

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **President Obama announced his intent to appoint Rosemary Freitas Williams, to be assistant secretary for public and intergovernmental affairs, Department of Veterans Affairs.**

Williams is deputy assistant secretary of defense for military community and family policy, a position she has held since 2013. Previously, Williams served as communications director at the Office of Personnel Management (2011 to 2012) and as senior advisor for strategic communications at the Department of Veterans Affairs (2009 to 2011). She served as Director of Communications for Blue Star Families in 2009. From 1982 to 2007, Williams had a journalism career that included assignments at PBS, MSNBC, NBC News, and in the Boston television market. She has received numerous journalism awards including a National Emmy Award for Team Coverage of the attacks on September 11th and the Edward R. Murrow Award for a documentary on apartheid in South Africa.

- **On April 12, 2016, the House passed H.R.4676, the Preventing Crimes Against Veterans Act of 2016.** This legislation amends the federal criminal code to declare that any person who knowingly engages in any scheme or artifice to defraud an individual of veterans' benefits, or in connection with obtaining veteran's benefits for that individual, shall be fined, imprisoned not more than five years, or both.

MILITARY HEALTH CARE NEWS

- **On April 12, 2016, the Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. John M. Richardson announced the following assignments:**

Rear Adm. (lower half) Bruce L. Gillingham, selected for promotion to rear admiral, will be assigned as deputy chief, medical operations, M3, Bureau of Medicine and Surgery, Falls Church, Virginia. Gillingham is currently serving as commander, Navy Medicine West, San Diego, California.

Capt. Paul D. Pearigen, selected for promotion to rear admiral (lower half), will be assigned as commander, Navy Medicine West; and director of the Medical Corps, San Diego, California.

Pearigen is currently serving as liaison officer, Bureau of Medicine and Surgery, Defense Health Agency, Falls Church, Virginia.

Capt. Anne M. Swap, selected for promotion to rear admiral (lower half), will be assigned as commander, Navy Medicine East; and director of the Medical Service Corps, Portsmouth, Virginia. Swap is currently serving as director, Medical Resources, Plans, and Policy Division, N0931, Office of the Chief of Naval Operations, Washington, District of Columbia.

- **The Department of Defense is launching an Urgent Care Pilot Program for TRICARE Prime beneficiaries, which will begin on May 23, 2016.**

This program allows Prime enrollees two visits to a network or TRICARE authorized provider without a referral or prior authorization.

Eligible TRICARE Prime beneficiaries include:

- Active Duty Family Members (ADFM) enrolled in TRICARE Prime or TRICARE Prime Remote
- Retirees and their family members who are enrolled in Prime within the 50 United States or the District of Columbia
- ADSMs enrolled in TRICARE Prime Remote and stationed overseas but traveling stateside

Active Duty Service Members (ADSMs) enrolled in TRICARE Prime are not eligible for this program as their care is managed by their Service. This pilot also excludes Uniformed Services Family Health Plan (USFHP) enrollees. TRICARE Overseas Program (TOP) enrollees can receive an unlimited number of urgent care visits, but only when they are traveling stateside and seeking care.

There are no Point of Service (POS) deductibles or cost shares for these two urgent care visits, but network copayments still apply.

Once you receive urgent care, you must notify your PCM about that care within 24 hours or the first business day after the urgent care visit. Authorization requirements have not changed for follow up care, specialty care or inpatient care.

When you are not sure of the type of care you need, or you require care outside of standard business hours, call the [Nurse Advice Line \(NAL\)](#). If the NAL recommends an urgent care visit, and a referral is submitted, that visit will not count against the two pre-authorized visits allowed under the Urgent Care Pilot. However, if you call the NAL and get a referral to a military hospital or clinic and you go elsewhere for care, that visit will count against your two preauthorized visits.

If you need more information, please visit the [Urgent Care Pilot Program](#) web page on the TRICARE website.

- **TRICARE is hosting a webinar to talk about infants and immunizations.**

The featured speaker for this event is Dr. Bruce M. McClenathan. A former Army officer, Dr. McClenathan is currently the medical director of the Defense Health Agency Immunization Healthcare Regional Office at Fort Bragg, NC. He also serves as an assistant professor of pediatrics and assistant professor of medicine at the Uniformed Services University of Health Sciences in Bethesda, Maryland.

