THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: People who are at average risk for colorectal cancer, including those with a family history of the disease, should not take aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) to try to prevent the disease, according to a new recommendation from the U.S. Preventive Services Task Force. The recommendation is published in the March 6 issue of the *Annals of Internal Medicine*. This is the first time the Task Force has made a recommendation related to taking medicines to prevent colorectal cancer. After reviewing the latest evidence on the topic, the Task Force found that the potential harms of taking more than 300 mg per day of aspirin or NSAIDs—which can include increased risks for stroke, intestinal bleeding or kidney failure—outweigh the potential benefits of colorectal cancer prevention.-- 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

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SENATE BUDGET COMMITTEE ACTS ON FY2008 – The Senate Budget Committee voted out its FY 2008 Budget Resolution on March 15th on a party line vote of 12-11. The measure is the first step in a the year-long budget and appropriations cycle. It provides an overall $18 billion increase over FY 2007 for domestic discretionary programs, a 4.2% increase which is double the 2.1% inflator used by the Congressional Budget Office for FY 2008. Various trade reports indicate that of this total $6 billion is slated for increases in education programs, and several hundred million slated for increases in Community Health Centers. However, these more detailed decisions are made by the Appropriators via the 302b Subcommittee allocation process and then in the Subcommittee process itself. It is likely that some of the overall increase will find its way into the House and Senate Labor-HHS-Education Subcommittees on Appropriations and, hopefully, will be available for health programs.

HHS CONTRACTS WITH AHIMA, EHI AND HIMSS TO DEVELOP AND DISSEMINATE SUCCESSFUL PRACTICES FOR STATE HEALTH INFORMATION EXCHANGE ORGANIZATIONS --HHS' Office of the National Coordinator for Health Information Technology (ONC) February 28 announced a contract award to foster collaboration among state leaders in health information exchange (HIE) to identify and share emerging best practices. The one-year, $800,000 contract with the American Health Information Management Association's (AHIMA) Foundation of Research and Education (FORE) will start in March, 2007.
"Rising health care costs amplify our need to identify successful practices that enable sustainable and secure health information exchange at a state level," ONC Interim National Coordinator Robert Kolodner, M.D., said. "We are excited about this new collaboration with key organizations, which brings together state and regional health information exchange leaders from across the country."

The project will work to identify successful governance models that include defined operations, resources and finances to generate, support and amplify health information exchange. Shared results and recommended guidance are intended to support health information exchange across the country. Delivering guidance to state and local health information exchange efforts will help support the development of a nationwide network

of networks to enable health care transformation and lower costs.

During this past year, HHS contracted with FORE to provide practical guidance tools for state-level HIE organizations. The steering committee of state leaders in HIE has produced valuable recommendations to define opportunities for Medicaid, realize short-term financial sustainability, and coordinate quality and HIE initiatives.

The new contract builds on the work produced by FORE and includes subcontracts with two additional organizations: eHealth Initiative (eHI) and the Healthcare Information and Management Systems Society (HIMSS).

"This work will be guided by an outstanding steering committee of HIE leaders. In addition, the opportunity to collaborate with these national associations will extend our reach to state health information exchange leaders, gain consensus on best practices and then distribute the results for greater impact," said AHIMA Chief Executive Officer Linda Kloss.

Information produced from this project is available at www.staterhio.org.

More information about HHS' health information technology initiative is available at www.hhs.gov/healthit.

TASK FORCE RECOMMENDS AGAINST USE OF ASPIRIN AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS TO PREVENT COLORECTAL CANCER -- People who are at average risk for colorectal cancer, including those with a family history of the disease, should not take aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) to try to prevent the disease, according to a new recommendation from the U.S. Preventive Services Task Force. The recommendation is published in the March 6 issue of the *Annals of Internal Medicine*.

This is the first time the Task Force has made a recommendation related to taking medicines to prevent colorectal cancer. After reviewing the latest evidence on the topic, the Task Force found that the potential harms of taking more than 300 mg per day of aspirin or NSAIDs—which can include increased risks for stroke, intestinal bleeding or kidney failure—outweigh the potential benefits of colorectal cancer prevention.

Meanwhile, patients taking aspirin to prevent other conditions such as heart disease should continue to discuss the benefits with their clinicians, according to Task Force Chair Ned Calonge, M.D., who is also Chief Medical Officer and State Epidemiologist for the Colorado Department of Public Health and Information. The Task Force found good evidence that taking low doses of aspirin (usually less than 100 mg) can reduce risk for heart disease but does not reduce the rate of colorectal cancer. In 2002, the Task Force strongly recommended that clinicians discuss the use of aspirin as a preventive medication with adults who are at increased risk for heart disease and that those

discussions should address the potential benefits and harms of aspirin therapy.

