Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

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**EXECUTIVE AND CONGRESSIONAL NEWS**

- The House passed H.R.450, the Preventing Crimes Against Veterans Act of 2019 on Feb. 7, 2019. This legislation would amend title 18, United States Code, to provide an additional tool to prevent certain frauds against veterans, and for other purposes.

**MILITARY HEALTH CARE NEWS**

- The Military Times reported the results from the 2018 annual Blue Star Families’ Military Family Lifestyle Survey, in which more than 10,000 family members, service members and veterans responded.

  Among the top findings were feedback about TRICARE, the military’s health program. Sixty-six percent of military family respondents ranked health care benefits as the second top reason for staying in the military following the retirement benefit (71 percent).

  Although the vast majority (81 percent) of military family respondents were satisfied with the cost share of military health care, the quality of providers (73 percent), and the quality of care (78 percent), they were least satisfied with the ease of access and timeliness of care (65 percent).

  The vast majority of military families were satisfied with the cost, quality of providers and quality of health care, but they were least satisfied — at 65 percent — with the ease of access and timeliness of care.

  When asked what would most improve respondent satisfaction with health care, respondents reported diverse health care and mental health care improvements. Service member and veteran respondents indicated improvements in obtaining appointments when needed for both mental
health care services and health care as a top improvement; 32 percent of service member respondents identified obtaining timely appointments as their top solution to improving their satisfaction with care and 27 percent of veteran and service member respondents indicated making appointments more available would make seeking mental health care more comfortable.

Military spouse (32 percent), veteran (25 percent), and veteran spouse (37 percent) respondents identified having alternative care options (i.e., chiropractic care, acupuncture, etc.) fully covered in their health care benefits as a top improvement. Limited alternative care options are currently only covered for service members at designated military hospitals and clinics.

Improvements to health care were particularly important to military family respondents who identified as lesbian, gay, bisexual, or transgender (LGBT). Roughly a third (32 percent) of military family respondents who identified as LGBT indicated that improving health care (i.e., services covered such as fertility/family planning services, transgender-specific care, and mental health resources) was the most important change that would improve support for LGBT families.


  This award provides for non-personal information technology services in support of mobile application development, web design, web development and necessary support (to include testing, information assurance compliance and risk mitigation in accordance with Department of Defense standards) for Military Health System internet, intranet, and extranet websites, web applications, and mobile applications. The contractor place of performance is Falls Church, Virginia. In addition, this contract provides for four option periods, if exercised.

  The contract has an effective date of Feb. 1, 2019 and was awarded following a competitive solicitation conducted amongst small businesses in accordance with Federal Acquisition Regulation 8.405, using General Services Administration eBuy Schedule 70, Special Item Number 132-56. The contract provides for four option periods, if exercised. This contract is funded with fiscal 2019 operations and maintenance appropriations in the amount of $8,194,502. The Defense Health Agency, Contracting Office – Health Information Technology, San Antonio, Texas, is the contracting activity (HT0015-19-F-0022).


  This Congressionally-mandated report evaluates policies and programs addressing sexual assault and sexual harassment at the department's three academies. This year, the department reviewed self-assessments provided by each academy and included results from a biennial survey of cadets and midshipmen.

  There were 117 reports of sexual assault received across all three academies. This is an increase of five from the prior academic program year, indicating confidence in response measures, however, surveyed measures of unwanted sexual contact and sexual harassment increased compared to rates last measured in 2016. There was also an overall increase in sexual harassment.

  The academies implemented plans in the summer of 2018 focusing on prevention, improved reporting, enabling a culture of respect, and promote a more disciplined force. Even though the effect of these plans was not reflected in this year's survey outcomes, the academies are using
the data to target their efforts.

To view the full report, visit SAPR.mil.

VETERANS AFFAIRS NEWS

- The U.S. Department of Veterans Affairs (VA) announced the recent start of a new partnership with the Centers for Disease Control and Prevention (CDC) to improve public health surveillance data.

Specifically, VA will support CDC’s Modernizing Death Reporting project by integrating patient mortality data from VA’s Electronic Health Record (EHR) system.

A component of vital statistics, mortality data provides a critical view of the overall health of the nation. Moreover, mortality data identifies important variables for those dying in the U.S., assisting with the modeling of population life expectancy and cross-comparisons for health factors. VA’s collaboration with CDC’s National Center for Health Statistics marks a shift in the way that mortality data has traditionally been provided, increasing the speed of data transmission and mitigating any loss of data value due to decreased interoperability.

VA believes that open, Fast Healthcare Interoperability Resources (FHIR)-based Advanced Programming Interfaces (APIs) form an essential component of a modern interoperability strategy. To that end, VA is committed to working collaboratively to expand available FHIR resources and their utilization.

Using FHIR-based standards increases the value of this mortality data, as data is provided more quickly, enabling faster analysis and the delivery of more timely healthcare interventions.

For more information on VA’s partnership with CDC, visit https://www.cdc.gov/nchs/nvss/modernization/index.htm.

- The U.S. Department of Veterans Affairs (VA) announced that it has reached a telehealth milestone, achieving more than 1 million video telehealth visits in one fiscal year (FY18), a 19 percent increase in video telehealth visits over the prior year.

Through video technology, VA health care providers are increasing access to care, diagnosing and managing care remotely for enrolled veterans across the country.

Video technologies make it possible for veterans residing in remote or rural areas to come to many of VA’s community-based outpatient clinics and interact in real-time, through video telehealth, with a specialist physician or another practitioner who may be hundreds or thousands of miles away.

