

Federal Health Update

MAY 6, 2016

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EXECUTIVE AND CONGRESSIONAL NEWS

- **There was no executive and congressional announcements on federal health care.**

MILITARY HEALTH CARE NEWS

- **The Department of Defense released its [Annual Report on Sexual Assault in the Military for Fiscal Year \(FY\) 2015](#).**

Overall, sexual assault reporting remained consistent with the high levels seen in recent years. The department received a total of 6,083 reports of sexual assault for allegations involving service members. In addition, climate survey results indicate that over 16,000 service members intervened in situations they believed to be at risk for sexual assault.

Encouraging greater sexual assault reporting is one of five key Sexual Assault Prevention and Response (SAPR) program efforts outlined in this year's report. Other areas where the department took significant action include advancing sexual assault prevention; improving response to male sexual assault victims; combatting retaliation associated with sexual assault; and tracking accountability of sexual assault cases.

The report also includes findings from the 2015 Military Investigation and Justice Experience Survey, designed to obtain survivor feedback about participating in the military justice process. Data shows that most survey respondents were highly satisfied with the support they received, with 77 percent saying that they would recommend other survivors come forward to report sexual assault.

- **The Defense Department's National Center for Telehealth & Technology (T2) has developed a new mobile application to help users rewrite bad dreams to reduce the frequency and intensity of nightmares.**

The app, called [Dream EZ](#), is based on a nightmare treatment called imagery rehearsal therapy (IRT).

According to Dr. David Cooper, psychologist and T2 mobile applications lead, Dream EZ is the first mobile app that uses IRT therapy to address nightmares. The app helps patients stay engaged in their own health care by continuing to practice IRT techniques between appointments.

IRT has steadily gained favor as a treatment for nightmares. In 2001, a landmark study found that this kind of therapy can help reduce nightmares' frequency and intensity, or even eliminate them.

The technique follows a step-by-step process for identifying, confronting and gaining control over the content of a nightmare. Working with a doctor or therapist, a patient uses IRT to recall a nightmare. Then, using their emotions and senses, they visualize a new ending to the dream and regularly replay it over and over (similar to how an athlete visualizes their desired performance). Although patients do not usually dream their reimagined dream, most report fewer nightmares, or none at all, or they experience a different, less-disturbing dream.

IRT is effective, but it can be intense. Many people struggle with the idea of replaying frightening details about a disturbing dream over and over. Experts like Cooper recommend integrating the technique with psychiatry and behavioral health therapies to treat the underlying condition.

The Dream EZ app enables users to:

- Write and log a description of the nightmare
- Track when and how often the nightmare occurs
- Practice visualization techniques to rewrite the dream's plot and ending
- Record a new version of the dream, which can be played over and over before bedtime

The free app is available for Android and iOS devices at the App Store and Google Play.

- **DermTech, Inc., an emerging diagnostics company focusing on non-invasive gene expression tests for skin cancer and inflammatory diseases, announced it has completed contracts for payment with TRICARE and America's Choice Provider Network.**

Additionally, DermTech announced it has received credentialing approval from UnitedHealthcare for participation as a network provider. TRICARE provides coverage to nearly 9.4 million beneficiaries in the military health system. ACPN's multi-specialty network provides access to over 24 million Americans. UnitedHealthcare provides health care access to more than 27.5 million Americans.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs announced the appointment of a new director of the Center for Women Veterans.**

Kayla M. Williams assumed duties this week as director, serving as primary advisor to the Secretary on Department policies, programs and legislation that affect women veterans. She is a member of the Army Education Advisory Committee, a former member of the VA Advisory Committee on Women Veterans, a 2013 White House Woman Veteran Champion of Change, and a 2015 Lincoln Award recipient.

She worked eight years at the RAND Corporation conducting research on service member and veteran health needs and benefits, international security, and intelligence policy.

Williams graduated cum laude with a BA in English Literature from Bowling Green State University and earned an MA in International Affairs with a focus on the Middle East from American University.

The Center for Women Veterans was established by Congress in November 1994 by Public Law (P.L.) 103-446 and monitors and coordinates VA's administration of health care and benefits services and programs for women Veterans. The Center serves as an advocate for a cultural transformation in recognizing the service and contributions of women veterans and women in the military.

