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Washington, DC 20548

December 3, 2010

The Honorable Frank Pallone, Jr.
Chairman
Subcommittee on Health
Committee on Energy and Commerce
House of Representatives

The Honorable Eliot L. Engel
House of Representatives

The Honorable Carolyn B. Maloney
House of Representatives

The Honorable Jerrold Nadler
House of Representatives

The Honorable Anthony D. Weiner
House of Representatives

Subject: *September 11: World Trade Center Health Programs Business Process Center
Proposal and Subsequent Data Collection*

From the September 11, 2001, attack on the World Trade Center (WTC) through fiscal year 2010, approximately \$475 million in federal funds was made available for screening, monitoring, or treating responders¹ for illnesses and conditions—such as asthma and depression—related to the WTC disaster.² Within the Department of Health and Human Services, the Centers for Disease Control and Prevention’s (CDC) National Institute for Occupational Safety and Health (NIOSH) awards funds to and oversees the programs that provide screening, monitoring, and treatment services for responders to the WTC attack. The two largest programs, which we refer to here as the WTC health programs, are the New York City Fire Department’s (FDNY) WTC Medical Monitoring and Treatment Program, and the

¹In this report, “responders” refers to anyone involved in rescue, recovery, or cleanup activities at or near the vicinity of the WTC or the Staten Island site, the landfill that is the off-site location of the WTC recovery operation. Responders included New York City Fire Department (FDNY) personnel, federal government personnel, and other government and private-sector workers and volunteers from New York and elsewhere.

²See Congressional Research Service, *Comparison of the Current World Trade Center Medical Monitoring and Treatment Program and the World Trade Center Health Program Proposed by Title I of H.R. 847*, R41292 (Washington D.C.: Oct. 15, 2010), and GAO, *September 11: HHS Needs to Develop a Plan That Incorporates Lessons from the Responder Health Programs*, [GAO-08-610](#) (Washington, D.C.: May 30, 2008).

New York/New Jersey (NY/NJ) WTC Consortium.³ These programs began as screening and monitoring programs, tracking the health status of responders related to the WTC disaster. In December 2005, the Congress first appropriated funds that were specifically available for treatment programs for certain responders with health conditions related to the WTC disaster, and in fall 2006, NIOSH began awarding funds for outpatient and inpatient treatment. According to NIOSH, as of June 30, 2010, a total of about 44,000 responders had been screened by the WTC health programs; from July 1, 2009, to June 30, 2010, about 23,000 were monitored and about 13,000 were treated.⁴

In 2007 we reported that NIOSH did not have a reliable estimate of the cost of providing monitoring and treatment services because, in part, it did not have actual cost data from the programs.⁵ In addition, a task force established by the Secretary of Health and Human Services to assess the WTC health programs found that the programs lacked financial accountability measures and that NIOSH needed to collect reliable data necessary for program management and planning for the future. In 2007, NIOSH proposed establishing a business process center (BPC) to, among other things, provide such data.⁶ In October 2007, CDC published a solicitation for the purpose of awarding a BPC contract, and in November it held a conference in New York City for interested parties. However, on December 13, 2007, CDC canceled the solicitation.⁷

In light of issues raised about NIOSH's data collection efforts and the cancellation of the BPC solicitation, you requested that we report on NIOSH's efforts to collect data from the WTC health programs without the BPC. In this report, we describe (1) the purpose of NIOSH's proposed BPC with regard to data collection from the WTC health programs, and (2) any action NIOSH has taken since the cancellation of the BPC solicitation in an effort to improve data collection. To conduct this work, we interviewed NIOSH officials and reviewed relevant documentation, including the solicitation for the BPC and information collected by NIOSH as a part of its oversight of the WTC health programs.

³NIOSH awards funds to the FDNY WTC program and the NY/NJ WTC Consortium through cooperative agreements. The NY/NJ WTC Consortium consists of five clinical centers in the NY/NJ area. The other WTC programs to which NIOSH has awarded funds include the National Responder Health Program, for responders residing outside the New York City area, and the Police Organization Providing Peer Assistance (POPPA) program and Project COPE, which provide mental health services to New York City Police Department employees and their family members. See GAO, *September 11: HHS Needs to Ensure the Availability of Health Screening and Monitoring for All Responders*, [GAO-07-892](#) (Washington, D.C.: July 23, 2007) and [GAO-08-610](#).

