

Federal Health Update

JUNE 3, 2016

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

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ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are on recess this week.**

MILITARY HEALTH CARE NEWS

- **The Naval Health Research Center (NHRC) has begun the second phase of development for a smartphone application aimed at preventing prescription medication misuse by military personnel in support of force health readiness.**

Service members who have been injured or suffer from chronic pain are often prescribed pain medication during recovery and rehabilitation. Pain management is an important part of the healing process, but it may also create the potential for prescription medication misuse. In an effort aimed at prevention, researchers at NHRC are part of a collaborative effort funded by the National Institute on Drug Abuse (NIDA) to develop a mobile tool to educate and inform service members about prescription medications and assess the potential for misuse.

The app is intended to support patients in situations where they do not have immediate access to their health care providers but have questions about appropriate use of their prescription medication.

Researchers at NHRC developed the app to create an evidence-based tool that will reduce the risk of prescription drug misuse by enhancing education about prescription medication and individual risk. The app is designed to take advantage of the ubiquity of smartphones and will

make information about prescription medications immediately accessible.

Phase one of the app development tested usability which included feedback from Sailors and Marines who were asked to perform specific tasks in each of the app's modules:

- Assessment – Evaluates individual factors related to prescription drug misuse
- My Meds – Allows users to enter their current medications
- Feedback – Shows user risk level based on the assessments along with specific recommendations to reduce risk
- Practice – Provides different scenarios designed to help users build skills to effectively manage situations related to prescription medication use
- Learn – Contains educational information related to prescription drug misuse
- Resources – Provides links to military and civilian resources with information and support for pain management, prescription drug disposal, medication interactions and substance abuse.

The second phase of the app development will be working on enhancing the app based on the user feedback received during phase one to improve functionality, make it more user-friendly and contribute to reducing prescription medication misuse and abuse.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs' (VA) Center for Women Veterans announced a partnership with LeanIn.Org, the nonprofit organization founded by Facebook Chief Operating Officer, Sheryl Sandberg, to empower women to achieve their ambitions.**

Building on the successful launch of [LeanIn.Org circles](#) within the Department of Defense, VA is following the same model to increase support to women veterans.

The VA initiative is called the LeanIn.Org [Women Veterans' chapter](#). The Women veterans Chapter is comprised of two distinct pilot programs:

- The Veteran-to-Veteran program, a virtual program, which allows any woman Veteran to participate, no matter where she is located; meetings will be moderated and attended by women veterans throughout the United States.
- A face-to-face pilot circle, which is created in partnership with the existing LeanIn.Org chapter in Seattle, WA. This circle is an innovative hybrid of women veterans and non-military members providing an environment for both to learn and share leadership skills.

For more information about the LeanIn.org Women Veterans' chapter, visit [LeanIn.Org/womenvets](#) or <http://leaninseattle.org/veterans>.

- **Secretary of Veterans Affairs Robert McDonald has granted equitable relief to more than 24,000 veterans following a national review of Traumatic Brain Injury (TBI) medical examinations conducted in connection with disability compensation claims processed between 2007 and 2015.**

This action by the Secretary allows the Department of Veterans Affairs (VA) to offer new TBI examinations to veterans whose initial examination for TBI was not conducted by one of four designated medical specialists and provides them with the opportunity to have their claims reprocessed. Equitable relief is a unique legal remedy that allows the Secretary to correct an injustice to a claimant where VA is not otherwise authorized to do so within the scope of the law.

To ensure that TBI is properly evaluated for disability compensation purposes, VA developed a policy in 2007 requiring that one of four specialists – a psychiatrist, physiatrist, neurosurgeon or neurologist – complete TBI exams when VA does not have a prior diagnosis.

Since 2007, medicine around TBI has been a rapidly evolving science. VA designated particular specialists to conduct initial TBI exams because they have the most experience with the symptoms and effects of TBI. As more research became available, VA issued a number of guidance documents that may have created confusion regarding the policy. VA has confirmed that its TBI policy guidance is now clear and being followed.

VA understands the importance of an accurate exam to support veterans' disability claims. The Secretary's decision to grant relief will enable VA to take action on any new examinations without requiring veterans to submit new claims. If additional benefits are due, VA will award an effective date as early as the date of the initial TBI claim.

