

# Federal Health Update

APRIL 21, 2017

*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 will be in recess from April 10 – 24, 2017.**
- **On April 19, 2017, President Trump signed into law: S. 544, which eliminates the termination date of the Veterans Choice Program.** This legislation modifies reimbursement and cost-recovery procedures for care provided under the program; and to authorize the sharing of certain veterans' medical records with medical service providers outside the Department of Veterans Affairs.

## MILITARY HEALTH CARE NEWS

- **The David Grant United States Air Force Medical Center (DGMC) is debuting a state-of-the-art birth simulator that will enhance the obstetric capabilities of its nurses, providers and technicians.**

Providers and staff at DGMC's Maternal Child Flight, part of the 60th Inpatient Squadron, will now use the Complicated OB Emergency Simulator, which replaces the previous simulator,

called the Mobile Obstetric Emergency Simulator (MOES). The COES is an improved training platform that will enhance the quality of analysis and feedback available from training sessions.

If successful, the COES will be a standardized training platform that all clinical staff can train on to improve their obstetric skills. One of the main capabilities of the new COES is the data reporting and tracking system it now features. The data collected will automatically send that information to the Air Force Medical Operations Agency and the Defense Health Agency so evaluators get real-time updates on which providers are doing what tasks, as well as an immediate after action report, she added.

Under the MOES, data was sent manually through an email and contained information about the type of training conducted, who attended and training results. The new system helps providers and staff achieve the overall goal to increase patient safety while standardizing clinical processes.

Weekly training is conducted to hone their skills and prepare for emergencies. The scenarios are mandatory for all nurses and technicians assigned to the unit.

The COES also comes with an infant and birthing simulator, a feature not available with the previous MOES simulator. The advantage of this is that scenario-based training can now be conducted on newborns, such as respiratory failure and the amount of pressure being applied when providing care.

The DoD performs more than 50,000 deliveries every year in its medical facilities worldwide, with Travis performing 30 to 35 deliveries each month on average.

## VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) announced it will be partnering with the Veterans Ambulatory Center Development Corporation (VACDC), a nonprofit based in Omaha, Nebraska, to construct a much needed ambulatory care center (ACC) at the current Omaha VA Medical Center campus.**

With the support of Congress through the *Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016* (CHIP IN for Vets Act), VA will use \$56 million of the original appropriated funds along with roughly \$30 million in donations from VACDC, in order to complete the approximately \$86 million project.

“This trailblazing project represents another example of the bold changes happening at VA,” said Secretary of Veterans Affairs David Shulkin. “This project will lay the groundwork for future public-private partnerships aimed at providing Veterans access to state-of-the-art facilities and will significantly improve the quality of care we are able to provide to our nation’s Veterans.”

The Omaha VA’s future ambulatory care center is the first of five pilot projects nationwide that will be built under the new innovated donation authority concept authorized by the CHIP IN for Vets Act.

- **The Department of Veterans Affairs (VA) announced the launch of the Center for Compassionate Innovation (CCI) to explore emerging therapies that may enhance veterans’ physical and mental well-being.**

CCI explores innovations in the health-care industry as well as innovative practices currently being piloted on a small scale within the Veterans Health Administration (VHA). CCI is primarily interested in innovations that address post-traumatic stress disorder, traumatic brain injury, chronic pain and suicidality. However, CCI will explore any safe and ethical innovation intended to improve veterans’ health and well-being.

CCI is not an implementation office intended to conduct research, clinical treatment or establish

a vendor relationship. CCI is strategically positioned to spotlight cutting-edge therapies and treatment modalities emerging in private industry. CCI is an example of VA's quest to continue as a leader in providing innovative and effective treatments for veterans.

VA is accepting proposals to fulfill CCI's mission of finding innovative approaches to health care, which may support those veterans who are unsuccessful with conventional treatment. Proposals may be submitted through <https://www.va.gov/healthpartnerships/> and will be evaluated through a rigorous algorithm that critically assesses the safety and efficacy of the innovation.

- **The Department of Veterans Affairs (VA) announced that it has suspended revocations initiated by VA medical centers based on eligibility for the Program of Comprehensive Assistance for Family Caregivers (PCAFC) for three weeks, effective April 17.**

VA Medical Centers will continue accepting PCAFC applications, approving applicants based upon current eligibility criteria, processing appeals and monitoring eligible veterans' well-being at least every 90 days, unless otherwise clinically indicated.

