

Federal Health Update

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ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House has passed a continuing resolution to keep the federal government open for another month (until Feb. 16, 2018).** The Senate is still working on a proposal that will avoid a shutdown of the federal government.

- **On Jan. 12, 2018, President. Trump announced the following nominations:**

James N. Stewart to be an assistant secretary of defense (Manpower and Reserve Affairs). Stewart most recently served as economic development committee chair on the North Carolina Military Affairs Commission where he provided advice, counsel and recommendations to the governor and legislature on North Carolina's military installations. Stewart is a retired Air Force Reserve Major General. Stewart is a recipient of the Department of Defense's Superior Service Medal and the Air Force Distinguished Service Medal. He received his B.S. in sociology and criminology from Auburn University, an M.S. in general administration from Central Michigan University, and an M.S. in national security strategy from the National Defense University's National War College.

Thomas E. Ayres to be General Counsel of the Department of the Air Force. Ayres is a retired major general. Most recently, he has served as the deputy Judge Advocate General of the United States Army. Previously, Ayres served as commander of the U.S. Army Legal Services Agency, the chief judge of the U.S. Army Court of Criminal Appeals, and the commander and commandant of the Judge Advocate General's Legal Center and School. He is

a recipient of the Distinguished Service Medal, the Defense Superior Service Medal, and the Bronze Star with two oak leaf clusters. Maj. Gen. (Ret.) Ayres is a graduate of the United States Military Academy and the University of Pennsylvania School of Law.

MILITARY HEALTH CARE NEWS

- **The Department of Defense (DoD) and Food and Drug Administration (FDA) have launched a joint pilot program to prioritize developing safe and effective medical products to save the lives of U.S. warfighters.**

The framework for the program was put in place through House Res. 4374, which authorized DoD to request, and the FDA to provide, assistance to expedite development, in addition to the FDA's review of products to diagnose, treat or prevent serious or life-threatening diseases or conditions facing American military personnel, according to an FDA press release.

FDA will work closely with DoD's Health Affairs to understand the military's medical needs for deployed personnel. It will also give the highest level of attention to and expedite its review of priority DoD medical products; provide ongoing technical advice to Health Affairs to rapidly develop and manufacture medical products for use by the military; and take a closer look at products under development for opportunities to push their availability, the release said.

While the availability of biological items such as blood products takes priority, the FDA and DoD are aware of the need for a broad range of medical products for service members – such as preventive vaccines and therapeutics – and these needs will continue to evolve in the future.

- **The Army reports chronic use of opioids— defined as those receiving at least 90 days of opioids in a 180-day period — for service members has declined 9 percent between 2007 and 2012, and an additional 45 percent between 2012 and 2016.**

The leading reason for use of opioid prescriptions is pain, an unfortunate consequence of injuries sustained during training or deployments. Army Medicine has been at the forefront of developing and implementing a strategy for pain management for more than a decade.

The Army's improvement in opioid prescribing contrasts with the worsening trend that currently exists across our nation. What did Army Medicine do to start winning the battle against opioid abuse?

In 2010, the Army Pain Management Task Force was chartered and has since published 109 pain management recommendations with the goal of taking a standardized approach to pain management across DoD and Veterans Health Affairs. Among the recommendations made:

- Determine best practices to treat acute and chronic pain;
- Provide tools and infrastructure that support and encourage practice and research advancement in pain management;
- Integrate a culture of pain awareness, education and proactive intervention together.

First, the task force identified changes in standards, data collection, personnel use and other system improvements under the umbrella of best practices.

As a result of the Task Force's recommendations, the Military Health System standardized pain management policies, surveillance, clinical capabilities and pain assessment tools. Policy changes led to a patient-centric stepped care approach that helped to empower primary care providers and improved patient rehabilitation, satisfaction, pain control and recovery.

A standardized pain assessment tool was developed to assess patients' pain score and its effect on patients' daily activities (e.g., activity, mood, stress, sleep). The MHS developed a surveillance tool to monitor opioid use and prescription practices, allowing risk stratification and

identification of at-risk individuals. This tool facilitates ongoing management of daily opioid use and prevention measures for opioid misuse. Periodic reassessments of MHS policies are instrumental in continued performance improvement.

Every day, the Centers for Disease Control and Prevention reports, more than 1,000 people across the U.S. are treated in emergency departments for misusing prescription opioids. More than 90 Americans die from an opioid overdose each day, a rate of more than 40,000 per year.

VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) announced 100 percent of its more than 1,000 medical facilities across the country now offer same-day services for urgent primary and mental health-care needs.**

Same-day services means a veteran with an urgent need for primary care and mental health-care receives services that may include:

- A face-to-face visit with a clinician;
- Advice provided during a call with a nurse;
- A telehealth or video care visit;
- An appointment made with a specialist; or a prescription filled the same day.

Since 2014, VA has concentrated its efforts on improving access and meeting the urgent health-care needs of Veterans. In 2016, all of VA's medical centers offered same-day services for primary and mental health services.

In addition to offering same-day services, VA has reduced patient wait times. VA also implemented a new process to ensure timely follow-up appointments for time-sensitive medical needs. More than 100,000 such appointments have been completed.

In 2017, veterans completed over 57.5 million appointments and VA clinicians saw almost 6 million patients.

