Schwartz, M.D. “These awards will provide workers with the skills and knowledge they need to protect themselves, their communities, and our environment from exposure to hazardous materials.”

Some of these awards are granted under the newly created Hazmat Disaster Preparedness Training Program. The new program was developed in the aftermath of the World Trade Center Disaster, and is the result of the lessons learned by NIEHS-funded workers who participated in the subsequent clean-up of the affected area. These new awards will fund five training programs:

* The Hazmat Disaster Preparedness Training Program will fund the development of programs that will train workers in prevention and response techniques related to future terrorist incidents.

* The Hazardous Waste Worker Training Program will provide occupational safety and health training for workers who are involved in hazardous waste removal or containment, or chemical emergency response.

* The Department of Energy Nuclear Weapons Cleanup Training Program is targeted for workers engaged in environmental restoration, waste treatment and emergency response at sites within the Department of Energy’s nuclear weapons complex.

* The Minority Worker Training Program will deliver comprehensive training for disadvantaged urban youth who are preparing for employment in the environmental restoration and hazardous materials fields.

* The Brownfield Minority Worker Training Program will provide comprehensive training and economic and environmental restoration to disadvantaged residents impacted by brownfields.

The grants will be administered by the NIEHS Worker Education and Training Program (WETP). “In the aftermath of Hurricane Katrina, the importance of funding and supporting hazmat disaster preparedness training has never been clearer,” said Chip Hughes, director of the WETP.

The following is a list of organizations that received grant awards for worker training programs:

* Laborers/Associated General Contractors Training Fund ($6.5 million)
* Center to Protect Workers' Rights ($5.7 million)
* Steelworker Charitable and Education Organization ($3.4 million)
* International Chemical Workers Union Council ($2.9 million)
* International Brotherhood of Teamsters/National Labor College ($2.5 million)
* International Union of Operating Engineers ($2.5 million)
* University of Medicine/Dentistry of New Jersey ($2.1 million)
* Office of Applied Innovations, Inc. ($1.9 million)
* International Association of Fire Fighters ($1.6 million)
* University of California at Los Angeles ($1.4 million)
* Dillard University Deep South Center for Environmental Justice ($1.1 million)
* Kirkwood Community College Consortium for Safety Training ($1.1 million)
* University of Massachusetts at Lowell ($1.1 million)
* United Auto Workers of America ($735 thousand)
* Midwest Consortium for Hazardous Waste Worker Training ($735 thousand)
* American Federation of State, County & Municipal Employees ($625 thousand)
* University of Alabama at Birmingham ($538 thousand)
* Service Employees International Union Education/Support Fund ($508 thousand)

In a separate action, NIEHS also will award an $863 thousand contract to MDB, Inc., a privately-owned communications and research consulting company, for the management of the Institute's National Clearinghouse for Worker Safety and Health Training. The clearinghouse is the country's primary source for curricula, technical reports, and weekly news related to hazardous waste issues. More information on the National Clearinghouse is available at http://www.wetp.org/wetp.

Since the initiation of the Hazardous Waste Worker Training Program in 1987, NIEHS has funded a network of non-profit organizations that develop and deliver peer-reviewed educational materials to workers who are involved in handling hazardous waste or responding to releases of hazardous materials. During that time, more than 1.2 million workers have received NIEHS-supported worker safety and health training.