

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **On May 12, 2017, the White House announced the president intends to nominate Brooks D. Tucker of Maryland to be an assistant secretary of Veterans Affairs, Congressional and Legislative Affairs.**

Tucker currently serves as a senior adviser to the Secretary of Veterans Affairs. He previously served as a policy adviser on the Presidential Transition Team and as senior policy adviser, National Security, and Veterans' Affairs for Senator Richard Burr. Prior to his government service, Tucker was an investment adviser with Deutsche Bank and Merrill Lynch. He is a retired lieutenant colonel and infantry officer in the United States Marine Corps. Tucker received his Bachelor of Arts in English Language and Literature from the University of Maryland.

MILITARY HEALTH CARE NEWS

- **On May 16, 2017, Acting Navy Secretary Sean Stackley and Chief of Naval Operations Adm. John M. Richardson announced that Rear Adm. (lower half) Tina A. Davidson will be assigned additional duties as director of the Nurse Corps, Washington, DC.** Davidson is currently serving as director, Medical Resources, Plans, and Policy Division, , Office of the Chief of Naval Operations, Washington, District of Columbia.

- **A new procedure at William Beaumont Army Medical Center is opening doors for patients with severe reconstructive needs, which are repercussions from cancer, trauma or other deforming events.**

The launch of the Reconstructive Microsurgery Program at WBAMC has brought the latest in reconstructive surgery to beneficiaries with several successful cases already accomplished.

"It's different from other types of reconstruction (surgery)," said Army Lt. Col. Owen Johnson III, chief, Plastic and Reconstructive Surgery Service, who, along with a team of medical professionals, performed the state-of-the-art surgeries. "You're removing a piece of the body completely on its own blood supply, completely separating tiny little arteries and veins from the body, and connecting all the arteries and veins back under a microscope."

The procedure, specifically free flap and microvascular transplant, has been applauded as groundbreaking medicine, with cases as common as breast reconstruction to the extremely complex full-face transplant.

The use of microsurgery in free-flap procedures isn't new though with origins dating back to the mid-20th century starting with toe to hand transplants. As technology and microsurgery techniques advanced, surgeries have expanded focus from trauma to treatment of cancer with function and aesthetic restoration.

To improve chances for success, Johnson's cases have utilized a multi-disciplinary approach to treating patients. Recent cases included reconstruction of lower lip defects due to cancer with the otolaryngology/head and neck service, and upper jaw reconstruction with dental rehabilitation in partnership with the hospital's oral and maxillofacial surgery service.

"These cases are more complex than what we have been doing before," explained Johnson. "Every step of the way from anesthesia, logistics and nursing care post-surgery is new to WBAMC."

Extensive experience with microvascular transplants via four years of trauma and cancer reconstruction has prepped Johnson with the practice necessary to introduce the program at WBAMC.

Advancements for the cases include patient examinations every 30 to 60 minutes for 24 hours post-surgery to ensure the transplants are successful.

To date, WBAMC's reconstructive microsurgery program has involved four successful transplants, with more scheduled in the near future. Because of WBAMC's unique partnership with the El Paso Veterans Affairs Healthcare System, Veterans requiring reconstruction may now be assessed to see if they are candidates for this treatment at WBAMC.

- **The Defense and Veterans Brain Injury Center (DVBIC) recently added traumatic brain injury (TBI) network sites at Fort Gordon, Georgia; Fort Drum, New York; and at the South Texas Veterans Health Care System in San Antonio.**

DVBIC will bring its knowledge of up-to-the-minute findings on the causes, symptoms and treatment of TBI, so that providers won't have to hunt down new information on their own. Each location also provides added benefits to DVBIC, which in turn will enable DVBIC to help patients more effectively. For example, the new site at the Department of Veterans Affairs Audie L. Murphy Medical Center in San Antonio, offers DVBIC staff access to VA poly-trauma system of care services.

These services include rehabilitation centers, support clinic teams, points of contact and transitional rehabilitation programs. DVBIC will be able to learn from patients in San Antonio

about what treatments are most effective. The Defense and Veterans Brain Injury Center recently added traumatic brain injury network sites at Fort Drum, New York, Fort Gordon, Georgia and San Antonio.

