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

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EXECUTIVE AND CONGRESSIONAL NEWS

- The House and Senate is in recess this week for the Fourth of July.

MILITARY HEALTH CARE NEWS

- According to the Air Force Surgeon General Office, Air Force mental health professionals have successfully used prolonged exposure therapy to treat post-traumatic stress disorder.

PTSD symptoms can create a network of fear. Memories and sensations from traumatic events spill over into other parts of someone’s life. It is common for a person who has experienced trauma to try to avoid those thoughts and places that remind him or her of that traumatic event. However, a person may experience worse symptoms if they avoid thoughts and places associated with the trauma, which can impact their quality of life.

The good news is that upwards of 80 percent of patients respond favorably to prolonged exposure therapy. Prolonged exposure is a collaborative therapy where the patient is gradually introduced to trauma-related memories and situations in an effort to address unhelpful thoughts and beliefs that may contribute to a patient’s difficulties.

Prolonged exposure generally consists of about 10 sessions, slowly introducing the patient to the thoughts and feelings associated with the traumatic event.
Prolonged exposure does this through two different processes. The first is imaginal exposure, which exposes the patient to the thoughts, memories, and feelings surrounding their traumatic event. The second is in vivo exposure, which exposes the patient to places associated with the trauma.

Sessions involve talking through the traumatic event, which are recorded so patients can listen to them between sessions. Patients may have homework where they listen to those recordings, or go to the places they have been avoiding, while noting how they are feeling. In following sessions, the therapist will go over the homework and ask the patient to talk through the traumatic event again.

The process, called habituation, is the reason prolonged exposure therapy is effective. Habituation happens when a person gets used to a repeated stimulus. Human bodies cannot remain at a high level of distress and anxiety for very long, so as the patient continues to talk through the traumatic event or visit a place that causes distress, eventually the body naturally calms down.

The goal of prolonged exposure is not to get rid of painful thoughts and feelings, but to change your relationship with and reaction to these thoughts and feelings.

**VETERANS AFFAIRS NEWS**

- **On July 2, 2018, the Department of Veterans Affairs (VA) released state-level veteran suicide data.**

  Alongside the state data sheets, VA also published the *National Strategy for Preventing Veteran Suicide*, a strategic framework for the nation’s collective efforts to prevent veteran suicide over the next decade.

  The updated 2015 state data sheets offer an analysis of Veteran suicide data by age, gender and suicide method for all 50 states, the District of Columbia and Puerto Rico.

  Both the individual state data sheets and the *National Strategy for Preventing Veteran Suicide* underscore the fact that suicide remains an important national public health concern affecting both veterans and non-veterans in every state. The state data sheets serve as a critically important tool that helps VA and its partners at the state and community levels design and execute the most effective suicide prevention strategies.

  Suicide is a complex public health issue. While there is no single explanation for disparities in suicide rates between states, differences in population size, health-care access, and firearm policy are relevant considerations. The interaction of these factors further highlights the need for a coordinated approach to suicide prevention that involves the broader community to support veterans before they reach a crisis point.

  The *National Strategy for Preventing Veteran Suicide* reflects VA’s vision for a comprehensive approach to suicide prevention that involves different sectors working together to build effective networks of support, communication and care, reaching Veterans where they live and thrive. VA is leading efforts nationwide to understand suicide risk factors, develop evidence-based strategies to identify and care for veterans who may be at risk for suicide.

  The updated 2015 state data sheets are available at [https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp](https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp).

On July 2, 2018, the Centers for Medicare & Medicaid Services (CMS) proposed significant changes to the Home Health Prospective Payment System to strengthen and modernize Medicare, drive value, and focus on individual patient needs rather than volume of care.

Specifically, CMS is proposing changes to improve access to solutions via remote patient monitoring technology, and to update the payment model for home health care.

CMS’s proposed changes allows home health agencies to report the cost of remote patient monitoring on the Medicare cost report form. This is expected to help foster the adoption of emerging technologies by home health agencies and result in more effective care planning, as data is shared among patients, their caregivers and their providers. Supporting patients in sharing this data will advance the Administration’s MyHealthEData initiative.

As required by the Bipartisan Budget Act of 2018, this proposed rule would also implement a new Patient-Driven Groupings Model (PDGM) for home health payments. The current system pays for 60-day episodes of care and relies on the number of therapy visits a patient receives to determine payment. The PDGM would eliminate the use of “therapy thresholds” in determining payment and changes the unit of payment to 30-day periods of care. The improved structure would move Medicare towards a more value-based payment system that puts the unique care needs of the patient first while also reducing the administrative burden associated with the HH PPS. The PDGM would be implemented in a budget-neutral manner on January 1, 2020.

The proposed rule also includes information on the implementation of home infusion therapy temporary transitional payments as required by the Bipartisan Budget Act of 2018. In addition, the proposed rule solicits comments on elements of the new home infusion therapy benefit category and proposes standards for home infusion therapy suppliers and accrediting organizations of these suppliers as required by the 21st Century Cures Act.

Physicians who order home health services for their patients would also see administrative burden reduced under this rule. CMS is proposing to eliminate the requirement that the certifying physician estimate how much longer skilled services would be needed when recertifying the need for continuing home health care, as this information is already gathered on a patient’s plan of care.

In the proposed rule CMS is releasing a Request for Information to welcome continued feedback on the Medicare program and interoperability. CMS is gathering stakeholder feedback on revising the CMS patient health and safety standards that are required for providers and suppliers participating in the Medicare and Medicaid programs to further advance electronic exchange of information that supports safe, effective transitions of care between hospitals and community providers.

The proposed rule and the Request for Information can be downloaded from the Federal Register at: https://www.federalregister.gov/public-inspection.

For a fact sheet on the proposed rule, please visit: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-07-02.html

The GAO published “Medicare: Small and Rural Practices' Experiences in Previous Programs and Expected Performance in the Merit-based Incentive Payment System,” (GAO-18-428) on July 2, 2018. This report describes how small and rural physician practices performed in legacy Medicare programs and the projected effect of Merit-based Incentive
Payment System (MIPS). It also examines stakeholders' views on challenges that small and rural practices experienced in Medicare legacy programs and on how CMS can aid small and rural practices' participation in MIPS; and CMS's efforts to help small and rural practices participate in MIPS. [https://www.gao.gov/assets/700/692179.pdf](https://www.gao.gov/assets/700/692179.pdf)

**HILL HEARINGS**

- There are no hearings scheduled this week.

**LEGISLATION**

- There was no legislation proposed this week.

**MEETINGS**


- The 2018 AMSUS Annual Continuing Education Meeting will be held on **Nov. 26-30, 2018**, at the Gaylord National Harbor, Md. [http://www.amsusmeetings.org/home-2/](http://www.amsusmeetings.org/home-2/)

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.