

# Federal Health Update

MAY 12, 2017

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

**Sponsored by:**

**SPECTRUM<sup>®</sup>**  
**HEALTHCARE RESOURCES**  
[www.spectrumhealth.com](http://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](mailto:ktheroux@federalhealthcarenews.com)

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House is in recess until May 15, 2017.**
- **On May 9, 2017, the Senate voted to confirm Dr. Scott Gottlieb to be the next commissioner the Food and Drug Administration.**

The nomination garnered criticism from Democrats because Gottlieb's financial interests in the industry.

Gottlieb has promised to divest himself from several health care companies and recuse himself for one year from decisions involving those businesses.

Most recently, Gottlieb was resident fellow at the American Enterprise Institute (AEI). From 2005-2007, Gottlieb served as FDA deputy commissioner and before that, from 2003-2004, as a senior advisor to FDA Commissioner Mark McClellan and as the FDA's director of Medical Policy Development.

Gottlieb completed his residency in internal medicine at the Mount Sinai Hospital and is a graduate of the Mount Sinai School of Medicine and of Wesleyan University, in Connecticut. Gottlieb practices medicine as an attending physician at Stamford Hospital in Connecticut where he is an internist on the hospital's inpatient medical wards.

## MILITARY HEALTH CARE NEWS

- **The William Beaumont Army Medical Center's (WBAMC's) Surgical Ward was recognized for exceeding U.S. Army Medical Command's benchmark in the Tricare Inpatient Satisfaction Survey (TRISS) for the fourth quarter of fiscal year 2016.**

The Department of Defense initiated TRISS, an inpatient survey measuring patients' perceptions of hospital experiences, to mirror the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, which is administered after inpatient stays at civilian medical facilities. Survey results serve to drive internal quality improvement initiatives, assess the impact of changes in operating procedures and provide feedback to providers and patients.

During the fourth-quarter report for Fiscal Year 2016, WBAMC's Surgical Ward scored above MEDCOM's benchmark of 72 percent, which are in line with HCAHPS standards for civilian medical facilities.

A culture of patient-centered care is what staff strive to validate for patients of WBAMC's Surgical Ward. But while patient care has always been a top priority at WBAMC, internal communications has also played a part in the teamwork in the Surgical Ward.

"I'm really one that's about investing in people, both personally and professionally," said Maj. Tanisha Currie, officer in charge, Surgical Ward, WBAMC. "They spend a majority of their time in the (Surgical Ward), away from family and friends, we have to gel together. When people feel that they have a place of belonging and that others care, it translates over to how they administer care to the patient."

Currie has shifted focus beyond her staff through a multidisciplinary effort to reach each patient's goal of going home in a timely fashion.

Although exceeding benchmarks does include financial incentives, Currie stresses the rewards further encourage enthusiastic behavior toward patient care.

"We are looking at resources and rewarding people for doing a good job such as with TRISS," said Currie, a native of Chicago. "These are the things we can do with the (answers from TRISS) and build relationships to get toward the goal of building patient satisfaction. Our goal as healthcare providers is not to keep patients in the hospital, our goal is to see patients outside the hospital and be healthy and be a place where patients can heal and move forward," said Currie.

## VETERANS AFFAIRS NEWS

- **The U.S. Department of Veterans Affairs (VA) announced a six-week extension of the strategic review of its Program of Comprehensive Assistance for Family Caregivers.**

On April 17, the Department of Veterans Affairs (VA) announced a [decision](#) to temporarily halt certain revocations from the Program of Comprehensive Assistance for Family Caregivers because of concerns about inconsistent application of eligibility requirements for the program throughout its medical centers.

VA will use the six-week extension of that temporary halt to complete its review of the program. At the end of that review, the VA intends to provide clarity on enrollment criteria for the program and to seek authorization to use the program's existing resources for those who need them most.

"We are extending our strategic review of the Program of Comprehensive Assistance for Family Caregivers to make sure everyone — from our Veterans and their caregivers to our employees who work with them — has clear guidance on enrollment criteria for the program," said VA Secretary [Dr. David J. Shulkin](#). "Our Caregiver Support Program is making a difference in the lives of our Veterans and the caregivers who support them, and we want to make sure the

program is operating in the best way for them, and above all that the program's existing resources go to those Veterans who need them most."