The webinar will be held on April 18, 2016 at noon ET.

To join the webinar platform accessed here:

<https://conference.apps.mil/webconf/ImmunizeInfants>. For audio, dial 1-877-917-6908, pass code 7228904. Questions will be answered immediately after the presentation. Please avoid sharing personal health information when asking a question.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs announced that the Dayton VA Medical Center has been officially selected as the site for the National Department of Veterans Affairs Archives.**

Dayton has a long history of service to our nation's veterans and is home to one of the original United States Veterans' facilities. The Ohio community has been caring for our nation's veterans since the Civil War era when it housed a branch of the A National Home for Disabled Volunteer Soldiers, a predecessor to the Department of Veterans Affairs.

The Department of Veterans Affairs and its predecessor agencies have generated archival records and artifacts from the time before the Revolutionary War. Many of these historic materials are stored at the Washington-area facilities of the National Archives and Records Administration along with records from other federal agencies. VA is one of the largest federal agencies and it owns more historic buildings than any other civilian federal agency. Many of its historical documents, photographs, artifacts, and other materials are spread across the country in its 150 facilities under conditions that do not meet federal curation standards. The VA Archive at Dayton will enable VA to organize and protect its important heritage and eventually share VA's rich history with the public.

- **Under Secretary for Health (Dr.) David J. Shulkin announced the measures the Department of Veterans Affairs is taking to improve veterans' health care access.**

One new initiative, MyVA Access, represents a major shift for VA by putting veterans more in control of how they receive their health care. It is a top priority for VA's Veterans Health Administration (VHA).

MyVA Access is a declaration from VHA employees to the veterans they care for; it is a call to action and the reaffirmation of the core mission to provide quality care to veterans, and to offer that care as soon as possible to veterans how and where they desire to receive that care.

The initiative ensures that the entire VA health care system is engaged in the transformation of VA into a Veteran-centered service organization, incorporating aspirational goals such as same

day access to mental health and primary care services for veterans when it is medically necessary.

At present, 34 VA facilities offer same-day appointments, and as a practicing physician, VA is hoping to be able to offer same day appointments when it is medically necessary at all of its medical centers by the end of 2016.

In addition, a new smart phone app, Veteran Appointment Request App, was introduced. This app allows veterans to view, schedule and cancel primary care and mental health appointments as well as track the status of the appointment request and review upcoming appointments. It is currently available in 10 locations and has received positive feedback from the vast majority of veterans using the app. VA expects to make the app available to all veterans by early 2017.

Other efforts underway include a website enhancement that will allow veterans to check wait times in real time where ever they live – this includes new and existing patients and a new, easy-to-use scheduling software program. The new program is being piloted in 10 sites and is expected to reduce scheduling errors and enhance VA's ability to measure and track supply, demand and usage.

Shulkin enumerated other health care achievements by the VA:

- Nationally, VA completed more than 57.36 million appointments from March 1, 2015 through February 29, 2016. This represents an increase of 1.6 million more appointments than were completed during the same time period in 2014/2015.
- VHA and Choice contractors created over 3 million authorizations for Veterans to receive care in the private sector from February 1, 2015 through January 31, 2016. This represents a 12 percent increase in authorizations when compared to the same period in 2014/2015.
- From FY 2014 to FY 2015, Community Care appointments increased approximately 20 percent from 17.7 million in FY 2014 to 21.3 million in FY 2015.
- VA completed 96.46 percent of appointments in February 2016 within 30 days of clinically indicated or Veteran's preferred date.
- In FY 2015, VA activated 2.2 million square feet of space for clinical, mental health, long-term care, and associated support facilities to care for veterans.
- VA held two Access Stand Downs, focusing on patients with the most urgent health care needs first. During a nationwide Access Stand Down that took place on February 27, the one-day event resulted in VA reviewing the records of more than 80,000 Veterans to get those waiting for urgent care off wait lists; 93 percent of Veterans waiting for urgent care were contacted, with many receiving earlier appointments.
- VA increased its total clinical work (direct patient care) by 10 percent over the last two years as measured by private sector standards (relative value units). This increase translates to roughly 20 million additional provider hours of care for our veterans.