The Fort Drum site in the Guthrie Ambulatory Healthcare Clinic in Watertown, New York, makes it easier for TBI providers in the northeast to learn about new treatments. Before this site opened, these service members traveled all over New England to meet with providers from DVBIC and Walter Reed National Military Medical Center.

Reducing patient wait times is an important goal for DVBIC. The Dwight D. Eisenhower Medical Center at Fort Gordon operates a TBI outpatient program for a significant number of patients with persistent brain injury concerns. DVBIC will now be on hand to figure out how this population and others like it can receive more efficiently targeted care.

“By looking at referral patterns and researching the range of treatment options throughout the military health care system, we are working with our service TBI partners to find solutions to match patients with the care they need,” Helmick said.

- **Warriors Heart announces they are now a certified TRICARE Provider, and the first private treatment center in the U.S. solely dedicated to healing warriors (military, veterans, law enforcement, fire fighters and first responders) dealing with chemical dependency and other co-occurring psychological disorders.**

The Warriors Heart private treatment program is for adults seeking relief from substance abuse, chemical dependencies and various psychological conditions, which might have developed related to job stress and the trauma of war. Co-occurring psychological disorders treated include PTSD (Post-Traumatic Stress Disorder), moral grief/injury, depression, anxiety and others.

What makes the Warriors Heart program unique is the peer-to-peer residential treatment, where warriors can feel safe sharing with their “Tribe”. Other facilities may offer “tracks” that treat warriors, however, the programs are typically still in a group setting with clients who have not been through the front lines of trauma. There is a stigma that our warriors are supposed to be tough, but the effects of the front lines of war, the streets and fires can take a toll.

Warriors Heart has been operational since April 2016, and officially received the Gold Seal of Approval® for Behavioral Health Care Accreditation in November 2016. The program provides a confidential place where warriors can heal in an environment that supports and understands them. Warriors no longer have to deal with trauma in silence and through coping mechanisms such as alcohol.

The Warriors Heart facility is the former Purple Sage Ranch corporate retreat center with 40 beds, and “does not feel like a hospital.” The facility is designed to let warriors heal in a safe and comfortable place with a private chef, fitness center, pool, creative shop, private lake, running trails and luxury amenities. The program focuses on a “holistic”, healing approach to the mind, body and spirit.

VETERANS AFFAIRS NEWS

- **On April 14, 2017, the Department of Veterans Affairs (VA) recently awarded a contract to Document Storage System for an online patient self-scheduling system through a mobile application (app) that will help improve access to care for veterans.**

The contract supports the [Faster Care for Veterans Act of 2016](#), which requires VA to establish an 18-month trial program operational in at least three Veterans Integrated Service Networks

(VISNs), under which veterans can use a cell phone, tablet, computer or mobile device to schedule and confirm primary care, specialty care and mental health appointments.

VA's Mobile Veterans Appointment Request (VAR) app, currently available at 99 sites, also provides most of the key capabilities required by the Faster Care for Veterans Act, and is modeled after successful mobile applications used for patient scheduling. VA intends to continue development of VAR to incorporate new capabilities.

- **On May 12, 2017, Veterans Affairs Secretary David Shulkin announced that he has established the Office of Accountability and Whistleblower Protection in the Department, and that Peter O'Rourke will serve as senior advisor and executive director of the Office, reporting directly to him.**

This announcement implements the requirements in President Trump's Executive Order signed at the Department on April 27, 2017. As detailed in the Executive Order, the Executive Director will:

- Advise and assist the Secretary in using, as appropriate, all available authorities to discipline or terminate any VA manager or employee who has violated the public's trust and failed to carry out his or her duties on behalf of Veterans.
- Advise and assist the Secretary in recruiting, rewarding, and retaining high-performing employees.
- Identify statutory barriers to the Secretary's authority to discipline or terminate any employee who has jeopardized the health, safety, or well-being of a veteran and to recruit, reward, or retain high-performing employee and report such barriers to the Secretary for consideration as to the need for legislative changes.
- Work closely with relevant VA components to ensure swift and effective resolution of Veterans' complaints of wrongdoing at VA.
- Work closely with relevant VA components to ensure adequate investigation and correction of wrongdoing throughout the VA, and protect employees who lawfully disclose wrongdoing from retaliation.
- Consider redundancies and the possibility of combining the office with existing VA components to improve the VA's efficiency, effectiveness, or accountability.

