Federal Health Update

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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 and Senate are in recess this week.

- **On April 2, 2018, the president announced his intent to nominate Duane Caneva to be chief medical officer of the Department of Homeland Security.**

  Caneva is an emergency medicine physician who recently served as the director of medical preparedness policy at the National Security Council. In this role, he directed policy development and execution for interagency efforts related to the healthcare sector, including biodefense, healthcare and public health preparedness and response. A retired Navy officer, Caneva has held roles in the United States Navy, White House, Department of Homeland Security and Department of State. Caneva received both his Bachelor of Arts in Chemistry and Doctor of Medicine from the University of Chicago. He also received a Master of Science in National Security Strategy from the National War College.

MILITARY HEALTH CARE NEWS

- **According to the *2018 Temkin Experience Ratings*, TRICARE delivers the best customer experience in the health plan industry.**

  The study is an annual customer experience benchmark of companies based on a survey of

10,000 U.S. consumers. Of the 14 health plans included in this year's *Ratings*, TRICARE earned the highest rating with a score of 67 percent. BCBS of New Jersey came in a close second, earning a score of 65 percent and ranking of 217th overall.

Overall, the health plan industry averaged a 57 percent rating in the *2018 Temkin Experience Ratings* and came in 19th place out of 20 industries. The average rating of the industry improved by 0.4 percentage-points between 2017 and 2018, going from 57.0 percent to 57.4 percent.

The ratings of all health plans in the *2018 Temkin Experience Ratings* are as follows:

- **TRICARE**: 67 percent
- **BCBS of New Jersey**: 65 percent
- **Humana**: 64 percent
- **Kaiser Permanente**: 63 percent
- **BCBS of Michigan**: 62 percent
- **United Healthcare**: 60 percent
- **Medicare**: 59 percent
- **BCBS of Florida**: 59 percent
- **Aetna**: 58 percent
- **Blue Cross Blue Shield plan not listed**: 58 percent
- **CIGNA**: 55 percent
- **Anthem**: 53 percent
- **Blue Shield of California**: 52 percent
- **Medicaid**: 49 percent

Now in its eighth year of publication, the *2018 Temkin Experience Ratings* is the most comprehensive benchmark of customer experience in the industry. It evaluates 318 companies across 20 industries: airlines, auto dealers, banks, computer & tablet makers, credit card issuers, fast food chains, health plans, hotels & rooms, insurance carriers, investment firms, parcel delivery services, rental cars & transport, retailers, software firms, streaming media, supermarket chains, TV & appliance makers, TV/Internet service providers, utilities, and wireless carriers.

To generate these ratings, Temkin Group asked 10,000 U.S. consumers to evaluate their recent experiences with a company across three dimensions: *success* (can you do what you want to do?), *effort* (how easy is it to work with the company?), and *emotion* (how do you feel about the interactions?). Temkin Group then averaged these three scores to produce each company's Temkin Experience Rating.

In these ratings, a score of 70 percent or above is considered "good," and a score of 80 percent or above is considered "excellent," while a score below 60 percent is considered "poor."

The *2018 Temkin Experience Ratings*, along with other ratings, can be accessed at the Temkin Ratings website, www.TemkinRatings.com.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA)released a statement regarding efforts to the privatization of the VA:**

Debunking the VA Privatization Myth

"*There is no effort underway to privatize VA, and to suggest otherwise is completely false and a red herring designed to distract and avoid honest debate on the real issues surrounding veterans' health care.*

Facts Debunk the Privatization Myth: A Two-Decade Comparison

- *In 1998, VA's budget was $42.38 billion; VA's 2018 enacted budget is more than four times that figure at $188.65 billion.*
- *In 1998, VA had 240,846 employees; As of March 29, 2018, VA had 385,233 employees, a nearly 60 percent increase in 20 years.*
- *VA has increased its end strength by nearly 15,000 since the beginning of the Trump administration, from roughly 370,000 to 385,233 as of March 29, 2018.*
- *In 2000, VA had 1,110 medical facilities; today, VA has 130 more medical facilities, for a total of 1,240.*

VA Community Care Has Existed for More Than 70 Years, and Has Nothing to Do with Privatization

VA has been offering community care since the World War II era, starting with the then-veterans Administration's Hometown Program that began in 1945.

