

# Federal Health Update

MARCH 9, 2018

*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

- **There was no relevant news released.**

## MILITARY HEALTH CARE NEWS

- **The Army chief of staff, announced the assignments of the following general officers:**

Maj. Gen. Jeffrey B. Clark, director, healthcare operations, Defense Health Agency, Falls Church, Virginia, to deputy commanding general (Operations), U.S. Army Medical Command, Joint Base San Antonio, Texas.

Maj. Gen. Patrick D. Sargent, deputy commanding general (Operations), U.S. Army Medical Command, Joint Base San Antonio, Texas, to commanding general, U.S. Army Medical Department Center and School, Joint Base San Antonio, Texas.

Brig. Gen. Telita Crosland, deputy chief of staff for operations, U.S. Army Medical Command, Falls Church, Virginia, to commanding general, Regional Health Command-Atlantic, Fort Belvoir, Virginia.

Brig. Gen. R. Scott Dingle, commanding general, Regional Health Command-Atlantic, Fort Belvoir, Virginia, to deputy to the surgeon general; and deputy commanding general (Support), U.S. Army Medical Command, Falls Church, Virginia.

Brig. Gen. Jeffrey J. Johnson, commanding general, Brooke Army Medical Center; deputy commanding general, Regional Health Command-Central; and vice market manager, San Antonio Military Health System, Joint Base San Antonio, Texas, to commanding general, Regional Health Command-Central, Joint Base San Antonio, Texas.

Brig. Gen. Ronald T. Stephens, deputy chief of staff for support, U.S. Army Medical Command, Falls Church, Virginia, to commanding general, Regional Health Command-Europe; command surgeon, U.S. Europe, Germany.

Brig. Gen. Michael J. Talley, command surgeon, U.S. Army Forces Command, Fort Bragg, North Carolina, to deputy commanding general, Regional Health Command-Atlantic, Fort Belvoir, Virginia.

Brig. Gen. Lee E. Payne, who has been selected for the grade of major general, from command surgeon, Headquarters Air Mobility Command, Scott Air Force Base, Illinois, to director, Healthcare Operations, Defense Health Agency, Falls Church, Virginia.

- **The Defense Health Agency launched three new podcast series to hear the latest on how health technology can improve their lives.**

Produced by Department of Defense experts in military health care and technology, the Defense Health Agency's three new shows are: "[Next Generation Behavioral Health](#)," "[Military Meditation Coach](#)" and "[A Better Night's Sleep](#)." These podcasts are designed to highlight health technology and offer tips, tools and techniques to help improve the lives of those in the military community.

- The "Military Meditation Coach" podcast series features meditation, mindfulness and relaxation exercises. The goal is to help listeners learn how to be mentally fit, build resiliency and manage stress through a wide variety of exercises led by clinicians at the Naval Medical Center San Diego and the Naval Center for Combat and Operational Stress Control. Each episode is designed for listeners to tune in on their own, in a group or with a health care provider.
- "A Better Night's Sleep" offers listeners tips and information on sleep disorders, evidence-based treatments, nightmares and the importance of adequate rest. Kinn and Dr. Jonathan Olin, medical director of Evans Army Community Hospital's Sleep Lab at Fort Carson in Colorado, host the podcast, along with other sleep experts in the Military Health System. In each episode, Kinn and Olin answer audience questions, explain how treatments work and interview other sleep specialists — to improve sleep for both military and civilian listeners.
- The "Next Generation Behavioral Health" podcast offers 10-minute tips for clinicians using health technology in clinical care, such as how to prescribe mobile apps to their patients, as well as how to tell which apps are safe, effective and evidence-based. The podcast also takes an in-depth look at why mobile health is important and answers the most common questions that health care professionals have when integrating technology into practice. Kinn and fellow Defense Health Agency psychologist Dr. Christina Armstrong host the show.

Upcoming episodes will feature interviews with behavioral health experts on the latest mobile health research, integrating apps into treatment and protecting patient information.

## VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) announced it has launched a pilot telehealth program that will give rural veterans with post-traumatic stress disorder (PTSD) remote access to psychotherapy and related services.**

VA's Office of Rural Health, in partnership with VA's Quality Enhancement Research Initiative, is supporting the Telemedicine Outreach for PTSD (TOP) program to deliver therapy and other care through phone and interactive video contact.

Dr. John Fortney, a research health scientist at the VA Puget Sound Health Care System in Seattle, Washington, is leading the project.

To date, more than 500 rural veterans who are not receiving specialty PTSD care have enrolled in the study. The participants may choose between the two main forms of evidence-based, trauma-focused psychotherapy used in VA: cognitive processing therapy and prolonged exposure therapy.

Veterans participating in the program receive frequent phone calls from a care manager who helps them access services provided by off-site psychiatrists and psychologists. The psychotherapy is delivered via interactive video from a VA medical center to a community-based outpatient clinic (CBOC) or to the veteran's home. The telephone care manager also monitors the Veterans' progress and helps them overcome barriers to care.

The program includes 12 CBOCs across the nation in Charleston, South Carolina; Iowa City, Iowa; Little Rock, Arkansas; Denver, Colorado; San Diego, California; and Seattle. The results, which will be available in 2020, will lay the groundwork for national implementation of the TOP program.

To learn more about VA research on PTSD, visit [www.research.va.gov/topics/ptsd.cfm](http://www.research.va.gov/topics/ptsd.cfm).

- **On March 7, 2018, the Secretary of Veterans Affairs (VA) outlined a series of major improvements undertaken at the DC VA Medical Center (DCVAMC) in the 11 months since the VA's Office of the Inspector General (OIG) released an interim report critical of the Medical Center.**

In April 2017, the Secretary immediately began replacing key members of the leadership team; bringing in Larry Connell as the acting medical center director. In addition to Connell, the facility has a new acting deputy director, acting assistant director; a new Nurse Executive and a new Chief of Logistics.

Among the important actions taken and progress made at the DCVAMC:

- Eliminated all pending prosthetics consults greater than 30 days – from 9,000 to zero.
- Established the Incident Command Center (ICC), providing for a robust oversight process that identified and promptly addressed new supply or equipment shortages and instituted a 24-hour hotline for ordering urgent and emergent medical supplies.
- Awarded a contract to construct a 14,200-square foot space for the Sterile Processing Service; the \$8.9 million project will be completed in March 2019.
- Transitioned inventory to the General Inventory Package and the periodic automatic replenishment levels are validated to ensure stock outages do not occur.
- Off-site, warehouse secured with restricted access to protect medical equipment and supplies.
- 36 Logistics, Sterile Processing Service vacancies have been filled and 7 positions remain under recruitment.

Secretary Shulkin also announced leadership changes at two VISN networks. Network 1 and 22

directors, Dr. Michael Mayo-Smith and Ms. Marie Weldon respectively, will retire in the coming weeks. In addition, VA's Dr. Bryan Gamble will oversee a significant restructuring effort involving VISN's 1, 5, and 22. Additional information will be available in the coming weeks.

## GENERAL HEALTH CARE NEWS

- **Data from emergency departments (EDs) show that the U.S. opioid overdose epidemic continues to worsen, according to the latest report by the Centers for Disease Control and Prevention (CDC).**

The report examines the timeliest data available to CDC on ED visits for opioid overdoses across multiple states. Overall, ED visits (reported by 52 jurisdictions in 45 states) for suspected opioid overdoses increased 30 percent in the U.S., from July 2016 through September 2017. Opioid overdoses increased for men and women, all age groups, and all regions, but varied by state, with rural/urban differences. The findings highlight the need for enhanced prevention and treatment efforts in EDs and for greater access to evidence-based opioid use disorder treatments, including [medication-assisted treatment](#) and harm reduction services.

### ED data allow faster tracking of regional and state trends

Data from 16 states in [CDC's Enhanced State Opioid Overdose Surveillance \(ESOOS\) Program](#) were analyzed, showing quarterly trends by state and rural/urban differences from July 2016 through September 2017. Overall, ED visits for suspected opioid overdoses increased 35 percent in these 16 states hit hard by the epidemic. The data show:

- Eight states from three U.S. regions reporting substantial increases—25 percent or greater—in the rate of opioid overdose ED visits.
- Significant increases in all states reporting in the Midwest, including Wisconsin (109 percent), Illinois (66 percent), Indiana (35 percent), Ohio (28 percent), and Missouri (21 percent).

