

Federal Health Update

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ktheroux@federalhealthcarenews.com

Happy Memorial Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until June 3, 2013.**
- **The House Armed Services Subcommittee on Military Personnel blocked almost all of the administration's plans to increase TRICARE fees substantially for military retirees and their families over the next five years, including an idea to vary fees based on retired pay levels.**

The subcommittee did not block a \$4 increase in co-payments for retirees under age 65 and their family members for outpatient care under TRICARE Prime. Co-pays for doctor visits would increase to \$16 except for mental health care, which would stay at \$12.

The bill will be referred to the full committee for mark-up June 5.

- **The House Appropriations Subcommittee Military Construction and Veterans Affairs passed a \$73.3 billion bill, according to *The Hill*.**

The appropriations bill is \$1.4 billion above the funding level enacted in 2013 and \$1.4

billion below President Obama's 2014 budget request.

The measure provides \$9.9 billion for military construction projects and \$63.1 billion in discretionary funding to the Department of Veterans Affairs, an increase of \$2.1 billion compared to last year's levels.

The committee included additional funds to the Department of Veterans Affairs to help deal with the backlog of veterans' disability claims and some reductions in military construction as an offset.

To read the full text of the bill, please visit:

<http://appropriations.house.gov/uploadedfiles/bills-113hr-fc-ap-fy2014-ap00-milcon.pdf>

MILITARY HEALTH CARE NEWS

- **TRICARE Management Activity announced it is extending the temporary waiver for West Region Prime enrollees to obtain authorizations for specialty care referred by their primary care manager (PCM). The waiver will now include specialty care referrals received from April 1 through June 18.**

For more information, visit [United Healthcare's Web site](#).

- **Due to recent severe storms and tornadoes in Oklahoma, the Governor of Oklahoma has issued a State of Emergency.**

Due to this issuance, TRICARE has announced emergency prescription refills and referral waivers from some Prime beneficiaries are in effect.

Read more at

http://www.tricare.mil/DisasterInfo/DisasterAlerts/5_21_13_OklahomaTornado.aspx.

- **The Army released suicide data for the month of April 2013.**

During April, among active-duty soldiers, there were 11 potential suicides: one has been confirmed as a suicide and 10 remain under investigation. For March 2013, the Army reported 10 potential suicides among active-duty soldiers; six have been confirmed as suicides and four are under investigation. For 2013, there have been 52 potential active-duty suicides: 22 have been confirmed as suicides and 30 remain under investigation. Updated active-duty suicide numbers for 2012: 184 (159 have been confirmed as suicides and 25 remain under investigation).

During April 2013, among reserve component soldiers who were not on active duty, there were 16 potential suicides (13 Army National Guard and three Army Reserve): none have been confirmed as suicides and 16 remain under investigation. For March 2013, among that same group, the Army reported 12 potential suicides; however, subsequent to the report, another case was added bringing March's total to 13 (nine Army National Guard and four Army Reserve): none have been confirmed as suicides and 13 cases remain under investigation. For 2013, there have been 57 potential not on active duty suicides (36 Army National Guard and 21 Army Reserve): 21 have been confirmed as suicides and 36 remain under investigation. Updated not on active duty suicide numbers for 2012: 140 (93 Army National Guard and 47 Army Reserve); 138 have been confirmed as suicides and two remain under investigation.

For more information about the Army's comprehensive list of Suicide Prevention Program, please visit: <http://www.preventsuicide.army.mil>.

- **The Department of Defense announced that Secretary Hagel has directed DoD to continue near-term coordinated efforts with the VA to develop data federation, presentation, and enhanced interoperability.**

This near term goal shall be pursued as a first priority.

Last month, Secretary Hagel ordered an extensive 30-day review of the Department of Defense's efforts to achieve the president's goal of creating a seamless health record that integrates Veterans Affairs and DoD data and modernizes the software supporting DoD clinicians and patients.

To achieve longer-term modernization, Secretary Hagel directed that DoD will pursue a full and open competition for a core set of capabilities for healthcare management software modernization.

"Our objective is to provide the best possible health care for our service members with continuous quality care. Our service members and veterans, and their families, expect and deserve a seamless system to administer the benefits they have earned. Secretary Shinseki and I will continue to work closely together to deliver on that promise," said Secretary Hagel.

While these two efforts do not address the problem of the existing VA backlog, which is not driven by health record transfer timelines, they will greatly improve continuity of care and provide more immediate access to standardized and integrated health care data from DoD, VA and private sources for patients and clinicians.

In addition, Frank Kendall, under secretary of defense for acquisition, technology, and logistics, will assume direct responsibility for DoD healthcare records interoperability and related modernization programs.