To view access information about each facility nationwide, visit <https://www.accesstocare.va.gov/>.

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services (HHS) announced the formation of a new Conscience and Religious Freedom Division in the HHS Office for Civil Rights (OCR).**

The Trump Administration established this Conscience and Religious Freedom Division to enforce federal laws protecting certain civil rights and conscience in health and human services, and the security and privacy of people's health information.

To learn more about the new Conscience and Religious Freedom Division, visit us at www.hhs.gov/conscience.

- **Overall, cigarette smoking among U.S. adults (aged ≥18 years) declined from 20.9 percent in 2005 to 15.5 percent in 2016. Yet, nearly 38 million American adults smoked cigarettes ("every day" or "some days") in 2016, according to data released today by the Centers for Disease Control and Prevention (CDC).**

The new data, from the National Health Interview Survey (NHIS), show that among adults who

have ever used cigarettes, the percentage who have quit increased from 50.8 percent in 2005 to 59.0 percent in 2016. During 2005–2016, the largest increase in quitting was among adults ages 25–44 years.

Since 1965, the NHIS has tracked cigarette smoking, the most common form of tobacco product use among U.S. adults. The U.S. Surgeon General has concluded that the burden of death and disease from tobacco use in the United States is overwhelmingly caused by cigarettes and other combusted tobacco products.

Among daily smokers, the average number of cigarettes smoked per day declined from about 17 cigarettes in 2005 to 14 cigarettes in 2016. The proportion of daily smokers who smoked 20 to 29 cigarettes per day dropped from 34.9 percent in 2005 to 28.4 percent in 2016, while the proportion who smoked fewer than 10 cigarettes per day rose from 16.4 percent in 2005 to 25 percent in 2016.

- **The number of privately insured U.S. women ages 15-44 years who filled a prescription for a medicine to treat attention-deficit/hyperactivity disorder (ADHD) increased 344 percent between 2003 and 2015, according to a report in CDC's *Morbidity and Mortality Weekly Report (MMWR)*.**

Even higher increases were reported for women in their late 20s and early 30s. For those ages 25-29 years, the number of women who filled a prescription for an ADHD medicine increased by 700 percent. The second largest increase was among women ages 30-34: a 560 percent increase.

Little information is available about the safety of taking ADHD medicine during pregnancy. More research is needed so women with ADHD and their health care providers can weigh the risks and benefits of ADHD treatment options during pregnancy.

For each year from 2003 through 2015, researchers examined private insurance claims for 2.3 million to 6.8 million women ages 15-44 (the median sample size was 4.6 million women per year) to see how many women filled ADHD medicine prescriptions from outpatient pharmacies. All of the women had private health insurance with prescription drug coverage.

The main findings among these privately insured woman of reproductive age:

- From 2003 to 2015, there was a 344 percent increase in women ages 15-44 years who filled a prescription for an ADHD medicine from 2003 (from 0.9 percent of women to 4 percent of women).
- ADHD medicine prescriptions increased for all included age groups (subgroups analyzed by age in 5-year increments) and in all U.S. geographic regions.
- The biggest increase was among women ages 25-29 years, where the number of women who filled a prescription for an ADHD medicine increased by 700 percent between 2003 and 2015. The second biggest increase was among women ages 30-34 (560 percent increase).
- In 2015, the most commonly filled ADHD medicines among this group of women were mixed amphetamine salts (Adderall), lisdexamfetamine (Vyvanse) and methylphenidate (Ritalin).

REPORTS/POLICIES

- **The GAO published “VA Health IT Modernization: Historical Perspective on Prior Contracts and Update on Plans for New Initiative,” (GAO-18-208) on Jan. 18, 2018.** This review determined the VA's efforts to modernize VistA, including key contractors, contract costs, and expected contractor activities; and VA's current plans for modernizing VistA and the progress that has been

achieved to date. <https://www.gao.gov/assets/690/689472.pdf>

- **The GAO published “Medicare Part B: Medicare Represented at Least Half of the Market for 22 of the 84 Most Expensive Drugs in 2015,” (GAO-18-83) on Jan. 17, 2018.** This report describes Medicare’s market share for high-expenditure Part B drugs paid based on ASP and the characteristics of those drugs. <https://www.gao.gov/assets/690/689082.pdf>

HILL HEARINGS

- The Senate Armed Services Committee will hold a hearing on **Jan. 24, 2017**, to examine officer personnel management and the Defense Officer Personnel Management Act of 1980.

LEGISLATION

- **H.R.4808** (introduced Jan. 12, 2018): To promote transparency in health care pricing was referred to the House Committee on Energy and Commerce. Sponsor: Representative Ed. Perlmutter [D-CO-7]

MEETINGS

- HIMSS 2018 Annual Conference will be held on **March 5-9, 2018**, in Las Vegas Nev. <http://www.himssconference.org/>
- 2018 Heroes of Military Medicine Awards Dinner will be held on **May 3, 2018**, in Washington, DC. <http://www.hjfc3.org/heroes-dinner/>
- The 8th Annual Traumatic Brain Injury Conference will be held on **May 16-17, 2018**, in Washington DC. <http://tbiconference.com/home/>

If you need further information on any item in the *Federal Health Update*, please contact Kate Theroux at (703) 447-3257 or by e-mail at katetheroux@federalhealthcarenews.com.