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

Sponsored by:

SPECTRUM®
HEALTHCARE RESOURCES
www.spectrumhealth.com
800-325-3982

Additional Sponsorship Opportunities Available.
Please contact Kate Theroux if you are interested in supporting this service.
ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- The services surgeons general testified to the Senate Appropriations Subcommittee on Defense, to discuss the readiness of the military health program.

  Lt Gen. Nadja West, surgeon general of the Army discussed the Army’s Medical Readiness Transformation (MRT) initiative, designed to reduce the number of soldiers in the most severe non-deployment category to increase readiness of the Total Force.

  Vice Adm. Forrest Faison, surgeon general of the Navy, shared the successes of the Navy’s embedded mental health program. Embedding mental health assets directly within line units decreases the distance between providers and those seeking help, fostering improved support for sailors and Marines while decreasing stigma.

  Lt. Gen. Mark Ediger, surgeon general of the Air Force highlighted new standards, known as the Comprehensive Medical Readiness Program or CMRP, specifying the case volume and case mix within the medical practice to keep a medical Airman’s skills honed for deployment.

To read their individual statements, please visit:
https://www.appropriations.senate.gov/hearings/hearing-to-review-the-fy2019-budget-request-for-the-defense-health-program
On April 27, 2018, Secretary of the Navy Richard V. Spencer and Chief of Naval Operations Adm. John M. Richardson announced Capt. Darin K. Via, was selected for promotion to rear admiral (lower half), and will be assigned as deputy chief, medical operations, M3, Bureau of Medicine and Surgery, Falls Church, Virginia. Via is currently serving as command surgeon, U.S. Central Command, Tampa, Florida.

The Defense Department released its Annual Report on Sexual Assault in the Military, which shows that service member reporting of sexual assault increased almost 10 percent in fiscal year 2017.

The increase in reporting occurred across all four military services.

In fiscal year 2017, DoD received 6,769 reports of sexual assault involving service members as either victims or subjects of criminal investigation, a 9.7 percent increase over the 6,172 reports made in fiscal 2016.

This increased reporting occurs despite the fact that scientific surveys of the military population show fewer service members experiencing sexual assault in recent years. According to the most recent prevalence figures gathered in 2016, annual rates of sexual assault have decreased by half for active duty women and by two-thirds for military men over the past 10 years.

Of the 6,769 reports of sexual assault in fiscal 2017, 5,864 involved service member victims. The remaining 905 reports involved 868 victims who were U.S. civilians or foreign nationals and 37 victims for whom status data were not available, according to the report.

Of the 5,864 service member victims for fiscal 2017, about 10 percent made a report for incidents that occurred to them before entering military service, according to the report.

The report says 5,277 service members made a report of sexual assault for an incident that occurred during military service, an increase of 10 percent from the 4,794 reports from service members received in fiscal 2016.

Officials say DoD will survey the active duty force to update its estimates of the past-year prevalence of sexual assault and sexual harassment in fiscal year 2018.

In fiscal 2017, 4,779 subject case dispositions were reported to the department. Those case dispositions from DoD investigations included service members, U.S. civilians, foreign nationals and cases where the offender could not be identified.

Twenty-five percent of the 4,779 case dispositions were outside DoD legal authority and involved about 100 service member subjects who were prosecuted by civilian or foreign authorities.

In fiscal 2017, 3,567 cases investigated for sexual assault involved service members whom DoD could consider for possible action. DoD authorities had sufficient evidence to take some kind of disciplinary action in 2,218 or 62 percent of those 3,567 cases.

Out of those 2,218 cases in which commanders had evidence to take action, 1,446 received action on at least one sexual assault charge; 774, or 54 percent, of the 1,446 cases were entered into the court-martial process, while the remaining cases received adverse administrative actions or discharges (378 cases) or were administered non-judicial punishment (294 cases). The remaining 772 cases had no evidence of a sexual assault crime, but resulted in disciplinary action on some other form of misconduct discovered during the course of the sexual assault investigation, such as physical assault, making a false official statement or underage drinking.
The U.S. Department of Veterans Affairs (VA) recently released a new online feature through the My HealthVet portal that allows veterans to access their medical images and associated study reports online.