- **The Departments of Defense (DoD), Veterans Affairs (VA) and Health and Human Services (HHS) released an interim report, announcing the progress made on initiatives called for in President Obama's August 31, 2012 Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and their families.**

President Obama's executive order directed VA, DoD and HHS, in coordination with other federal agencies, to take a number of steps to ensure that veterans, service members, and their families receive the mental health services and support they need.

The report, [Interagency Task Force on Military and Veterans Mental Health 2013 Interim Report](#), outlines progress on this initiative, including:

- Increasing the capacity of the Veterans Crisis Line by 50 percent to help ensure that veterans in crisis can readily reach help.
- Establishing 15 pilot projects in seven states where VA is working with community-based mental health providers to help veterans access mental health services in a timely way.
- Increasing VA mental health services capacity through VA hiring of nearly 1,400 mental health providers and over 248 new peer specialists.

- Implementing a national suicide prevention campaign to connect veterans and service members to mental health services.

The departments are actively working on additional deliverables called for in the executive order, including the development of a National Research Action Plan.

- **Military families are increasingly concerned about pay, benefits, retirement, stress and how deployment affects their children, according to the latest findings of the annual National Military Family Lifestyle Survey.**

[Blue Star Families](#), a nonprofit organization that supports military families, released the findings of its 2013 survey. It is the organization's fourth consecutive analysis, which offers a rare look into the concerns of military families and recommendations for policy, research and partnership with the civilian community.

The survey also found that most respondents believe there is a huge gap in civilians' understanding of military life. Of those who responded, 92 percent disagreed with the statement, "the general public truly understands the sacrifices made by service members and their families."

Pay and benefits were the top concern for 35 percent of respondents, while 22 percent noted retirement benefit changes as their top issue.

Among the survey's other findings:

- Nearly a quarter of spouses reported seeing post-traumatic stress symptoms in their service member, while just 19 percent of service members reported being diagnosed with having post-traumatic stress.
- More than half of those who reported symptoms of post-traumatic stress say they never sought treatment from the military. Many said they feared doing so would impact their careers.

The survey's goal is to provide a critical look at military lifestyle and open doors for lawmakers to make better decisions where military families are concerned. You can read or download the comprehensive 2013 Military Families Lifestyle survey report on the [Blue Star Families](#) website.

- **Assistant Secretary of Defense for Health Affairs (Dr.) Jonathan Woodson issued the following statement today regarding employee furloughs:**

"The Secretary of Defense announced earlier this week the department's [preparations to introduce furloughs](#) for most DoD civilians for up to 11 days, beginning July 8th, and extending through the remainder of the fiscal year.

"There will be more formal communications and notices coming forward, and I will ensure you are kept informed of all actions throughout this period. But, I want to ensure every one of you in this organization understands both the secretary's thinking behind this exceptionally difficult decision and my own perspectives.

"First, the secretary left no stone unturned in his efforts to identify alternatives to this decision. Reduced training, reduced maintenance and other short-term savings were put on the table first – recognizing that we will have to pay for this in the longer term. Although these decisions cut the number of furlough days in half – from 22 to 11 days – there is no doubt that furloughs provide real financial hardship to all who are affected.

“Second, this furlough is coming at a particularly important time for those in the Military Health System. I am reminded, on a daily basis, how fortunate our country is to have such a dedicated, mission-driven, work force. Your leadership and “get the job done” ethos are evident in so many critical issues – our aggressive transition to a Defense Health Agency; the stand up and oversight of new TRICARE contracts; and the everyday policy and operational decisions that affect more than 9 million Americans and their most cherished concern: their own health and that of their family.

“I recognize that this is a troubling and counter-productive way for government to operate. The secretary continues to advocate for a more rational and thoughtful approach to reducing the government budget deficit. We hope that this situation can still be resolved before the year is over. I promise to communicate with you frequently on this matter in the weeks and months ahead.”

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA), Disabled American Veterans (DAV) and The American Legion announced a new partnership to help reduce the compensation claims backlog for veterans.**

The effort — the Fully Developed Claims (FDC) Community of Practice — is a key part of VA’s overall transformation [plan](#) to end the backlog in 2015 and process claims within 125 days at 98 percent accuracy. VA can process FDCs in half the time it takes for a traditionally filed claim.

Claims are considered to be “fully developed” when veterans submit all available supporting evidence, like private treatment records and notice of federal treatment records, to VA at the time they first file a formal claim and certify they have no more evidence to submit. This is the information that VA needs to make a determination on a disability claim. The FDC program supports the sharing of best practices across veterans service organizations (VSO), who help thousands of veterans each year with their compensation claims, to identify up front all evidence necessary to support a Veteran’s claim. Veterans then certify that they have no additional evidence to submit, and VA can process the claim in half the time it takes for a traditionally filed claim.