VA will contact veterans identified as part of this national TBI review to offer them an opportunity to receive a new examination and have their claims reprocessed. More than 13,000 of these affected veterans are already receiving service-connected compensation benefits for TBI at a 10-percent disability evaluation or higher, which means that the diagnosis has already been established.

GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology (ONC) began listing more detailed and easier-to-understand information about certified health information technology (health IT).**

Via an upgraded website, purchasers of health IT can access information about costs and limitations they may encounter when implementing and using certified health IT products. The disclosure of this information is required by ONC's recent 2015 Edition final rule, which includes several provisions to increase transparency and accountability in the health IT marketplace and to assist purchasers to better compare and select products that meet their needs.

To achieve the full potential of their health IT, clinicians must be able to choose technologies and solutions that meet the needs of their practices—and the patients they serve. Unfortunately, the health IT landscape has lacked reliable information about the costs, limitations, and trade-offs of competing health IT products and services. This lack of transparency can make it hard to effectively compare and choose the right system; make it more likely for a user to encounter unexpected costs, implementation issues, and information blocking; and can limit incentives for developers to improve their products.

Under the transparency requirements in the ONC 2015 Edition final rule, certified health IT developers must publish mandatory disclosure statements on their websites and in other marketing materials explaining detailed, plain-language information about their products. These statements must include any limitations and types of costs that may be incurred by the user, usually a provider or provider's office staff.

In addition, developers must attest that they will—or will not—take additional, voluntary actions to support transparency. Nearly all developers who had signed the Interoperability Pledge announced earlier this year indicated their commitment to more transparency and accountability.

This information, which will be posted on the upgraded certified [health IT product list \(CHPL\)](#) and a new website, [HealthIT.gov/transparency](#), will provide a unified view of this and other information about the transparency and performance of certified health IT products. Additional information, including any corrective action plans for developers who do not comply with the new disclosure requirements, will be added to the site regularly.

- **The Centers for Medicare & Medicare Services (CMS) has released third annual release of the Physician and Other Supplier Utilization and Payment public use data.**

In addition, CMS is announcing the availability of more timely data for researchers.

The Physician and Other Supplier Utilization and Payment data contains summarized information on Part B services and procedures provided to Medicare beneficiaries by physicians and other healthcare professionals. The data includes payment and submitted charges, or bills, for services and procedures provided by each physician or supplier. It allows for comparisons by physician, specialty, location, types of medical services and procedures delivered, Medicare payment, and submitted charges.

The updated 2014 dataset has information for over 986,000 distinct health care providers (up from 950,000 in 2013) who collectively received \$91 billion in Medicare payments (compared to \$90 billion in 2013). New in the 2014 data is the Medicare standardized payment amount, which removes geographic differences in payment rates for individual services, such as those that account for local wages or input prices, and makes Medicare payments across geographic areas comparable. CMS protects beneficiaries' personal information in all its data releases.

CMS is also making more timely extracts of Medicare claims data available to researchers who access this data via Limited Data Sets (LDS). Historically, researchers have only been able to request annual extracts of Medicare data under the LDS request process. With the changes announced today, researchers will be able to request updates to their LDS claims files as frequently as quarterly, making it easier to do the important research that will continue to result in better quality and lower costs in the health care system.

The release of timely, privacy-protected data is especially important as the Medicare increasingly pays providers based on the quality, rather than the quantity, of care they give patients. These initiatives contribute to a wide set of CMS activities focused on achieving better care, smarter spending, and healthier people throughout the health care system.

REPORTS/POLICIES

- **The National Academies of Sciences, Engineering, and Medicine published "*Hearing Health Care for Adults: Priorities for Improving Access and Affordability*" on June 2, 2016.**

This report recommends key institutional, technological, and regulatory changes that would enable consumers to find and fully use the appropriate, affordable, and high-quality services, technologies, and supports people with hearing loss.

<http://nationalacademies.org/hmd/reports/2016/hearing-health-care-for-adults.aspx#sthash.R6S7CBmq.dpuf>

HILL HEARINGS

- The Senate Appropriations Subcommittee on Military Construction and Veterans Affairs, and Related Agencies will hold a hearing on **June 8, 2016**, to examine review of the Department of Veterans Affairs' electronic health record (VistA), progress toward interoperability with the Department of Defense's electronic health record, and plans for the future.

LEGISLATION

- There was no legislation proposed this week.

MEETINGS

- 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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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.