Colorectal cancer is the third most common type of cancer in men and women and is the second-leading cause of cancer-related deaths in the United States. About 56,000 Americans die from colorectal cancer and 150,000 new cases are diagnosed each year. Between 5 percent and 6 percent of people develop colorectal cancer in their lifetime, and the majority of those diagnosed are over the age of 50.

Twenty percent of individuals diagnosed with colorectal cancer have a first- or second-degree relative with the disease, and African Americans have the highest rate of colorectal cancer compared with other races.

In recent years, some progress has been made to detect and treat colorectal cancer earlier through screening and early removal of polyps. In 2002, the Task Force strongly recommended that clinicians screen men and women age 50 and older for colorectal cancer.

Task Force leaders stress the evidence on the merits of screening but urge caution on taking preventive medicine for colorectal cancer. "Individuals taking high doses of aspirin or NSAIDs to prevent colorectal cancer should be aware of the potential harms and discuss them with their clinician," said Dr. Calonge.

The U.S. Preventive Services Task Force is an independent panel of experts in prevention and primary care. The Task Force conducts rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling and preventive medications. Its recommendations are considered the gold standard for clinical preventive services. AHRQ provides technical and administrative support, but the recommendations of the panel are its own.

The Task Force based its conclusions on a report from a research team led by David Moher, M.D., at AHRQ's Evidence-based Practice Center at the University of Ottawa in Canada.

The Task Force grades the strength of the evidence as "A" (strongly recommends), "B" (recommends), "C" (no recommendation for or against), "D" (recommends against) or "I" (insufficient evidence to recommend for or against screening). The Task Force recommends against the routine use of aspirin and NSAIDs to prevent colorectal cancer in individuals at average risk for the disease (a "D" recommendation).

The recommendations and materials for clinicians are available on the AHRQ Web site at http://www.ahrq.gov/clinic/uspstf/uspsasco.htm. Previous Task Force recommendations, summaries of the evidence and related materials are available from the AHRQ Publications Clearinghouse by calling (800) 358-9295 or sending an E-mail to ahrqpubs@ahrq.hhs.gov. Clinical information is also available from AHRQ's National Guideline Clearinghouse™ at http://www.guideline.gov.

CHRONIC DISEASE MANAGEMENT QUALITY IMPROVEMENT EFFORTS YIELD BETTER CARE DELIVERY -- A national series of interventions designed to improve the quality of care in health centers for three prevalent chronic conditions has improved processes of care for these conditions but did not improve intermediate clinical outcomes, according to results of a study collaboratively supported by the U.S.

Department of Health & Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ) and Health Resources and Services Administration (HRSA) and complemented by a grant from The Commonwealth Fund.

The study, published in the March 1 *New England Journal of Medicine*, focuses on the principle quality improvement efforts adopted by HRSA for 1,000 health centers nationally, the Health Disparities Collaboratives. The Health Center Program, administered by HRSA, supports high-quality, comprehensive and community-oriented primary care delivery systems serving low-income residents in inner cities and in rural and isolated areas. The collaborative improvement interventions focused on diabetes, asthma, and hypertension, which together affect more than 25 percent of the U.S. adult population. Health centers provide care for more than 14 million Americans, many of whom are uninsured or underinsured or are members of immigrant or minority groups.

"This study indicates that focused quality improvement interventions can enhance how we deliver care and we need to do more to improve clinical outcomes," said Carolyn M. Clancy, M.D., AHRQ director. "These findings will guide our quality improvement efforts in the overall health care system and at health centers, which are a critically important component of a national strategy to deliver quality care to the medically vulnerable."

"The lessons learned from studies conducted at HRSA's Health Disparities Collaboratives have the potential to save lives and improve the health of thousands of Americans," said Elizabeth M. Duke, HRSA administrator. "We know from experience at hundreds of health centers around the nation that the changes promoted by collaboratives result in verifiable health benefits for patients as they struggle with chronic diseases, which this study confirms."

The interventions teach health center personnel quality improvement methods that require measuring quality performance and continuously implementing and refining small-scale changes that collectively result in improvements in the processes of care. Typically, quality improvement efforts target both processes, such as use of certain tests or medications, which in turn will lead to improvements in intermediate outcomes, such as control of high blood pressure. Improvements in outcomes are more difficult to achieve because of factors that may lie beyond the control of the provider, such as age of the patient or whether the patient complies with medication instructions. Experts therefore also gauge progress by measuring improvements in the processes of care as well as intermediate outcomes.

The researchers led by Bruce E. Landon, M.D., M.B.A., of the Department of Health Care Policy at Harvard Medical School, analyzed interventions with 9,658 patients at 44 health centers nationwide, approximately half of which were in urban areas. They used nationally validated quality measures that were collected from medical record reviews conducted over a 1-year period before the intervention and the same period after the intervention, and judged them against external control centers for comparison.