Called VA Medical Images and Reports, the feature allows veterans with a premium account to view, download and share copies of their radiology studies, such as X-rays, mammograms, MRIs and CTs, from the VA Electronic Health Record (EHR).

Veterans can view a list of accessible radiology studies, which are available in My HealthVet, three calendar days after the study report has been verified. When a request for a specific study is completed, veterans can view a lower resolution thumbnail copy of the images and the associated radiology report online, or download a zip file that contains the report and diagnostic quality images.

For studies with large files, veterans can choose to receive an email notification when the download request is complete.

To view diagnostic quality (Digital Imaging and Communication in Medicine or DICOM) images, veterans may install a free medical image viewer on their computer to view DICOM image files. The images and reports may be copied to a CD, DVD, USB flash drive, or any portable drive of their choice to share with providers, both outside of VA and across VA settings of care.

More and more Veterans are receiving health-care treatment virtually, thanks to efforts by the U.S. Department of Veterans Affairs (VA) to expand telehealth.

The Department of Veterans Affairs (VA) highlighted its new program, VA Video Connect, in a press release. This program allows veterans to connect with their health-care teams over live video from a computer, tablet or smart phone from the comfort of their homes, thereby increasing their access to VA health care and reducing travel times.

Since its launch in August 2017, more than 20,000 veterans have used VA Video Connect to receive care, and currently more than 4,000 VA providers across the country are set up to use the system.

VA Video Connect also has proven to be an important tool for VA after emergencies. The Office of Connected Care’s mobile and telehealth programs, in coordination with the Michael E. DeBakey VA Medical Center (VAMC) in Houston and VA’s regional network, quickly organized telehealth capabilities to assist Veterans at two “mega-shelters” and four community based outpatient clinics after Hurricane Harvey in 2017.

As part of that effort, remote clinicians used VA Video Connect and other video technologies to hold virtual health-care appointments with Veterans. VA teams have been coordinating since last year’s hurricane season to prepare for how VA Video Connect can be used to mobilize clinical resources in the face of future emergencies and disasters.

VA Video Connect can be used on almost any computer, tablet or mobile phone with an internet connection, a web camera and microphone. VA Video Connect uses encryption to ensure privacy in each session.

In March 2018, VA released an iOS version of VA Video Connect to the Apple App Store. Soon after, VA Video Connect began trending as a top 10 app in the “medical” category.

To learn more about VA Video Connect, visit the VA App Store at mobile.va.gov/appstore.
The U.S. Department of Health and Human Services (HHS) announced the appointment of 28 members to the new Pain Management Best Practices Inter-Agency Task Force (Task Force).

The Task Force will hold its inaugural public meeting on May 30, 2018, from 9:30 a.m. to 5 p.m. ET, and on May 31, 2018, from 9 a.m. to 3:30 p.m. ET, in the Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C.

The Task Force was established to propose updates to best practices and issue recommendations that address gaps or inconsistencies for managing chronic and acute pain. HHS is overseeing this effort with the U.S. Department of Veterans Affairs and U.S. Department of Defense.

The Task Force, which was authorized by section 101 of the Comprehensive Addiction and Recovery Act of 2016 - PDF, is assigned the following responsibilities:

- Determining whether there are gaps or inconsistencies in pain management best practices among federal agencies;
- Proposing updates to best practices and recommendations on addressing gaps or inconsistencies;
- Providing the public with an opportunity to comment on any proposed updates and recommendations; and
- Developing a strategy for disseminating information about best practices.

The Task Force, which will be chaired by Vanila M. Singh, M.D., chief medical officer, HHS Office of the Assistant Secretary for Health, consists of representatives from relevant HHS agencies, the Departments of Veterans Affairs and Defense and the Office of National Drug Control Policy. Non-federal representatives include individuals representing diverse disciplines and views.

