

Regional Update from HHS Regional Director Susan Johnson Region 10 - Alaska, Idaho, Oregon, and Washington



Dear Colleagues:

February 2013

February was American Heart Month, a time to think about what we can do to take care of our heart health. Heart disease is the leading cause of death in both women and men in the United States. Every year approximately 715,000 persons in the United States have a heart attack, and approximately 600,000 die from heart disease.

This is far too many people suffering and dying. The good news is that most of the risk factors for heart disease are preventable and controllable. These risk factors include high blood pressure, obesity, high cholesterol, physical inactivity, and smoking.

Thanks to the Affordable Care Act, millions of Americans with private plans have [increased access to life-saving preventive services](#) that can help prevent and detect heart disease and its risk factors with no out-of-pocket cost. These preventive services include blood pressure and cholesterol screening, tobacco cessation help, and obesity counseling. This week final rules came out with some clarification on the preventive services and essential health benefits. [Click here](#) for information on the final rules.

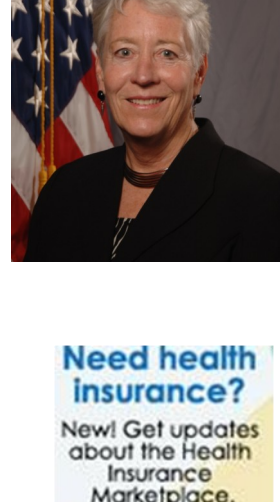
The Affordable Care Act also invests in programs that are working to fight heart disease. The [Million Hearts](#) initiative aims to prevent one million heart attacks and strokes over five years by educating the public and health care providers. In addition, the Prevention and Public Health Fund, made possible through the Affordable Care Act, helps fight the causes of chronic illnesses like heart disease by controlling the obesity epidemic, tackling health disparities, and reducing tobacco use.

As individuals, we can take [small steps every day](#) to improve our heart health. These little steps can be as simple as reading nutrition facts labels, eating more servings of fruits and vegetables, and eating out less. It is also important to educate ourselves about the major symptoms of a heart attack:

- Pain or discomfort in the jaw, neck, or back.
- Feeling weak, light-headed, or faint.
- Chest pain or discomfort.
- Pain or discomfort in arms or shoulder.
- Shortness of breath.

If you think that you or someone you know is having a heart attack, call 9-1-1 immediately.

Regards,
Susan



Recent HHS Events & Announcements



Speaking at the *Transforming Care 2013* conference about the progress being made in Oregon on implementing the Affordable Care Act and transforming their health care system. Subsequent to this, Governor Kitzhaber shared the First Lady's box at the State of the Union Address and also spoke with Governors at the NGA about the Oregon model.

State Innovation Awards in Region 10

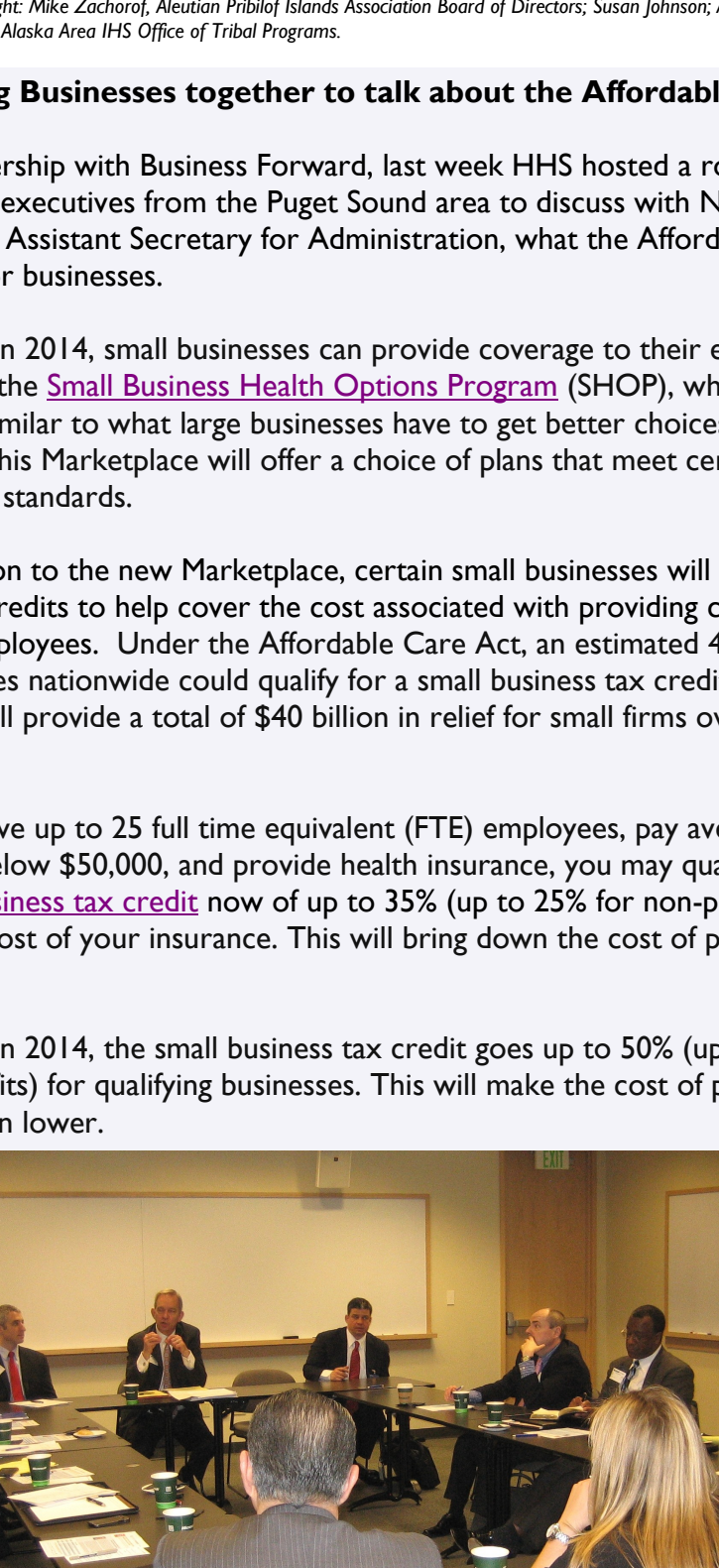
Secretary Sebelius announced last week the first recipients of State Innovation Model awards made possible by the Affordable Care Act. Nearly \$300 million in awards will provide flexibility and support to states to help them deliver high-quality health care, lower costs, and improve their health system performance.