VSOs have long played an integral role in submitting veterans claims, often with representatives working within VA regional offices. VA has consulted with them throughout the development and implementation of VA’s plan to end the backlog in 2015 to ensure best practices and their unique insights were incorporated. The American Legion and DAV are the first to step forward to work with VA on the FDC program, and that program has led to a much more efficient process. Meaningful progress will be felt by increasing numbers of veterans as more VSOs participate with VA in the FDC program.

This initiative is just the latest example of the collaboration between VA and VSOs. In July, VA held a workshop to obtain the views of VSO representatives and to provide them with information on the effort to eliminate the claims backlog. The main focus of the workshop was VA’s emphasis on the shared goal of better serving Veterans and positive impact of filing Fully Developed Claims. These workshops will be replicated in VBA regional offices across the country.

Veterans can learn more about disability benefits on the joint Department of Defense-VA web portal eBenefits at <http://www.ebenefits.va.gov> and find information about filing Fully Developed Claims here: <http://www.benefits.va.gov/transformation/fastclaims/>.

Service members returning from active duty in combat theatres are eligible for five years of VA medical care – regardless of the status of any disability claim submitted. Medical

care is not withheld while disability claims are under review. For more information on enrolling in VA health benefits, please visit <http://www.va.gov/healthbenefits/>.

GENERAL HEALTH CARE NEWS

- **Health and Human Services' Secretary Kathleen Sebelius announced that more than half of all doctors and other eligible providers have received Medicare or Medicaid incentive payments for adopting or meaningfully using electronic health records (EHRs).**

HHS has met and exceeded its goal for 50 percent of doctor offices and 80 percent of eligible hospitals to have EHRs by the end of 2013.

According to the Centers for Disease Control and Prevention survey in 2012, the percent of physicians using an advanced EHR system was just 17 percent in 2008. Today, more than 50 percent of eligible professionals (mostly physicians) have demonstrated meaningful use and received an incentive payment. For hospitals, just nine percent had adopted EHRs in 2008, but today, more than 80 percent have demonstrated meaningful use of EHRs.

The Obama administration has encouraged the adoption of health IT starting with the passage of the Recovery Act in 2009 because it is an integral element of health care quality and efficiency improvements. Doctors, hospitals, and other eligible providers that adopt and meaningfully use certified electronic health records receive incentive payments through the Medicare and Medicaid EHR Incentive Programs. Part of the Recovery Act, these programs began in 2011 and are administered by the Centers for Medicare & Medicaid Services and the Office of the National Coordinator of Health Information Technology.

Adoption of EHRs is also critical to the broader health care improvement efforts that have started as a result of the Affordable Care Act. These efforts — improving care coordination, reducing duplicative tests and procedures, and rewarding hospitals for keeping patients healthier — all made possible by widespread use of EHRs. Health IT systems give doctors, hospitals, and other providers the ability to better coordinate care and reduce errors and readmissions that can cost more money and leave patients less healthy. In turn, efforts to improve care coordination and efficiency create further incentive for providers to adopt health IT.

As of the end of April 2013:

- More than 291,000 eligible professionals and over 3,800 eligible hospitals have received incentive payments from the Medicare and Medicaid EHR Incentive Programs.
- Approximately 80 percent of all eligible hospitals and critical access hospitals in the U.S. have received an incentive payment for adopting, implementing, upgrading, or meaningfully using an EHR.
- More than half of physicians and other eligible professionals in the U.S. have received an incentive payment for adopting, implementing, upgrading, or meaningfully using an EHR.

For more information about the Administration's efforts to promote implementation, adoption and meaningful use of EHRs and health IT systems, please visit: <http://www.cms.gov/EHRIncentivePrograms> and <http://www.healthit.gov>.

- **The Centers for Disease Control and Prevention (CDC) announced seven new**

members who will serve on the Advisory Committee on Breast Cancer in Young Women (ACBCYW).

The committee was chartered in 2010 and consists of external experts and stakeholders. The committee members serve two- to four-year terms.

These newly-appointed experts will advise CDC in developing, implementing, and evaluating evidence-based approaches to advance the understanding and awareness of breast cancer among young women. The individuals invited to serve on the Advisory Committee on Breast Cancer in Young Women represent researchers, clinicians, advocates, and breast cancer survivors from across the country. They include:

- Raquel D. Arias, M.D., University of Southern California, Los Angeles, Calif.
- Otis Webb Brawley, M.D., F.A.C.P., American Cancer Society, Atlanta, Ga.
- Elyse Spatz Caplan, M.A., Haverford, Pa.
- Sue Friedman, D.V.M., Tampa, Fla.
- Susan E. Kutner, M.D., Kaiser Permanente, San Jose, Calif.
- Karen (Dow) Meneses, Ph.D., R.N., F.A.A.N., University of Alabama at Birmingham, Birmingham, Ala.
- Rochelle Lee Shoretz, J.D., Sharsheret, Teaneck, N.J.