For more information about the VA Caregiver Program, visit [www.caregiver.va.gov](http://www.caregiver.va.gov).

- **The U.S. Department of Veterans Affairs (VA), the Veterans of Foreign Wars (VFW) and drugstore chain Walgreens announced a collaborative agreement, which will help improve mental health care for veterans through enhanced education, access to resources and outreach.**

VA, VFW and Walgreens will work together to reach veterans in communities across the country with targeted initiatives to address mental health awareness and treatment, veteran suicide prevention and opioid overdose education.

As part of the collaboration, VA, VFW and Walgreens will:

- Educate VFW members to help reduce the stigma associated with mental health conditions, as well as encourage seeking help through VA. The outreach effort includes Walgreens and VA programming at several upcoming state VFW meetings.
- Jointly promote and coordinate with VA's [Make the Connection campaign](#) with the goal of helping to change how people think and talk about mental health. Through veterans' own stories of treatment and recovery, **Make the Connection** shows the many benefits of opening up about mental health concerns and making mental health awareness and treatment part of a healthy lifestyle.
- Share patient education materials to help build awareness of both Walgreens and VA initiatives to prevent opioid overdose through education, proper disposal of unused medication and access to naloxone, a lifesaving medication that is an antidote to opioids, preventing fatal opioid overdose.
- Explore training programs and opportunities for Walgreens pharmacists and Healthcare Clinic nurse practitioners, to enhance providers' ability to recognize veteran-specific needs, and to understand the military culture, which may influence veterans' willingness to seek help.

VA is a leader in educating patients about the risks of opioids, including opioid medications and dispensing naloxone to interested patients. To date, VA has issued naloxone to more than 60,000 Veterans to prevent overdose. Separately, other pharmacies, including Walgreens, have installed safe, medication-disposal kiosks and made naloxone available without requiring a prescription.

For more information about VA mental health services, visit [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov). Information about VFW may be found at [www.vfw.org](http://www.vfw.org). More information about Walgreens may be found at [www.walgreens.com](http://www.walgreens.com).

- **The Department of Veterans Affairs (VA) announced it is adopting American Cancer Society (ACS) breast cancer screening guidelines that give women a choice to begin screening at age 40.**

The guidelines also recommend starting yearly mammograms by age 45 and then every other year from age 55. The guidelines apply to women at average risk for breast cancer and complement VA's already-extensive program for breast care for veterans.

In addition to adopting ACS guidelines for breast cancer screening, other notable achievements include:

- Expanded access to onsite mammograms by 62 percent;
- All eligible women veterans have access to mammograms either onsite or through care in the community;
- VA quality scores from the Healthcare Effectiveness Data and Information Set (HEDIS), show that women veterans are much more likely to receive age-appropriate breast cancer screening than women in private sector health care;
- In 2015, VA provided mammogram screenings to 86 percent of its women veteran patients age 50-74, compared with the private sector at 73 percent; and
- VA has established a state-of-the-art information technology Breast Cancer Registry (BCR). The BCR integrates data from several VA sources to provide comprehensive patient specific information about breast cancer screening, test results, past and current breast cancer treatment, and population surveillance of breast care (both in the community and within VA).

For more information about VA's commitment to women Veterans, visit <https://www.va.gov/womenvet/> or call 855-VA-WOMEN (855-829-6636) for information about VA services and resources.

## GENERAL HEALTH CARE NEWS

- **The Centers for Disease Control and Prevention (CDC) issued a Health Alert Notice with updated guidance for healthcare professionals to interpret Zika test results for women who live in, or frequently travel (daily or weekly) to areas with a CDC Zika travel notice.**

This change is being made because CDC's Zika testing guidance for pregnant women relies, in part, on a test [Zika virus Immunoglobulin M (IgM) ELISA] to detect Zika antibodies or proteins that the body makes to fight Zika infections. New data suggest that Zika virus infection, similar to some other flavivirus infections, may result in Zika antibodies staying in the body for months after infection for some individuals. As a result, results of these tests may not be able to determine whether women were infected before or after they became pregnant.