Oregon was one of six states selected to receive model testing awards that will support the implementation of their plan for health care delivery system transformation. Oregon received funding to support their Coordinated Care Model that will focus on integrating and coordinating physical, behavioral, and oral health care, among other reforms. They will begin implementation in the Medicare population through the system of Coordinated Care Organizations (CCOs) and will use the State Innovation Models Initiative funding to foster the spread of this new model of care to additional populations and payers, including Medicare and private plans.

Idaho and Washington were among 19 additional states that received State Innovation awards to further develop proposals for comprehensive health care transformation.

These awards are designed to bring additional flexibility to states as they work to improve their health care systems.

[Click here](#) to learn more about the State Innovation Model awards that were announced.



Giving the Region 10 Report at the Alaska Native Health Board 2013 Mega Meeting in Juneau, AK. Left to Right: Mike Zachorof, Aleutian Pribilof Islands Association Board of Directors; Susan Johnson; Angel Dotomain, Director of the Alaska Area IHS Office of Tribal Programs.

Bringing Businesses together to talk about the Affordable Care Act

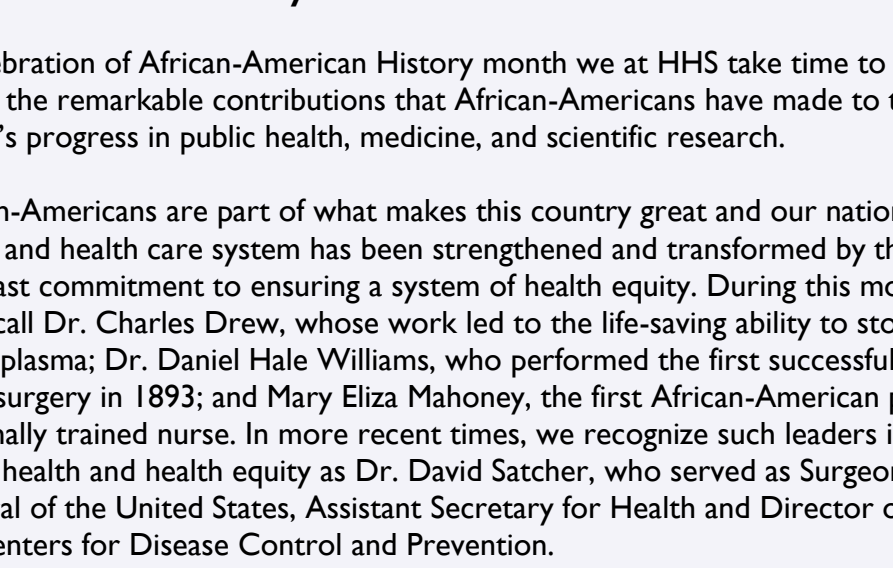
In partnership with Business Forward, last week HHS hosted a roundtable for business executives from the Puget Sound area to discuss with Ned Holland, the HHS Assistant Secretary for Administration, what the Affordable Care Act means for businesses.

Starting in 2014, small businesses can provide coverage to their employees through the [Small Business Health Options Program \(SHOP\)](#), which gives them power similar to what large businesses have to get better choices and lower prices. This Marketplace will offer a choice of plans that meet certain benefits and cost standards.

In addition to the new Marketplace, certain small businesses will also be eligible for tax credits to help cover the cost associated with providing coverage for their employees. Under the Affordable Care Act, an estimated 4 million small businesses nationwide could qualify for a small business tax credit this year, which will provide a total of \$40 billion in relief for small firms over the next 10 years.