As former Secretary Shulkin said, "No health care provider delivers every treatment under the sun. Referral programs for patients to get care through outside providers (known as Choice or Community Care at the VA) are as essential to the medical profession as stethoscopes and tongue depressors."

Currently, VA operates seven distinct community care programs. VA is working with Congress to merge all of VA's community care efforts into a single, streamlined program that is easy for veterans and VA employees to use. This will allow the department to work with veterans to coordinate their care with private providers when VA cannot provide the care in a timely way or when it is in veterans' best medical interest.

The fact is that demand for veterans' health care is outpacing VA's ability to supply it wholly in-house. With America facing a looming doctor shortage, VA has to be able to share health care resources with the private sector through an effective community care program. There is just no other option and, once again, VA has offered this solution since the World War II era.

The Bottom Line on the Privatization Myth

"If we're trying to privatize, we're not doing a very good job,"..."We've gone from 250,000 employees in the VA in 2009 to 370,000 employees, and we've gone from a $93.5 billion budget to what the president's asked this year is $198 billion. It sounds like we've been an utter failure if we're trying to privatize." – House Committee on Veterans' Affairs Chairman Phil Roe."

- **The U.S. Department of Veterans Affairs (VA) announced it recently implemented a rapid response team to expand staffing and training, increase communication directly with veterans and improve processes to reduce and eliminate the backlog of pending requests for prosthetic items and services.**

To improve veterans' access to specialty rehabilitation services, enrolled patients at VA medical centers can now schedule appointments directly with amputation care and wheelchair clinics, without having to first see a primary care provider.

This means veterans will not have to make an extra appointment and travel to a VA facility for a referral. Direct scheduling is currently available at 137 VA facilities for amputation care and at 124 VA facilities for wheelchair clinics.

Additionally, same-day access for orthoptist/prosthetist clinical services is available at 141 VA facilities.

As the largest and most comprehensive provider of prosthetic devices and sensory aids in the country, VA Prosthetics and Sensory Aids Service currently averages 638,000 new requests monthly across its health-care system for such items. The service provides a full range of equipment and services to veterans, including artificial limbs and bracing, wheeled mobility and seating systems, sensory-neural aids (e.g., hearing aids, eyeglasses), implants and devices surgically placed in the Veteran (e.g., hips and pacemakers), and home respiratory care.

VA is working to ensure veterans are receiving their medical items, equipment and supplies sooner. Since June 2017, the total number of requests for prosthetic items pending for more than 30 days has been reduced by 72 percent.

GENERAL HEALTH CARE NEWS

- **On April 5, 2018, U.S. Surgeon General Jerome M. Adams, M.D., M.P.H., urged more Americans to carry a lifesaving medication that can reverse the effects of an opioid overdose.**

  The medication, naloxone, is already carried by many first responders, such as EMTs and police officers. The Surgeon General is now recommending that more individuals, including family, friends and those who are personally at risk for an opioid overdose, also keep the drug on hand.

  An estimated 2.1 million people in the U.S. struggle with an opioid use disorder. Rates of opioid overdose deaths are rapidly increasing. Since 2010, the number of opioid overdose deaths has doubled from more than 21,000 to more than 42,000 in 2016, with the sharpest increase occurring among deaths related to illicitly made fentanyl and fentanyl analogs (synthetic opioids).

  Opioids are a class of drugs that include medications, such as oxycodone, hydrocodone and methadone, which are commonly prescribed to treat pain. Pharmaceutical fentanyl is a synthetic opioid, which is 50 times more potent than heroin and 100 times more potent than morphine. It is approved for treating severe pain, typically post-surgical or advanced cancer pain. However, most recent cases of fentanyl-related harms are a result of illicitly made fentanyl.

  Naloxone, an FDA-approved medication that can be delivered via nasal mist or injection, is not a long-term solution, but it can temporarily suspend the effects of the overdose until emergency responders arrive.

  All states have passed laws to increase access to naloxone and - in most states - you can walk into a pharmacy and request naloxone even if you don't already have a prescription. In addition, most states have laws designed to protect health care professionals for prescribing and dispensing naloxone from civil and criminal liabilities as well as Good Samaritan laws to protect people who administer naloxone or call for help during an opioid overdose emergency.