Revocations exempted from this suspension include those made at the request of the veteran or caregiver; by the local Caregiver Support Program for cause or noncompliance; or due to death, permanent institutionalization or long-term hospitalization of a veteran or caregiver.

VA recognizes that family caregivers who care for veterans in their homes have been putting veterans first since the founding of our nation. VA's Caregiver Support Program will continue to provide a menu of training, education and resources to enhance the family caregiver role. These support improved family caregiver understanding of the impact that their work has on the health and well-being of the veteran they care for.

To learn more about the VA Caregiver Support Program, visit the [Caregiver Website](#) or call the Caregiver Support Line at 855-260-3274.

## GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services announced that it will soon provide \$485 million in grants to help states and territories combat opioid addiction.**

The funding, which is the first of two rounds provided for in the 21<sup>st</sup> Century Cures Act, will be provided through the State Targeted Response to the Opioid Crisis Grants administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The funding will be issued to all 50 states, the District of Columbia, four U.S. territories, and the free associated states of Palau and Micronesia. Funding will support a comprehensive array of prevention, treatment, and recovery services depending on the needs of recipients. States and territories were awarded funds based on rates of overdose deaths and unmet need for opioid addiction treatment.

To combat the ongoing opioid crisis, HHS has prioritized five specific strategies: strengthening public health surveillance, advancing the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research.

To view a breakdown of first year funding by states and territories, please visit: <https://www.hhs.gov/about/news/2017/04/19/trump-administration-awards-grants-states-combat-opioid-crisis.html>

- **The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would update 2018 Medicare payment and policies when patients are admitted into hospitals.**

The proposed rule aims to relieve regulatory burdens for providers; supports the patient-doctor relationship in health care; and promotes transparency, flexibility and innovation in the delivery of care.

CMS is committed to transforming the health care delivery system – and the Medicare program – by putting a strong focus on patient-centered care, so providers can direct their time and resources to patients and improve outcomes. In addition to the payment and policy proposals, CMS is releasing a Request for Information to solicit ideas for regulatory, policy, practice and procedural changes to better achieve transparency, flexibility, program simplification and innovation. This will inform the discussion on future regulatory action related to inpatient and long-term hospitals.

In relieving providers of administrative burdens and encouraging patient choice, CMS is proposing a one-year regulatory moratorium on the payment policy threshold for patient admissions in long-term care hospitals while CMS continues to evaluate long-term care hospital policies. CMS is also proposing to reduce clinical quality measure reporting requirements for hospitals that have implemented electronic health records.

Due to the combination of proposed payment rate increases and other proposed policies and payment adjustments, CMS projects that hospitals would see a total increase in inpatient operating prospective payments of 2.9 percent in fiscal year 2018. CMS also projects that, based on the changes included in the proposed rule, payments to long-term care hospitals would decrease by approximately 3.75 percent in fiscal year 2018.

For a fact sheet on the proposed rule, please visit:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-04-14.html>

The proposed rule (CMS-1677-P) and the Request for Information can be downloaded from the *Federal Register* at: <https://www.federalregister.gov/public-inspection>.

## REPORTS/POLICIES

- **The GAO published “Health Care: Telehealth and Remote Patient Monitoring Use in Medicare and Selected Federal Programs,” (GAO-17-365) on April 14, 2017.** This report reviews the factors that associations identified as affecting the use of telehealth and remote patient monitoring in Medicare and emerging payment and delivery models that could affect the potential use of telehealth and remote patient monitoring in Medicare.  
<http://www.gao.gov/assets/690/684115.pdf>

## HILL HEARINGS

- There are no relevant hearings scheduled next week.

## LEGISLATION

- There was no legislation introduced this week.

## MEETINGS

- The Heroes of Military Medicine Awards will be held on **May 4, 2017**, in Washington, DC. <http://www.hjfc3.org>
- The 7th Annual Traumatic Brain Injury Conference will be held **May 24-25, 2017**, in Washington DC. <http://tbiconference.com/home/>
- The AUSA 2017 Annual Meeting & Exposition will be held **Oct. 9-11, 2017**, in Washington DC. <http://ausameetings.org/2017annualmeeting/>
- The 2017 AMSUS Annual Continuing Education Meeting will be held on **Nov. 27- Dec. 1, 2017**, at the Gaylord National Harbor, Md. <http://www.amsus.org/annual-meeting/>

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