If you have up to 25 full time equivalent (FTE) employees, pay average annual wages below \$50,000, and provide health insurance, you may qualify for a [small business tax credit](#) now of up to 35% (up to 25% for non-profits) to offset the cost of your insurance. This will bring down the cost of providing insurance.

Starting in 2014, the small business tax credit goes up to 50% (up to 35% for non-profits) for qualifying businesses. This will make the cost of providing insurance even lower.



Business executives from the Puget Sound Region meet with HHS Assistant Secretary for Administration Ned Holland and Region 10 Director Susan Johnson to discuss the Affordable Care Act and what it means for businesses.

The Affordable Care Act—A Stronger Medicare Program in 2012

HHS recently released this second annual report that details how millions of seniors and people with disabilities with Medicare continued to experience lower costs on prescription drugs and improved benefits in 2012 because of the Affordable Care Act.

In 2012, Americans with Medicare who have reached the prescription drug coverage gap, also known as the “donut hole,” saved \$2.5 billion dollars. When combined with the savings in 2011, that brings the total savings on prescription drugs to \$5.7 billion for 6.1 million Americans.

In 2012, people with Medicare in this “donut hole” received a 50 percent discount on covered brand name drugs and 14 percent discount on generic drugs. Thanks to the Affordable Care Act, coverage for both brand name and generic drugs will continue to increase over time until the coverage gap is closed.

In addition to closing the “donut hole,” the Affordable Care Act also removed barriers for people with Medicare to get preventive services. In 2012, many recommended preventive services were offered to people with Medicare with no cost-sharing. Making these preventive services available with no deductibles or co-pays helping seniors and people with disabilities stay healthy by detecting and treating problems early.

The use of these preventive services has expanded among people with Medicare. In 2012 alone, an estimated 34.1 million Medicare patients benefited from coverage of preventive services with no cost-sharing.

Read the full report [here](#).

African-American History Month

In celebration of African-American History month we at HHS take time to honor the remarkable contributions that African-Americans have made to the nation's progress in public health, medicine, and scientific research.

African-Americans are part of what makes this country great and our nation's health and health care system has been strengthened and transformed by their steadfast commitment to ensuring a system of health equity. During this month, we recall Dr. Charles Drew, whose work led to the life-saving ability to store blood plasma; Dr. Daniel Hale Williams, who performed the first successful heart surgery in 1893; and Mary Eliza Mahoney, the first African-American professionally trained nurse. In more recent times, we recognize such leaders in public health and health equity as Dr. Davidatcher, who served as Surgeon General of the United States, Assistant Secretary for Health and Director of the Centers for Disease Control and Prevention.

We also take this opportunity to build on our efforts to reduce racial and ethnic health disparities. For too long, African-Americans have faced challenges getting the health care they need.

[Click here](#) to read the HHS Action Plan to Reduce Racial and Ethnic Health Disparities.

[Click here](#) to read the full statement from Secretary Sebelius on African-American History month.

Grant Opportunities and Available Resources

For HHS funding resources, please visit the [HHS Grants/Funding site](#) or [FYI: Minority Resources...Money & More](#), a newsletter published by the Office of Minority Health Resource Center.

Small Rural Hospital Improvement Grant Program (Tribal Eligible)—

The purpose of the Small Rural Hospital Improvement Grant Program (SHIP) is to help small rural hospitals of 49 beds or less, and do any or all of the following: 1) enable the purchase of equipment and/or training to help hospitals attain value-based purchasing provision in the Patient Protection and Affordable Care Act, 2) aid small rural hospitals in joining or becoming accountable care organizations, or create shared savings programs per the ACA, and 3) enable small rural hospitals to purchase health information technology, equipment and/or training to comply with meaningful use, ICD-10 standards, and payment bundling. The deadline for submission is March 15, 2013. [View Full Announcement](#)

Grants to Expand the Use of Technology-Assisted Care in Targeted Areas of Need (Tribal Eligible)—

Funding is available to expand and/or enhance the capacity of substance abuse treatment providers to serve persons in treatment who have been underserved because of lack of access to treatment in their immediate community due to transportation concerns, an inadequate number of substance abuse treatment providers in their community, and/or financial constraints. The deadline for submission is April 10, 2013. [View Full Announcement](#)

Rural Health Information Technology (HIT) Workforce Program—

The purpose of this program is to support formal health workforce networks that focus on activities relating to the recruitment, education, training, and retention of HIT specialists. The deadline for submission is April 15, 2013. [View Full Announcement](#)

Improving the Health of Women and Girls through Health Professional Education (Tribal Eligible)—

Funding is available to increase the knowledge of health professionals through events or activities that address specific issues related to women and girls' health. Activities that address health promotion and disease prevention for women and girls or focus on gender disparities and health equity will also be considered. The deadline for submission is March 14, 2013. [View Full Announcement](#)

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Questions or comments? Please contact me at susan.johnson@hhs.gov or 206-615-2012.