- **The Department of Veterans Affairs (VA) released the progress of its MyVA initiative, the largest transformation in the history of VA, and growth of the locally led, community-driven initiative, *MyVA Communities*.**

Modeled after San Diego's successful One VA Community Advocacy Board, more than 50 communities have joined the *MyVA Communities* movement. What these communities have in common is that they have local veteran engagement boards which are led by the community, provide a feedback and input mechanism for local veterans, are accessible, and are designed to bring together all available local resources and capabilities to better support our Veterans. They are also flexible enough to meet the unique needs of each community and facilitate the development of local solutions.

Connecticut established the first veterans community board in the country using the new *MyVA Communities* model and was followed by several other start-ups including MyVA Pikes Peak in Colorado Springs, Colorado. In other areas, VA was able to join well-established existing engagements including the Alaska Forget Me Not Coalition and the Region 9 Veterans Community Action Team in Ann Arbor, Michigan.

The community veterans engagement boards, which go by different names in each community, are co-chaired and driven by local community leaders and include representatives from all three VA Administrations on the board membership (Veterans Benefits Administration, Veterans Health Administration and the National Cemetery Administration). To support further integration of VA service offerings in communities, VA is incorporating the Veterans Economic Communities Initiative (VECI) into the MyVA Veterans Experience portfolio of service offerings. VECI, which was announced by the Secretary in 2015, has improved education and employment opportunities for Veterans in over 25 communities around the country. This is one example of a resource VA can offer to current and future MyVA Communities across the country.

VA expects to see 100 *MyVA Communities* throughout the country by the end of this year as a result of ongoing engagements with community leaders and existing groups with similar

missions. The goal is to seek integration with existing community collaborative groups, and encourage local community leaders to adopt the *MyVA Communities* model where gaps may exist.

For more information on the *MyVA Communities* effort, visit:

<http://www.va.gov/nace/myVA/index.asp>. More information about MyVA may be found at http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf.

- **VA's Life Insurance Program received a strong customer satisfaction score of 81 on a scale of 100 from the American Customer Satisfaction Index (ACSI), an independent survey that scores customer satisfaction for more than 300 private companies and federal and local government agencies.**

The objective of the survey is to measure customer satisfaction and identify the critical factors related to improved customer satisfaction. The customer service index score of 81 is well above the government average of 64, and higher than the private life insurance industry average score of 77. The final score is based on favorable responses to questions of customer satisfaction compared to customer expectations.

In total, nine distinct services were surveyed, including Telephone Service, Requests for Policy Loans and Cash Surrenders, Correspondence, Waiver-of-Premium Decisions, Beneficiary Claims and Designations, and new Life Insurance Applications.

As part of its mission to serve service members, veterans, and their families, VA's Life Insurance Program provides individuals with the peace of mind that comes with knowing their family's financial security is protected, given the extraordinary risks involved in military service. VA provides more than \$1.3 trillion in coverage and insured 6.4 million service members, Veterans, and their families in fiscal year 2015.

For more information concerning VA's Insurance Program, go to <http://www.benefits.va.gov/insurance/index.asp>.

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) announced it is awarding more than \$260 million in funding to 290 health centers in 45 states, the District of Columbia, and Puerto Rico for facility renovation, expansion, or construction.**

Health centers will use this funding to increase their patient capacity and to provide additional comprehensive primary and preventive health services to medically underserved populations.

These awards will allow health centers to renovate or acquire new health center clinical space to help provide care to over 800,000 new patients nationwide. This investment builds on the nearly \$150 million awarded to 160 health centers for construction and/or renovation in September 2015. This funding comes from the Affordable Care Act's Community Health Center (CHC) Fund, which was extended with bipartisan support in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

Since the beginning of 2009, health centers have added 6 million patients; they now serve nearly 23 million people each year. Today, nearly 1,400 health centers operate about 9,800 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin.

To view a list of the award winners, visit:

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/hiip/2016awards/>

- **The 2015 Hypertension Control Champions used evidence-based strategies and patient engagement to help their patients achieve blood pressure control rates at or above the Million Hearts target of 70 percent.**

The 18 Champions, ranging from small practices to large health care systems throughout the U.S., provide care to nearly 1.5 million adults.