Considerable variation among states in the Northeast and Southeast; some states reported substantial increases and others modest decreases:

- In the Northeast, large increases were seen in Delaware (105 percent), Pennsylvania (81 percent), and Maine (34 percent), but other states, like Massachusetts, New Hampshire, and Rhode Island showed nonsignificant decreases (<10 percent).
- In the Southeast, North Carolina reported an increase (31 percent), while Kentucky reported a statistically significant decrease (15 percent).

Continued rises in cities and towns of all types. Highest rate increases (54 percent) were in large central metropolitan areas (a population of 1 million or more and covering a principal city).

The sharp increases and variation across states and counties indicate the need for better coordination to address overdose outbreaks spreading across county and state borders. Closer coordination between public health and public safety agencies can support identification of changes in supply and use of illicit opioids, further allowing communities to take appropriate action to reduce opioid overdoses.

CDC also examined data from the [National Syndromic Surveillance Program \(NSSP\) BioSense platform](#), using ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) software. Analysis of data from 52 jurisdictions in 45 states, which covers over 60 percent of ED visits in the U.S., found that from July 2016 through September 2017:

All five U.S. regions experienced rate increases; the largest was in the Midwest (70 percent), followed by the West (40 percent), Northeast (21 percent), Southwest (20 percent), and

Southeast (14 percent).

Every demographic group experienced substantial rate increases, including men (30 percent) and women (24 percent) and people ages 25-34 (31 percent), 35-54 (36 percent), and 55 or older (32 percent).

A companion editorial "[Opportunities for Prevention and Intervention of Opioid Overdose in the Emergency Department](#)," was also released today in *Annals of Emergency Medicine*.

For more information about opioid overdose and prevention, please visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose).

## REPORTS/POLICIES

- **The GAO published "Military Personnel: Additional Actions Needed to Address Gaps in Military Physician Specialties," (GAO-18-77) on Feb. 28, 2018.** The report assessed the extent to which DoD has experienced gaps between its military physician authorizations and end strengths, and has an approach to address key gaps; has enrolled students who meet minimum qualifications, and tracked data to evaluate their performance; and knows the costs of educating scholarship and University medical students. <https://www.gao.gov/assets/700/690409.pdf>

## HILL HEARINGS

- The Senate and House Veterans Affairs Committees will hold a joint hearing on **March 14, 2018**, to examine testimony the legislative presentation of multiple veterans service organizations (FRA, JWV, AFSA, BVA, MOPH, NASDVA, MOAA, TREA, GSW).
- The House Appropriations Committee will hold a budget hearing on **March 15, 2018**, on [the budget for Military Construction, Veterans Affairs and Related Agencies](#).
- The House Appropriations Committee will hold a budget hearing on **March 15, 2018**, on [the budget for Labor, Health and Human Services, Education, and Related Agencies](#).

## LEGISLATION

- **H.R.5161** (introduced March 5, 2018): To require the Surgeon General of the Public Health Service to submit to Congress an annual report on the effects of gun violence on public health was referred to the House Committee on Energy and Commerce. Sponsor: Representative Robin L. Kelly [D-IL-2]
- **S.2494** (introduced March 5, 2018): A bill to provide standards for short-term limited duration health insurance policies was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Tammy Baldwin [D-WI] :
- **H.R.5197** (introduced March 6, 2018): To direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in emergency departments was referred to the House Committee on Energy and Commerce. Sponsor: Representative Bill Pascrell, Jr. [D-NJ-9]
- **S.2516** (introduced March 7, 2018): A bill to direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in emergency departments was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Cory A. Booker [D-NJ]

## MEETINGS

- 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/>

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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 [katheroux@federalhealthcarenews.com](mailto:katheroux@federalhealthcarenews.com).