They found a number of process improvements:

- A 21 percent increase in foot examinations for patients with diabetes.
- A 14 percent increase in the use of anti-inflammatory medication for patients with

asthma.
• A 16 percent increase in the level of screening for glycated hemoglobin in persons with diabetes mellitus.
• Overall across the three conditions, a 6 percent improvement in processes of care related to screening and disease prevention and a 5 percent improvement in processes related to disease monitoring and treatment.

However, even though processes were improved, the researchers found no improvement in intermediate outcomes, including:

• Control of glycated hemoglobin for people with diabetes.
• Control of blood pressure to normal levels for patients with hypertension.
• No reduction in urgent care, emergency department visits, or hospitalization for people with asthma.

Researchers observed that this focus on short term outcomes to the exclusion of important longer term outcomes may underestimate the true effect of quality improvement collaboratives.

"There is still much to learn about the tools and methods for quality improvement and their potential effectiveness," Landon said. "The substantial room for improvement in the post intervention period suggests the need for continued refinement of these quality improvement methods."

The Health Disparities Collaboratives bring together health centers to learn and disseminate quality improvement techniques developed by the Institute for Healthcare Improvement and adapted to the health center program. The collaboratives, which focus on improving care for chronic conditions, establish aims based on known quality deficiencies; implement and test small-scale interventions; adopt and refine new practices and procedures based on these tests; and then disseminate the interventions. To date, almost 90 percent of health centers have participated in at least one collaborative in addition to many other quality initiatives.

FRAMINGHAM STUDY SHOWS PARENTS WHO LIVE LONG PASS ON LOWER RISK OF CARDIOVASCULAR DISEASE-- New evidence suggests that if you could choose your parents, you could reduce your risk of cardiovascular disease. Researchers from the long-standing Framingham Heart Study (FHS), a program of the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, report that people whose parents live longer were more likely to avoid developing high blood pressure, high cholesterol, and other risk factors for cardiovascular disease in middle age than their peers whose parents died younger. They also found that the risk factor advantages persisted over time.

According to the researchers, this is the first study to examine cardiovascular risk factors in the offspring of longer-lived individuals using independent and validated measurements of risk. The findings are consistent with other studies that have linked

lower cardiovascular risk with parental longevity based on self-reports of family history. "Characteristics of Framingham Offspring Participants with Long-Lived Parents," appears in the March 12 issue of the *Archives of Internal Medicine*.
In the study, researchers examined 1,697 offspring age 30 and older (average age 40) whose parents participated in the original FHS and had reached age 85 or died before January 1, 2005. They compared cardiovascular risk factors among the offspring based on whether both parents, one parent, or neither parent lived to 85 years or older. The risk factors included age, sex, education, cigarette smoking, blood pressure, cholesterol, and body mass index (BMI). In addition, they compared the offsprings' Framingham Risk Scores, a summary score based on the combined contribution of traditional cardiovascular risk factors.

In general, the group in which both parents survived to age 85 had significantly fewer participants with high blood pressure or who were current smokers, compared to those in which both parents or one parent had died. In addition, the middle-aged children of long-lived parents had significantly lower levels of blood pressure and blood cholesterol, and they had lower Framingham Risk Scores than those in which one or both parents had died. Overall, parental longevity did not significantly affect BMI. After 12 years of follow up, the offspring of longer-lived parents were also less likely to progress to high blood pressure and to generate higher risk scores, the researchers report.

NHLBI's Framingham Heart Study has studied the health of many of the Massachusetts town's residents since 1948. The community-based research program has been the source of key research findings regarding the contributions of hypertension, high cholesterol, cigarette smoking, and other risk factors to the development of cardiovascular disease. Now assessing a third generation of participants, Framingham Heart Study investigators are expanding their research into other areas such as the role of genetic factors in cardiovascular disease as well as the use of novel biomarkers and new diagnostic tests to identify individuals at high risk.

Daniel Levy, M.D., Director of the Framingham Heart Study, and other FHS investigators are available to comment on the study's findings as well as how modifiable risk factors can lower cardiovascular disease risk.
To schedule interviews, contact the NHLBI Communications Office at 301-496-4236.
RESOURCES:

• Framingham Heart Study, http://www.nhlbi.nih.gov/about/framingham/index.html
• Your Guide to a Healthy Heart,
http://www.nhlbi.nih.gov/health/public/heart/other/your_guide/healthyheart.htm

Part of the National Institutes of Health, the National Heart, Lung, and Blood Institute (NHLBI) plans, conducts, and supports research related to the causes, prevention, diagnosis, and treatment of heart, blood vessel, lung, and blood diseases; and sleep disorders. The Institute also administers national health education campaigns on women and heart disease, healthy weight for children, and other topics. NHLBI press releases and other materials are available online at www.nhlbi.nih.gov.