From October 2017 through September 2018, veterans received VA quality care during approximately 2.3 million episodes of telehealth care.

  - About half (1,074,400) were video telehealth encounters, which allows real-time interaction between VA care teams and their Veterans in a clinic or at home.
  - The other half of VA telehealth encounters were not real-time, interactive visits; instead, VA staff monitored, screened, assessed Veteran data (e.g., vital signs, sleep studies, etc.) or images (e.g., skin rash, eye disease, etc.) sent by other VA staff in another VA clinic, or sent by a Veteran or caregiver from home.
  - More than half (582,000) of those video encounters supported veterans located in rural areas. Additionally, 105,300 of those 1 million-plus video visits were conducted using the VA Video Connect application on Veterans’ mobile devices or personal computers from their homes or locations of choice.
At more than 900 community-based outpatient facilities, clinicians and veterans meet through these virtual, real-time visits, providing veterans care in more than 50 specialties, ranging from mental health to rehabilitation.

For more information on VA’s telehealth programs, visit www.telehealth.va.gov.

The U.S. Department of Veterans Affairs (VA) announced that it recently launched a new customer service training initiative for employees to improve VA’s claims and appeals process.

VA’s Board of Veterans’ Appeals and the Veterans Benefits Administration Compensation Services (CS) are developing small-video training modules to focus on medically complex disabilities that often go to appeals, and in July 2018, started gathering information from both organizations’ training and quality assurance elements to focus on challenges with knee-disability ratings, since these evaluations can be complicated for both claims and appeals.

The training was updated at the request of veteran service organizations to provide more detailed training for rating and examination teams.

The Board and CS are working together to identify and address training needs for a number of conditions. Additional planned training modules will help deliver better service to Veterans and their families.

Feedback from rating teams has been overwhelmingly positive. The new training uses video with scenarios, instead of the typical slide-based format, and will be used as the new model for training videos.

All VBA disability claims processors and contract examination staff are required to complete the training by March 31. This training initiative is part of many improvements that support the Appeals Modernization Act, which will be implemented in February.


GENERAL HEALTH CARE NEWS

The Centers for Medicare & Medicaid Services (CMS) launched a new app that gives consumers a modernized Medicare experience with direct access on a mobile device to some of the most-used content on Medicare.gov.

The new “What’s Covered” app lets people with Original Medicare, caregivers and others quickly see whether Medicare covers a specific medical item or service. Consumers can now use their mobile device to more easily get accurate, consistent Original Medicare coverage information in the doctor’s office, the hospital, or anywhere else they use their mobile device. In addition to the “What’s Covered” app, through Blue Button 2.0 the agency is enabling beneficiaries to connect their claims data to applications and tools developed by innovative private-sector companies to help them understand, use, and share their health data.

CMS created the app to meet the needs of the growing population of people with Medicare. The Medicare population is projected to increase almost 50 percent by 2030—from 54 million beneficiaries in 2015 to more than 80 million beneficiaries in 2030. As of 2016, about two-thirds of Medicare beneficiaries indicate they use the Internet daily or almost daily (65 percent).

Questions about what Medicare covers are some of the most frequent inquiries that CMS receives. There are approximately 15 million page views annually for coverage-related content on Medicare.gov and 1-800 MEDICARE receives over 3 million coverage-related calls each year.

CMS launched the eMedicare initiative in 2018 to empower beneficiaries with cost and quality
information. Other tools in the eMedicare suite include:

- Enhanced interactive online decision support to help people better understand and evaluate their Medicare coverage options and costs between Medicare and Medicare Advantage.
- A new online service that lets people quickly see how different coverage choices will affect their estimated out-of-pocket costs.
- New price transparency tools that let consumers compare the national average costs of certain procedures between settings, so people can see what they’ll pay for procedures done in a hospital outpatient department versus an ambulatory surgical center.
- A new webchat option in the Medicare Plan Finder.
- New easy-to-use surveys across Medicare.gov so consumers can continue to tell us what they want.

The eMedicare initiative expands and improves on current consumer service options. People with Medicare will continue to have access to paper copies of the Medicare & You handbook and Medicare Summary Notices.

The What’s Covered app is available for free in both Google Play and the Apple App Store.

REPORTS/POLICIES

- There were no health-related reports published this week.

HILL HEARINGS

- The House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies will hold a hearing on Feb. 13, 2019, to examine the long-term health care challenges and long term care.
- The Senate Armed Services Subcommittee on Personnel will hold an oversight hearing on Feb. 27, 2019, to examine military personnel policies and military family readiness.

LEGISLATION

- **H.R.976** (introduced Feb. 5, 2019): A bill to direct the Administrator of the Federal Aviation Administration to enter into appropriate arrangements with the National Academies of Sciences, Engineering, and Medicine to provide for a report on the health impacts of air traffic noise and pollution, and for other purposes was referred to the House Committee on Transportation and Infrastructure. Sponsor: Representative Stephen F. Lynch, Stephen F. [D-MA-8]
- **S.317** (introduced Feb. 4, 2019): A bill to amend title XIX of the Social Security Act to provide States with the option of providing coordinated care for children with complex medical conditions through a health home was referred to the Committee on Finance. Sponsor: Senator Chuck Grassley [R-IA]
MEETINGS A

- The 9th Annual Heroes of Military Medicine Awards Dinner will be held on **May 9, 2019**, in Washington DC. [https://www.hjfcp3.org/heroes-dinner/](https://www.hjfcp3.org/heroes-dinner/)

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.