- **The Department of Veterans Affairs has awarded CACI International Inc., a defense and intelligence information technology company, a prime position on a \$22.3 billion multiple-award contract, under which it will provide information technology services and solutions.**

The 10-year contract was awarded under the Transformation Twenty-One Total Technology (T4) Next Generation (NG) contract vehicle.

The company will provide cost-effective solutions and services encompassing the overall IT Health modernization requirements of VA. This IT modernization will include highly advanced

solutions for maintaining and upgrading existing IT facilities and Infrastructure. The company is focused on providing its assistance to VA so that they can fulfill their critical national requirement. The IT evolution will help the federal government offer innovative, high-quality healthcare to the nation's revered veterans.

CACI's expertise in the health industry will be put to use in this 10-year prestigious contract that would help support a total IT evolution in VA organizations.

CACI's health segment works to provide advanced health care solutions by integrating them with IT solutions. These solutions include modernized, interoperable, and secure health IT systems, which ensure patient data integrity and privacy. The company also provides medical logistics for worldwide readiness, and rapid response for public health emergencies and humanitarian relief.

GENERAL HEALTH CARE NEWS

- **The Centers for Medicare & Medicaid Services (CMS) announced its largest-ever initiative to transform and improve how primary care is delivered and paid for in America.**

The effort, the Comprehensive Primary Care Plus (CPC+) model, will be implemented in up to 20 regions and can accommodate up to 5,000 practices, which would encompass more than 20,000 doctors and clinicians and the 25 million people they serve.

The initiative is designed to provide doctors the freedom to care for their patients the way they think will deliver the best outcomes and to pay them for achieving results and improving care.

Building on the [Comprehensive Primary Care initiative](#) launched in late 2012, the five-year CPC+ model will benefit patients by helping primary care practices:

- Support patients with serious or chronic diseases to achieve their health goals
- Give patients 24-hour access to care and health information
- Deliver preventive care
- Engage patients and their families in their own care
- Work together with hospitals and other clinicians, including specialists, to provide better coordinated care

Primary care practices will participate in one of two tracks. Both tracks will require practices to perform the functions and meet the criteria listed above, but practices in Track 2 will also provide more comprehensive services for patients with complex medical and behavioral health needs, including, as appropriate, a systematic assessment of their psychosocial needs and an inventory of resources and supports to meet those needs.

CPC+ will help practices move away from one-size-fits-all, fee-for-service health care to a new system that will give doctors the freedom to deliver the care that best meets the needs of their patients. In Track 1, CMS will pay practices a monthly care management fee in addition to the fee-for-service payments under the Medicare Physician Fee Schedule for activities. In Track 2, practices will also receive a monthly care management fee and, instead of full Medicare fee-for-service payments for Evaluation and Management services, will receive a hybrid of reduced Medicare fee-for-service payments and up-front comprehensive primary care payments for those services. This hybrid payment design will allow greater flexibility in how practices deliver care outside of the traditional face-to-face encounter.

To promote high-quality and high-value care, practices in both tracks will receive up-front incentive payments that they will either keep or repay based on their performance on quality and utilization metrics. The payments under this model encourage doctors to focus on health

outcomes rather than the volume of visits or tests.

Practices in both tracks also will receive data on cost and utilization. Optimal use of Health IT and a robust learning system will support them in making the necessary care delivery changes and using the data to improve their care of patients. Track 2 practices' vendors will sign a Memorandum of Understanding (MOU) with CMS that outlines their commitment to supporting practices' enhancement of health IT capabilities. These partnerships will be vital to practices' success in the care delivery work and align with the Office of the National Coordinator for Health IT priority to ensure electronic health information is available when and where it matters to consumers and clinicians.