To read more about the new members, please visit:

<http://www.cdc.gov/media/releases/2013/a0520-breast-cancer-committee.html>

A list of all the committee members can be found at

http://www.cdc.gov/cancer/breast/what_cdc_is_doing/members.htm.

REPORTS/POLICIES

- **The GAO published “Prescription Drugs: Comparison of DoD and VA Direct Purchase Prices,” (GAO-13-358) on May 20, 2013.** This report describes direct purchase prices paid by DOD and VA for a sample of prescription drugs.
<http://www.gao.gov/assets/660/654019.pdf>
- **The Institute of Medicine (IOM) published “Educating the Student Body: Taking Physical Activity and Physical Education to School,” on May 23, 2013.** The report examines the status of physical activity and physical education efforts in schools, how physical activity and fitness affect health outcomes, and what can be done to help schools get students to become more active. It offers [recommendations](#) for approaches for strengthening and improving programs and policies for physical activity and physical education in the school environment, including before, during, and after school.
<http://www.iom.edu/Reports/2013/Educating-the-Student-Body-Taking-Physical-Activity-and-Physical-Education-to-School.aspx>

HILL HEARINGS

- The Senate Armed Services Subcommittee on Readiness and Management Support will hold a hearing on **June 11, 2013**, to markup mark-up those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for

fiscal year 2014.

- The Senate Armed Services Subcommittee on Personnel will hold a hearing on **June 11, 2013**, to markup mark-up those provisions which fall under the subcommittee's jurisdiction of the proposed National Defense Authorization Act for fiscal year 2014.
- The Senate Armed Services Committee will hold hearings **June 12-14, 2013**, to markup the proposed National Defense Authorization Act for fiscal year 2014.

LEGISLATION

- **H.R.2055** (introduced May 20, 2013): To establish a prize program to award a prize and contract for the development of a fully-integrated electronic health records program for use by the Department of Defense and the Department of Veterans Affairs was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs.
Sponsor: Representative David P. Roe [TN-1].
- **H.R.2063** (introduced May 21, 2013): To amend title 38, United States Code, to improve the health care provided to veterans of World War II at facilities of the Department of Veterans Affairs was referred to the House Committee on Veterans' Affairs.
Sponsor: Representative Gus M. Bilirakis [FL-12]
- **H.R.2073** (introduced May 21, 2013): To direct the Secretary of Health and Human Services to establish an interagency coordinating committee on pulmonary hypertension to develop recommendations to advance research, increase awareness and education, and improve health and health care was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Kevin Brady [TX-8]
- **H.R.2094** (introduced May 22, 2013): To amend the Public Health Service Act to increase the preference given, in awarding certain asthma-related grants, to certain States (those allowing trained school personnel to administer epinephrine and meeting other related requirements) was referred to the House Committee on Energy and Commerce.
Sponsor: Representative David P. Roe [TN-1]
- **H.R.2101** (introduced May 22, 2013): To amend the Public Health Service Act with respect to eating disorders was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Oversight and Government Reform, and Education and the Workforce.
Sponsor: Representative Theodore E. Deutch [FL-21]
- **S.1026** (introduced May 22, 2013): A bill to assist survivors of stroke in returning to work was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Mark Steven Kirk [IL]
- **S.1027** (introduced May 22, 2013): A bill to improve, coordinate, and enhance rehabilitation research at the National Institutes of Health was referred to the Committee on Health, Education, Labor, and Pensions.
Sponsor: Senator Mark Steven Kirk [IL]

MEETINGS

- The Learning in Disaster Health: A Continuing Education Workshop will be held on **Sept. 17-18, 2013**, in Washington DC. <http://hjf.cvent.com/events/learning-in-disaster-health-a-continuing-education-workshop/event-summary->

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- The AMSUS Annual Continuing Education Meeting will be held **Nov. 3-8, 2013**, in Seattle Wash. AMSUSMeeting.org
- The 29th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.7-9, 2013**, in Philadelphia, Pa. <http://www.istss.org/Home.htm>
- The AMIA 2013 Annual Symposium will be held on **Nov. 16-20, 2013**, in Washington DC. <http://www.amia.org/amia2013>
- The 2013 American Academy of Medical Administrators (AAMA) Annual Conference will be held on **Nov. 19 - 22, 2012**, Las Vegas, Nev. <http://www.aameda.org/Conference/Annual/AnnualMain.html>
- The Radiological Society of North America (RSNA) 2013: **Dec. 1-3, 2013**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
- The 2013 Special Operations Medical Association (SOMA) Conference will be held on **Dec. 14-17, 2012**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>

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.