Specifically, CDC recommends the following guidance for healthcare professionals evaluating women without symptoms who had potential Zika exposure—particularly women who live in or frequently travel (daily or weekly) to areas with CDC Zika travel notices. Use of these tests may be helpful, but may not always be conclusive, in distinguishing how recent the infection is.

- Screen pregnant women for risk of Zika exposure and symptoms of Zika. Test pregnant women promptly, using nucleic acid testing (NAT), if they develop symptoms at any point during pregnancy or if their sexual partner tests positive for Zika virus infection;
- Consider NAT testing at least once during each trimester of pregnancy to detect evidence of Zika virus, unless a previous test has been positive;
- Consider testing specimens obtained during amniocentesis to detect evidence of Zika virus if amniocentesis is performed for other reasons;
- Counsel all pregnant women each trimester about the limitations of Zika testing.

For women planning to become pregnant who might have been exposed to Zika previously, healthcare professionals can consider testing for Zika antibodies before pregnancy. Antibody test results before pregnancy should not be used to determine if it is safe for a woman to become

pregnant. Rather, testing before pregnancy can help determine whether a woman becomes infected during pregnancy. For example, if a woman has a negative result before pregnancy and a positive result when she is tested during pregnancy, it is more likely that the woman experienced an infection during pregnancy.

For information on geographic areas with Zika transmission, visit [Areas with Risk of Zika](#). For the most current information about Zika virus, visit <http://www.cdc.gov/zika/>. Also, to see a searchable database of specialists available in several states, the U.S. Virgin Islands, and Puerto Rico, visit <http://www.zikacareconnect.org/>.

## REPORTS/POLICIES

- **The GAO published “Avian Influenza: USDA Has Taken Actions to Reduce Risks but Needs a Plan to Evaluate Its Efforts,” (GAO-17-360) on May 11, 2017.** This report examines how outbreaks of avian influenza have affected human health, animal health; the extent to which USDA has taken actions to address any lessons learned from its responses to the outbreaks in 2014 and 2016. It also looks at how it plans to evaluate the actions' effectiveness; and ongoing challenges and associated issues, if any, federal agencies face in their efforts to mitigate the potential harmful effects of avian influenza. <http://www.gao.gov/assets/690/684086.pdf>
- **The GAO published “VA Real Property: VA Should Improve Its Efforts to Align Facilities with Veterans' Needs,” (GAO-17-349) published on May 5, 2017.** report examines: the factors that affect VA facility alignment with veterans' needs; the extent to which VA's capital-planning process facilitates the alignment of facilities with the veteran population; and the extent to which VA has followed best practices by integrating stakeholders in facility alignment decisions. <http://www.gao.gov/assets/690/683938.pdf>

## HILL HEARINGS

- The Senate Finance Committee will hold a hearing on **May 16, 2017**, to examine bipartisan Medicare policies that improve care for patients with chronic conditions.
- The House Subcommittee on Energy and Commerce on Health will hold a hearing on **May 17, 2017**, to examine initiatives to advance public health.
- The Senate Veterans Affairs Committee will hold a hearing on **May 18, 2017**, to examine pending business.

## LEGISLATION

- **S.1086** (introduced May 5, 2017): A bill to amend title 10, United States Code, to remove the prohibition on eligibility for TRICARE Reserve Select of members of the reserve components of the Armed Forces who are eligible to enroll in a health benefits plan under chapter 89 of title 5,

United States Code was referred to the Committee on Armed Services.. Sponsor: Senator Orrin G. Hatch [R-UT]

- **S.1077** (introduced May 5, 2017)) A bill to direct the Secretary of Health and Human Services to amend the mission statement of the Food and Drug Administration was referred to the Committee on Health, Education, Labor, and Pensions. Sponsor: Senator Joe Manchin, III [D-WV]

## MEETINGS

- 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/>

---

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).