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*The Critical Care News Summary is an update from the Roundtable on Critical Care Policy. For further information on the Roundtable, please visit our website at [www.CriticalCareRoundtable.org](http://www.CriticalCareRoundtable.org).*

## Capitol Hill Events and Updates

### [House Energy and Commerce Committee: Health Subcommittee hearing on “Do New Health Law Mandates Threaten Conscience Rights and Access to Care?”](#)

*The Subcommittee on Health has scheduled a hearing entitled “Do New Health Law Mandates Threaten Conscience Rights and Access to Care?” Witnesses to be announced.*

**Date:** Wednesday, November 2<sup>nd</sup>

**Time:** 10:00 a.m.

**Location:** 2123 Rayburn House Office Building

## Federal Activity

### **The Center for Medicare & Medicaid Innovation**

Last week, the Center for Medicare and Medicaid Innovations (CMMI) along with the Department of Health and Human Services (HHS) announced a new program to create a network of experts to improve the delivery system for Medicare, Medicaid and CHIP beneficiaries. The “Innovation Advisors Program” will help health professionals deepen skill sets to support CMMI in testing new models of care delivery and work with local organizations to drive delivery system reform. Through a series of in-person regional meetings, and remote learning sessions, Advisors will deepen their knowledge of health care economics and finance; population health; systems analysis; and operations research. Once trained, the Advisors will be responsible for implementing and testing a care delivery improvement project in their own organizations or areas.

**CMMI is accepting applications for up to 200 Innovation Advisors.** Eligible individuals can be any professional employed by public health or health care facility, institution, or department, and may include—but are not limited to— physicians, nurses, allied health professionals, instructors, and non-clinicians (i.e., health care executives, practice managers) with experience in the health care field. CMMI has stressed that management or leadership experience will be viewed as an asset, as well as an individual’s ability to make an impact on a local, regional, or national level with their proposed innovation project. For more information about eligibility please click [here](#).

Innovation Advisors will be expected to commit up to ten hours per week during the initial six months of the initiative, with part of that time devoted to seminars and instruction. The rest of the time will be devoted to implementing the improvement project the applicant proposes in the initial application.

The first cycle of participation will provide research skill training sessions to 50 individuals over six months; the second cycle will orient 150 more to the same skills. The deadline to submit applications and all supporting materials is November 15, 2011, with final participants to be chosen by mid-December. For more information on the applications process please visit [here](#). For general information on the new initiative, please see the attached HHS press release and Q&A document.

## News and Reports

### **“How Ready Are We for Bioterrorism?” *The New York Times*, October 26, 2011**

A decade after the 9/11 attacks, it is easy to forget the anthrax letters that sprang up just a few weeks later and to dismiss the fear that swept the country as a relic of a fragile moment that already belongs to history. But in the wake of those events, many national-security experts began to reconsider the risk of a biological attack — and reached some unsettling conclusions.

### **“10 things to know about ACOs,” *Healthcare Finance News*, October 25, 2011**

A recent report published by the Institute for Health Technology Transformation gave some interesting insight into accountable care organizations (ACOs). Among sections focusing on the origins of the ACO concept and their current state, the report detailed 10 basic things you need to know about ACOs.

### **“At End Of Life ... Soaring Prices, Sinking Resources,” *National Public Radio*, October 17, 2011**

*Tell Me More* begins its week-long series on the end of life. Last Monday's focus was money: about 25 percent of all Medicare spending is on end-of-life care, and a private room in a nursing home averages more than \$80,000 a year.

### **“National Preparedness: Improvements Needed for Acquiring Medical Countermeasures to Threats from Terrorism and Other Sources,” U.S. Government Accountability Office Report, October 26, 2011**

The United States remains vulnerable to terrorist and other threats posed by chemical, biological, radiological, and nuclear (CBRN) agents. Medical countermeasures--drugs, vaccines, and diagnostic devices--can prevent or treat the effects of exposure, but few are currently available. The Department of Health and Human Services (HHS) leads federal efforts to develop and acquire countermeasures, primarily through the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE), an interagency body. This report examines the extent to which HHS (1) based its priorities for developing and acquiring countermeasures on CBRN risk assessments; (2) addressed its own recommendations to improve acquisition and development; and (3) coordinated internally for these efforts. GAO reviewed relevant laws, agency documents, CBRN risk assessments, and reports from outside experts; interviewed HHS and industry officials; and analyzed HHS funding for CBRN countermeasures from fiscal years 2007 through 2010.