Nearly 1 in 3 American adults has high blood pressure, a leading cause of heart disease and stroke. Nearly half of adults with high blood pressure do not have their condition under control. Even more alarming, millions of Americans have high blood pressure that is undiagnosed or untreated. High blood pressure may also contribute to the development of dementia. The U.S. Department of Health and Human Services launched the Million Hearts national initiative, with public and private partners, in 2011.

The 2015 Million Hearts Hypertension Control Champions are:

- AHRC Health Care Inc. (dba Access Community Health Center); New York City
- Albany Area Primary Health Care Inc.; Albany, Georgia
- Altru Health System; Grand Forks, North Dakota
- Atrius Health; Newton, Massachusetts
- Baltimore Medical System at Middlesex; Baltimore
- Hamakua Kohala Health; Honokaa, Hawaii
- International Community Health Services; Seattle
- Jason Infeld, M.D., FACC, Stern Cardiovascular Foundation; Germantown, Tennessee
- Kaiser Permanente Georgia and The Southeast Permanente Medical Group; Atlanta
- Kelsey-Seybold Clinic; Pearland, Texas
- Mercy Clinic East Communities; St. Louis, Missouri
- OHSU Family Medicine at Richmond; Portland
- Petaluma Health Center; Petaluma, California
- Reliant Medical Group; Worcester, Massachusetts
- Thundermist Health Center; Woonsocket, Rhode Island
- Unity Family Medicine at St. Bernard's; Rochester, New York
- WESTMED Medical Group; Purchase
- Zufall Health Center; Dover, New Jersey

Saving lives through better blood pressure control has been a longstanding CDC priority. By recognizing the Champions' performance and sharing their lessons learned, CDC aims to help other health care professionals achieve the same success in communities nationwide.

To be eligible, entrants shared verifiable high blood pressure control data and highlighted successful strategies and best practices adopted by the practice or system, such as the use of health information technology and team-based care. All Champions achieved control rates of 70 percent or greater for their adult patients by using a variety of approaches, including:

- Making high blood pressure control a priority
- Using evidence-based treatment guidelines and protocols
- Using health care teams to increase the frequency of contact with patients

- Implementing consistent, strategic use of electronic health records that include clinical decision support tools, patient reminders, and registry functionality

Staying engaged with patients by offering free blood pressure checks and implementing the use of a patient navigator or care coordinator

Million Hearts is a national initiative to prevent 1 million heart attacks and strokes in five years. CDC co-leads Million Hearts with the Centers for Medicare & Medicaid Services. For more information about the initiative and to access resources, visit <http://millionhearts.hhs.gov>.

REPORTS/POLICIES

- **The GAO published “Defense Health Care: DoD Is Meeting Most Mental Health Care Access Standards, but It Needs a Standard for Follow-up Appointments,” (GAO-16-416) on April 28, 2016.** This report examines, among other things, the mental health care DOD makes available to service members domestically and overseas; and the accessibility of mental health care provided to service members domestically and overseas. <http://www.gao.gov/assets/680/676851.pdf>

HILL HEARINGS

- 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.5128** (introduced April 29, 2016): To direct the Secretary of Veterans Affairs to establish a grant program to improve the monitoring of mental health and substance abuse treatment programs of the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Martha Roby [AL-2]
- **H.R.5133** (introduced April 29, 2016): To improve rural health services, including by requiring the Department of Health and Human Services to conduct an annual study on such services, and for other purposes was referred to the Committee on Energy and Commerce, and in addition to the Committee on Agriculture.
Sponsor: Representative Cresent Hardy [NV-4]
- **H.R.5142** (introduced April 29, 2016): To amend the Public Health Service Act to provide for the sharing of health information concerning an individual's substance abuse treatment by certain entities was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Tim Walberg [MI-7]
- **H.R.5161** (introduced April 29, 2016): 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 House Committee on Veterans' Affairs.
Sponsor: Representative Markwayne Mullin [OK-2]

- **H.R.5162** (introduced April 29, 2016): To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to disclose to non-Department of Veterans Affairs health care providers certain medical records of veterans who receive health care from such providers was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Beto O'Rourke [TX-16]

MEETINGS

- 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/>

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