⁴NIOSH reports current data on the numbers of responders screened, monitored, and treated on its Web site: <http://www.cdc.gov/niosh/topics/wtc/participants.html> (accessed Oct. 5, 2010). These data include the numbers of responders served by the National Responder Health Program.

⁵See [GAO-07-892](#).

⁶Other responsibilities identified for the BPC included providing a nationwide pharmacy benefit plan for program enrollees and establishing and managing a national network of health care providers to provide monitoring and treatment to responders outside the New York City metropolitan area.

⁷During a March 2008 congressional hearing, the director of NIOSH provided reasons for canceling the solicitation, including the following: "(1) It was not clear that funding was available to support the Performance Work Statement (PWS); (2) The Technical Requirements in the PWS required clarification; (3) The interest from industry had been limited—attendance at a pre-proposal conference was unusually small for a procurement of this size...."

We conducted this performance audit in November 2010 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The Proposed BPC Was Intended to Provide NIOSH with a Single Source of Detailed Data on Responders, Health Services, and Costs

NIOSH's proposed BPC was intended to provide an efficient mechanism for collecting uniform data across the WTC health programs on responders' health conditions, health services provided by the programs, and costs of the programs. According to a NIOSH official involved in administering the WTC health programs, the BPC would have given NIOSH access to a single source of claims information from the WTC health programs. The official told us that this claims information would have documented responders' health conditions, the procedures and medications used to care for responders, and the programs' costs. That is, claims data would have provided information about a specific patient encounter, including the individual responder's health condition, age, and geographic location; the array of services provided to the responder during the encounter, such as a physical examination or X-ray; and the costs of the encounter. The NIOSH official said that such information would have helped the agency identify ways to improve the programs' effectiveness and predict future costs. For example, claims data on responders' health conditions would have indicated the level of need for specific types of services. The NIOSH official also said that the claims information would have supported program oversight by, for example, providing verification that a specific program service was provided to an individual.

NIOSH Has Taken Action to Gather More Detailed Information about Responders' Health Conditions

Since cancellation of the BPC solicitation, NIOSH has taken action to gather more detailed information about responders' health conditions. As we reported in July 2007, NIOSH has required the WTC health programs to submit quarterly reports containing detailed demographic, service utilization, and cost information; the programs began submitting these reports in early 2007. The information in the quarterly reports included the total numbers of responders monitored and treated; for each of five diagnostic categories, the total number of responders monitored and treated;⁸ the total number of treatment services by service category;⁹ and total outpatient monitoring and treatment costs and inpatient treatment costs. According to a NIOSH official, in July 2009, NIOSH began to require the programs to provide more detailed diagnostic information. For example, the programs were required to report the number of responders with certain lower airway conditions, such as asthma and chronic obstructive pulmonary disease. The NIOSH official told us that the agency is also considering requiring the programs to provide more detailed cost information, such as identifying costs by physical and mental health services. He added that more detailed cost information would be useful for understanding which types of services are most costly and for identifying cost trends, which could help NIOSH anticipate future program needs.

⁸The five diagnostic categories were upper airway, lower airway, gastrointestinal, musculoskeletal, and mental health.

⁹The service categories included, for example, internal medicine, pulmonology, and psychiatry.

A NIOSH official told us that the type of information that the agency currently collects from the programs is not as detailed as the claims data that would have been processed by the BPC envisioned in 2007. NIOSH does not have access to the types of information associated with a specific patient encounter, such as details about the responder's health, specific services the responder received, and the cost of providing services to a responder during that encounter. Therefore, NIOSH cannot perform the types of program effectiveness and cost analyses that it would have expected to perform with claims data processed by the BPC.

Agency Comments

The Department of Health and Human Services reviewed a draft of this report and provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the Secretary of Health and Human Services. In addition, the report will also be available at no charge on the GAO Web site at <http://www.gao.gov>.

If you or your staffs have any questions regarding this report, please contact me at (202) 512-7114 or bascettac@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in enclosure I.



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Enclosure

Enclosure I

GAO Contact and Staff Acknowledgments

Contact

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Acknowledgments

In addition to the contact named above, key contributors to this report were Helene F. Toiv, Assistant Director; George Bogart; Hernan Bozzolo; Anne Dievler; Roseanne Price; and Christina E. Ritchie.

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