O'Rourke is a veteran of both the U.S. Navy and Air Force and has held executive roles in non-profit, consulting and the federal government.

GENERAL HEALTH CARE NEWS

- **Health and Human Services Secretary Tom Price, M.D. today selected five entrepreneurial projects for investment by the Secretary's Ventures Fund (HHS Ventures).**

Price chose projects from across HHS that are part of the latest round of funding and support designed to advance the Department's innovation agenda.

HHS Ventures is a highly competitive effort that provides growth-stage funding and support to HHS employees with proven ideas for how to improve their office, agency, or the Department's ability to carry out its mission.

This year, HHS Ventures is supported by funding from the Office of the Secretary, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the Centers for Medicare & Medicaid Services (CMS).

The projects selected by HHS Ventures represent critical areas of opportunity in improving the efficiency of the Department and include:

Optimizing Cyber-Molecular Surveillance of Viral Hepatitis

The CDC's Division of Viral Hepatitis designed and implemented the Global Hepatitis Outbreak and Surveillance Technology (GHOST), the CDC's first cloud-based surveillance and analysis system. GHOST is a virtual diagnostic system that extracts epidemiological intelligence from next-generation sequencing data.

GHOST provides a surveillance and analysis system for state laboratories to perform independent, inexpensive, and accurate outbreak investigations and then enabling collaboration and coordination across the public health system through a cloud-based system. Moreover, the modular structure and automation tools for GHOST are readily scalable to cyber-molecular surveillance of other viral infections.

The Fight against Zika: Leveraging Health Information Technology

The Office of the National Coordinator for Health Information Technology (ONC) and CDC are partnering to combat the devastating effects of the Zika virus. An important part of a patient's care can be the lab testing and results that accompany a visit to a clinician. While most systems have the ability to establish contact between commercial labs and providers, public health laboratories do not have the ability to exchange this information electronically. Almost all Zika tests are performed at public health laboratories and, because the information can't be transmitted electronically, the orders, test results, and additional information (such as pregnancy status) are either sent via paper form or telephone.

This project would enable efficient data transmission and improve care for patients by transmitting orders and results in a faster and more efficient way. It would serve as an extension of existing electronic test order and result technology. Additionally, this would build the capacity of public health laboratories to respond and manage future changes in testing requirements guidance from public health authorities.

Internet Devices to Improve Animal Care

Millions of rodents are used in HHS research labs each year to both understand mechanisms of disease and develop new therapies. Monitoring the health of these animals is critical for ensuring that research studies produce quality data and research animals are treated humanely.

Currently, trained specialists monitor the health of these animals with daily checks of each cage. This is both time consuming and expensive. To improve health monitoring, a team from NIH and the FDA developed an internet-enabled device that turns a conventional rodent cage into a "smart cage". The "smart cage" assesses food and water intake and sends high-resolution data to an online server in real-time. This project represents a novel effort to understand rodent care and processes for monitoring rodent health. It has the potential to reduce the costs of health monitoring while improving the quality of care for research animals.

Electronic Signature Capture and Data Transfer

The Indian Health Service's Phoenix Indian Medical Center (PIMC) has over 1,000 patient visits daily. Many of these patients need to complete insurance verification forms and multiple signatures are required for treatment and billing. In the past, paper forms were printed, verified by the patient or amended, and signed by the patient. Hospital staff then transported the signed forms to a separate building with a medical records facility, where they were scanned and stored. This process is cumbersome and inefficient.

In an effort to reduce labor and equipment costs and improve patient care, PIMC has tested and is adopting an electronic signature pad to capture patient signatures electronically. This system would create electronic forms and upload the signed forms directly into the network safely and efficiently.