To see the task force members and learn more about the meetings, visit the Task Force’s web page.

Illnesses from mosquito, tick, and flea bites have tripled in the U.S., with more than 640,000 cases reported during the 13 years from 2004 through 2016, according to the Centers for Disease Control and Prevention.

In addition, nine new germs spread by mosquitoes and ticks were discovered or introduced into the United States during this time.

This report is CDC’s first summary collectively examining data trends for all nationally notifiable diseases caused by the bite of an infected mosquito, tick or flea. It provides detailed information on the growing burden of mosquito-borne and tickborne illnesses in the U.S.

Widespread and difficult to control, diseases from mosquito, tick and flea bites are major causes of sickness and death worldwide. The growing number and spread of these diseases pose an increasing risk in the U.S.

CDC scientists analyzed data reported to the National Notifiable Diseases Surveillance System for 16 notifiable vector-borne diseases from 2004 through 2016 to identify trends. Many infections are not reported or recognized, so it is difficult to estimate the overall cost and burden of these diseases. In 2016, the most common tickborne diseases in the U.S. were Lyme disease and ehrlichiosis/anaplasmosis. The most common mosquito-borne viruses were West Nile, dengue, and Zika. Though rare, plague was the most common disease resulting from the bite of
an infected flea.

The increase in diseases caused by the bite of an infected mosquito, tick or flea in the U.S. is likely due to many factors. Mosquitoes and ticks and the germs they spread are increasing in number and moving into new areas. As a result, more people are at risk for infection. Overseas travel and commerce are more common than ever before. A traveler can be infected with a mosquito-borne disease, like Zika, in one country, and then unknowingly transport it home. Finally, new germs spread by mosquito and tick bites have been discovered and the list of nationally notifiable diseases has grown.

Key findings

- A total of 642,602 cases of disease caused by the bite of an infected mosquito, tick, or flea were reported in the U.S. and its territories from 2004 through 2016.
- The number of reported tickborne diseases more than doubled in 13 years and accounted for more than 60 percent of all reported mosquito-borne, tickborne, and fleaborne disease cases. Diseases from ticks vary from region to region across the U.S. and those regions are expanding.
- From 2004 through 2016, seven new germs spread through the bite of an infected tick were discovered or recognized in the U.S. as being able to infect people.
- Reducing the spread of these diseases and responding to outbreaks effectively will require additional capacity at the state and local level for tracking, diagnosing, and reporting cases; controlling mosquitoes and ticks; and preventing new infections; and for the public and private sector to develop new diagnostic and vector control tools.

To read the entire report, visit: [www.cdc.gov/vitalsigns/vector-borne/](http://www.cdc.gov/vitalsigns/vector-borne/).

### REPORTS/POLICIES


### HILL HEARINGS

- The House Appropriations Committee will hold a hearing on May 8, 2018, to examine FY 2019 Military Construction and Veterans Affairs Appropriations Bill.
- The House Veterans Affairs Committee will hold a hearing on May 16, 2018, to hear testimony and proposals from VA.

### LEGISLATION
H.R.5671 (introduced May 1, 2018): To direct the Secretary of Defense to include in periodic health assessments, separation history and physical examinations, and other assessments an evaluation of whether a member of the Armed Forces has been exposed to open burn pits or toxic airborne chemicals, and for other purposes was referred to the Committees on Armed Services and Veterans’ Affairs. Sponsor: Representative Tulsi Gabbard [D-HI-2]

MEETINGS

- The 8th Annual Traumatic Brain Injury Conference will be held May 16-17, 2018, in Washington DC. [https://tbiconference.com/home/](https://tbiconference.com/home/)
- The 2018 AMSUS Annual Continuing Education Meeting will be held on Nov. 26-30, 2018, at the Gaylord National Harbor, Md. [http://www.amsusmeetings.org/home-2/](http://www.amsusmeetings.org/home-2/)

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.