Under the CPC+ model, Medicare will partner with commercial and state health insurance plans to support primary care practices in delivering advanced primary care. Advanced primary care is a model of care with five key components:

- Services are accessible, responsive to an individual's preference, and patients can take advantage of enhanced in-person hours and 24/7 telephone or electronic access.
- Patients at highest risk receive proactive, relationship-based care management services to improve outcomes.
- Care is comprehensive and practices can meet the majority of each individual's physical and mental health care needs, including prevention. Care is also coordinated across the health care system, including specialty care and community services, and patients receive timely follow-up after emergency room or hospital visits.
- It is patient-centered, recognizing that patients and family members are core members of the care team, and actively engages patients to design care that best meets their needs.
- Quality and utilization of services are measured, and data is analyzed to identify opportunities for improvements in care and to develop new capabilities.

CMS will select regions for CPC+ where there is sufficient interest from multiple payers to support practices' participation in the initiative. CMS will enter into a Memorandum of Understanding (MOU) with selected payer partners to document a shared commitment to align on payment, data sharing, and quality metrics in CPC+.

CMS will accept payer proposals to partner in CPC+ from April 15 through June 1, 2016. CMS will accept practice applications in the determined regions from July 15 through September 1, 2016.

For more information about the CPC+ model, including a fact sheet, please visit:
<http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus>.

REPORTS/POLICIES

- **The GAO published “*The Nation Faces Multiple Challenges in Building and Maintaining Biodefense and Biosurveillance*,” (GAO-16-547T) on April 14, 2016.** This report challenges to building and maintaining the nation's biodefense and biosurveillance.
<http://www.gao.gov/assets/680/676548.pdf>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **April 19, 2016**, to examine the delays in veterans' access to health care.
- The House Veterans Affairs Subcommittee on Health will hold a legislative hearing on **April 20, 2016**.

- The House Armed Services Subcommittee on Military Personnel will hold a hearing on **April 20, 2016**, to examine H.R. 4909 National Defense Authorization Act for Fiscal Year 2017.
- The House Armed Services Subcommittee on Readiness will hold a hearing on **April 21, 2016**, to examine H.R. 4909 National Defense Authorization Act for Fiscal Year 2017.
- The Senate Armed Services Subcommittee on Personnel will hold a business hearing on **May 10, 2016**, to examine to markup those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2017.
- The Senate Armed Services Committee will hold hearings on **May 11-13 2016**, to examine to markup the proposed National Defense Authorization Act for fiscal year 2017.

LEGISLATION

- **H.R.4916** (introduced April 12, 2016): To reauthorize the program of the Department of Veterans Affairs under which the Secretary of Veterans Affairs provides health services to veterans through qualifying non-Department health care providers was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Bruce Poliquin [ME-2]
- **H.R.4918** (introduced April 12, 2016): To direct the Secretary of Health and Human Services to issue guidance for the safe prescribing of opioids for the treatment of acute pain was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Louise McIntosh Slaughter [NY-25]
- **S.2771** (introduced April 11, 2016): A bill to amend title 38, United States Code, to expand the qualifications for licensed mental health counselors of the Department of Veterans Affairs was referred to the Committee on Committee on Veterans' Affairs.
Sponsor: Senator James M. Inhofe [OK]
- **S.2782** (introduced April 12, 2016): A bill to amend the Public Health Service Act to provide for the participation of pediatric subspecialists in the National Health Service Corps program, and for other purposes was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Roy Blunt [MO]
- **S.2786** (introduced April 13, 2016): A bill to amend title XVIII of the Social Security Act to provide for payments for certain rural health clinic and Federally qualified health center services furnished to hospice patients under the Medicare program was referred to the Committee on Finance.
Sponsor: Senator Shelley Moore Capito [WV]

MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 5, 2016**, in Washington D.C. <http://www.hjfc3.org/heroes-dinner>
- The 6th Annual Traumatic Brain Injury Conference will be held **May 11-12, 2016**, in Washington DC. <http://tbiconference.com/home/>
- The Disaster Health Education Symposium: Innovations for Tomorrow will be held on **Sept. 8, 2016**, at the Uniformed Services University in Bethesda, Md. <https://ncdmph.usuhs.edu>.
- The AUSA 2016 Annual Meeting & Exposition will be held **Oct. 3-5, 2015**, in Washington DC. <http://ausameetings.org/2016annualmeeting/>
- 2016 AMSUS Annual Continuing Education Meeting will be held on **Nov. 29- Dec. 2, 2016**, at the Gaylord National Harbor, Md. <http://www.amsusmeetings.org/>

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.