  Naloxone is covered by most insurance plans and, for those without coverage, may be available at low or no cost through local public health programs or through retailer and manufacturer discounts. It is easy to use, safe to administer and widely available.

  Today's Surgeon General advisory on naloxone is part of the administration's ongoing effort to respond to the sharp increase among drug overdose deaths. Just last month, the Centers for Disease Control and Prevention released new data showing a rise in emergency department visits for opioid overdoses. From July 2016 through September 2017, opioid overdoses increased 30 percent in all parts of the U.S.

  Expanding the use of the overdose-reversing drug naloxone is a key part of the public health response to the opioid crisis, along with effective prevention, treatment and recovery programs for opioid use disorder. Research shows a combination of medication, counseling and behavioral therapy, also known as Medication Assisted Treatment, or MAT, can help people achieve long-term recovery.

  For more information on how to get help, call SAMHSA's National Helpline at 1-800-662-HELP

(4357) or go to https://www.findtreatment.samhsa.gov to find a treatment center.

To learn more about how individuals can recognize and respond to an opioid overdose, visit www.surgeongeneral.gov to read more.

- **Health departments working with CDC's Antibiotic Resistance (AR) Lab Network found more than 220 instances of germs with "unusual" antibiotic resistance genes in the United States last year, according to a CDC report.**

  Germs with unusual resistance include those that cannot be killed by all or most antibiotics, are uncommon in a geographic area or the U.S., or have specific genes that allow them to spread their resistance to other germs.

  Rapid identification of the new or rare threats is the critical first step in CDC's containment strategy to stop the spread of antibiotic resistance (AR). When a germ with unusual resistance is detected, facilities can quickly isolate patients and begin aggressive infection control and screening actions to discover, reduce, and stop transmission to others.

  The CDC containment strategy calls for rapid identification of resistance, infection control assessments, testing patients without symptoms who may carry and spread the germ, and continued infection control assessments until spread is stopped. The strategy requires a coordinated response among health care facilities, labs, health departments and CDC through the AR Lab Network. Health departments using the approach have conducted infection control assessments and colonization screenings within 48 hours of finding unusual resistance and have reported no further transmission during follow-up over several weeks.

  The strategy complements foundational CDC efforts, including improving antibiotic use and preventing new infections, and builds on existing detection and response infrastructure. New data suggest that the containment strategy can prevent thousands of difficult-to-treat or potentially untreatable infections, including high-priority threats such as *Candida auris* and carbapenem-resistant Enterobacteriaceae (CRE).

  Other study findings showed:

  - One in four germ samples sent to the AR Lab Network for testing had a special genes that allow them to spread their resistance to other germs.
  - Further investigation in facilities with unusual resistance revealed that about one in 10 screening tests, from patients without symptoms, identified a hard-to-treat germ that spreads easily. This means the germ could have spread undetected in that health care facility.
  - For CRE alone, estimates show that the containment strategy would prevent as many as 1,600 new infections in three years in a single state—a 76 percent reduction.

  To read more about the containment strategy and the entire report, visit www.cdc.gov/vitalsigns/containing-unusual-resistance.

REPORTS/POLICIES

- **The GAO published *"Electronic Health Information: CMS Oversight of Medicare Beneficiary Data Security Needs Improvement,"* (GAO-18-210) on March 6, 2018.** This report identifies the major external entities that collect, store, and process Medicare fee-for-service beneficiary data; determines whether requirements for the protection of Medicare beneficiary data align with federal guidance; and assesses CMS oversight of the implementation of those requirements. https://www.gao.gov/assets/700/690481.pdf

- **The National Academies of the Sciences Engineering and Medicine published *"Exploring Tax Policy to Advance Population Health, Health Equity, and Economic Prosperity: Proceedings of a Workshop—in Brief,"* on April 5, 2018**. This report discusses a range of issues from design of tax policies to advance a range of health and economic goals, to practical conditions that affect the use of tax policy in particular contexts. http://nationalacademies.org/hmd/reports/2018/exploring-tax-policy-to-advance-population-health-health-equity-and-economic-prosperity-proceedings.aspx

HILL HEARINGS

- No hearings scheduled for next week.

LEGISLATION

- No legislation was introduced this week.

MEETINGS

- 2018 Heroes of Military Medicine Awards Dinner will be held on **May 3, 2018**, in Washington, DC. http://www.hjfcp3.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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