Streamlining Acquisition of Lab Supplies

HHS currently purchases laboratory supplies using a variety of methods that are expensive, inefficient, and duplicative. The HHS Program Support Center is developing an end-to-end process to acquire laboratory supplies by creating an online marketplace to be used by laboratories across HHS. By applying proven supply chain and category management methodologies along with state of the art technology, HHS can reduce inefficiencies, improve consumer satisfaction, and enhance business processes. This approach is scalable to other commodities purchased across HHS and the federal government.

For more information on HHS Ventures, visit <https://www.hhs.gov/about/agencies/octo/index.html>

- **On May 17, 2017, the Centers for Medicare & Medicaid Services (CMS) announced a new streamlined and simplified direct enrollment process for consumers signing up for individual market coverage through Exchanges that use HealthCare.gov.**

Consumers applying for individual market coverage during the upcoming open enrollment period through direct enrollment partners will now be able to complete their application using one website. This reduces needless regulatory burden for businesses that provide direct enrollment services and offers consumers easier access to healthcare comparisons and shopping experiences for coverage offered through HealthCare.gov.

In prior years, consumers who signed up for health coverage using a third party website were redirected to HealthCare.gov to complete their application. Consumer feedback showed that the process was confusing and made it harder to finish the application. The new process allows consumers to start and finish their application through the third-party website of direct enrollment partners approved to use the proxy direct enrollment pathway.

The guidance announced today is part of a larger CMS effort intended to stabilize the health insurance market by providing more ways for consumers to access coverage. To read more about the guidance, visit: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-for-the-Proxy-Direct-Enrollment-Pathway-for-2018-Individual-Market-Open-Enrollment-Period.pdf>

REPORTS/POLICIES

- **The GAO published “DOD Health: Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations,” (GAO-17-260) on May 16, 2017.** This report examines the number of service members separated for misconduct who were diagnosed with PTSD, TBI, or certain other conditions and were potentially ineligible for VA benefits and services; and the extent to which military services' policies to address the impact of PTSD and TBI on separations for misconduct are consistent with DOD's policies. It also explores the extent to which Army and Marine Corps have adhered to their policies; and the extent to which DOD, Army, and Marine Corps monitor adherence to the policies. <http://www.gao.gov/assets/690/684608.pdf>

HILL HEARINGS

- The Senate Appropriations Subcommittee on Defense will hold a hearing on **May 24, 2017**, to examine the President's proposed budget request and justification for fiscal year 2018 for the Navy and Marine Corps.

- The Senate Armed Services Committee will hold a hearing on **May 25, 2017**, to examine the posture of the Department of the Army in review of the Defense Authorization Request for fiscal year 2018 and the Future Years Defense Program.

LEGISLATION

- **S.1153** (Introduced May 17, 2017): A bill to prohibit or suspend certain health care providers from providing non-Department of Veterans Affairs health care services to veterans, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator Tammy Baldwin [D-WI]
- **H.R.2422** (Introduced May 17, 2017): the Action for Dental Health Act of 2017 was referred to the House Committee on Energy and Commerce. Sponsor: Representative Robin L. Kelly [D-IL-2]
- **S.1161** (Introduced May 17, 2017): A bill to amend title 38, United States Code, to eliminate copayments by the Department of Veterans Affairs for medicines relating to preventative health services and for other purpose was referred to the Committee on Veterans' Affairs. Sponsor: Senator Tammy Duckworth [D-IL]
- **S.1163** (Introduced May 17, 2017): A bill to require the Secretary of Veterans Affairs to ensure compliance of medical facilities of the Department of Veterans Affairs with requirements relating to the scheduling of appointments, to require appointment by the President and confirmation by the Senate of certain health care officials of the Department, and for other purposes was referred to the Committee on Veterans' Affairs. Sponsor: Senator John. Cornyn [R-TX]
- **S.1133** (Introduced May 17, 2017): A bill to repeal changes made by health care reform laws to the Medicare exception to the prohibition on certain physician referrals for hospitals, and for other purposes was referred to the Committee on Finance. Sponsor: Senator James Lankford [R-OK]
- **H.R.2503** (Introduced May 17, 2017): To amend title XVIII of the Social Security Act to promote health care technology innovation and access to medical devices and services for which patients choose to self-pay under the Medicare program and for other purposes was referred to House Energy and Commerce. Sponsor: Representative Erik Paulsen [R-MN-3]

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.

