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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).***

## **Roundtable News**

The Roundtable is looking forward to next week's **Washington Breakfast & Congressional Outreach Day on Wednesday, October 5th in Washington, D.C.** Participants will be briefed on the latest legislative and regulatory issues impacting the critical care community. We will then head to Capitol Hill for our Outreach Day to meet directly with Congressional leaders and staff, as well as with senior committee staff responsible for these policy areas, to detail the challenges to the critical care system and garner support for the Critical Care Assessment and Improvement Act. Please contact [sskubikowski@CriticalCareRoundtable.org](mailto:sskubikowski@CriticalCareRoundtable.org) or call (202)466-8700 with any questions.

This week, the Roundtable in collaboration with Trust for America's Health sent a letter to the National Conference of Commissioners on Uniform State Laws in support of the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA.) As you'll recall, Raymond Pepe, Chair of the UEVHPA drafting committee, was a panelist at the Roundtable's 3<sup>rd</sup> Annual National Summit this past June, providing Delegates with an overview of the current problems facing medical volunteers and the UEVHPA. Following Mr. Pepe's remarks, many of the Delegates expressed interest in the Roundtable endorsing the Act, and as such, both the Roundtable and Trust felt it was important to lend a letter of support urging states to move forward with enacting this important legislation. The letter to National Conference Chairman, Michael Haughton states: "We believe that the UEVHPA puts in place the needed mechanisms to ensure interstate recognition of professional licenses during a health emergency, thereby enhancing the deployment of medical volunteers and ensuring that the critically ill and injured are cared for by licensed medical professionals." To view the full letter, please click [here](#).

## **Capitol Hill Events and Updates**

### **Senate Homeland Security and Governmental Affairs Committee: Federal Financial Management, Government Information, Federal Services, and International Security Subcommittee Hearing on "Costs of Prescription Drug Abuse in the Medicare Part D Program"**

*The Senate Committee on Homeland Security and Governmental Affairs' Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security will hold a hearing on the "Costs of Prescription Drug Abuse in the Medicare Part D Program." Witnesses are to include Mr. Jonathan Blum, Director, Center for Drug and Health Plan Choice, U.S. Department of Health and Human Services; Gregory D. Kutz, Director, Forensic Audits and Investigative Services, U. S. Government Accountability Office; and Louis Saccoccio, Executive Director, National Health Care Anti-Fraud Association.*

**Date:** Tuesday, October 4<sup>th</sup>  
**Time:** 10:30 a.m.  
**Location:** 342 Dirksen Senate Office Building

## Federal Activity

### Patient-Centered Outcomes Research Institute

The Patient-Centered Outcomes Research Institute (PCORI) has announced a \$26 million Pilot Projects Grants Program that will support approximately 40 awards. Letters of intent for grants must be received by November 1, 2011, and applications must be received by December 1, 2011.

The purpose of the Pilot Projects Grants Program is to:

- Inform PCORI's ongoing development and enhancement of national priorities for patient-centered outcomes research (PCOR),
- Support the collection of preliminary data that can provide a platform for an evolving research agenda, and
- Support the identification of research methodology to advance PCOR.

PCORI is encouraging applications that collaboratively bring together experienced researchers and individuals or organizations that represent patients, caregivers and the broader health care community. Information about the program and how to apply can be found [here](#).

### Center for Medicare and Medicaid Innovation

On Wednesday, the Center for Medicare and Medicaid Innovation (CMMI) announced the Comprehensive Primary Care (CPC) Initiative, a demonstration program that will offer additional support to primary care doctors to better coordinate care for their patients, improve health outcomes, and reduce costs. The voluntary initiative will begin in five to seven health care markets across the country. CMMI and CMS are initially soliciting public and private health care payers (including Medicaid and state health plans) to participate. Once those payers are chosen, CMS will coordinate with the insurers to recruit 75 medical practices within each market. These practices will be paid a monthly service fee (on top of the payment for services) to help doctors coordinate care in the following ways:

- Manage Care for Patients with High Health Care Needs
- Ensure Access to Care
- Deliver Preventive Care
- Engage Patients and Caregivers
- Coordinate Care Across the Medical Neighborhood

After two years, all practices participating in this initiative will have the opportunity to share in the total Medicare savings in each market. Public and private health care payers interested in applying to the CPC Initiative must submit a Letter of Intent (LOI) no later than November 15, 2011. For more information about eligibility criteria, application materials and deadlines, please click [here](#). For the full CPC Initiative report and solicitation information, please click [here](#).

## News and Reports

### **“Republicans target health, education for cuts,” *Politico*, September 29, 2011**

Yesterday, the House Appropriations Committee released a bill that contains several attempts to scale back funding to HHS and the implementation of the health reform law. The Labor-HHS draft funding bill has \$153.4 billion in discretionary spending, which is 2.5 percent less than last year's bill and 15 percent less than what President Barack Obama wanted. For HHS, the bill has \$70.2 billion in discretionary spending, \$200 million less than last year's bill and \$2.8 billion less than Obama wanted - 4 percent below his request.

### **“End-of-Life Transitions among Nursing Home Residents with Cognitive Issues,” *The New England Journal of Medicine* (subscription required) September 29, 2011**

The New England Journal of Medicine published a study examining care transitions and their impact on the last few months of patients' lives. The study found that “burdensome” health care transitions in the last months of life are common and are associated with markers of poor quality end-of-life care. The study concluded that health care transitions in the last months of life can be burdensome and potentially of limited clinical benefit for patients with advanced cognitive and functional impairment.

#### **Related Articles**

### **“Burdensome Transitions Impact End-of-Life Care Quality,” *DoctorsLounge.com/HealthDay News*, September 28, 2011**

Brown University researchers said burdensome health care transitions for end-of-life patients are linked to higher rates of feeding-tube insertion, ICU stays, late hospice enrollment and stage IV decubitus ulcers. The study in the *New England Journal of Medicine* defined burdensome transitions as those occurring in the final three days of life, absence of nursing home continuity after hospitalization in the final 90 days of life and multiple hospitalizations in the final 90 days of life.