

# Federal Health Update

JULY 7, 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 and Senate are on recess until July 10, 2017.**

## MILITARY HEALTH CARE NEWS

- **Scientists at the U.S. Army Center for Environmental Health Research are hoping to determine how bones heal in microgravity, based on an experiment that launched to the International Space Station aboard SpaceX in February and returned to earth aboard SpaceX's Dragon cargo craft in March.**

Through the Department of Defense Space Test Program, the USACEHR Integrative Systems Biology group, and their partners at the Indiana University School of Medicine, collaborated with NASA and the Center for the Advancement of Science in Space to have the scientists aboard the International Space Station conduct the experiment for one month.

The primary goal of this research project is to translate new discoveries in bone regeneration for osteoporosis, fracture healing and other bone disorders. Between 2002 and 2009, extremity injury accounted for up to 79 percent of reported trauma cases from theater. Improvised explosive devices and high-energy explosions can cause extremity trauma so severe that often amputation is the only treatment.

The research carried out systems biology studies to understand the physiological events associated with wound healing mechanisms when subjected to gravitational forces and to identify potential signatures to predict the healing outcomes. The USACEHR hopes that the results will provide a new understanding of the biological reasons behind healing mechanisms, as well as show the efficacy of the osteoinductive drugs at stressed conditions and their susceptibility to gravity.

During the study, 40 mice were segregated into a specially-designed habitat under different treatment regimens for one month aboard the International Space Station. While in space, astronauts cared for and monitored the mice while the USACEHR and University of Indiana School of Medicine team monitored their progress daily via video. Following the completion of the testing, the mice were shipped back to Earth for comparison with a control group that remained on the ground.

Scientists speculate that in the long term, this knowledge may lead to identifying the novel biomarkers of bone regeneration, bone loss and bone healing. The lessons learned could be applied to helping injured soldiers recover from catastrophic bone injuries.

- **Lt. Gen. Nadja Y. West, Army surgeon general and commanding general, U.S. Army Medical Command, hosted three town hall meetings during her visit to Fort Bragg, June 28 and 29, in order to discuss challenges and opportunities for Army Medicine and to solicit feedback from the community, Womack Army Medical Center staff and Fort Bragg leaders.**

The first meeting on June 28 was an opportunity for West to speak with patients and community members about their experiences in Army Medicine so that her team could identify opportunities for improvement and future endeavors. Participants who were unable to attend the meeting in person were able to follow a live stream of the event on Womack's Facebook page.

During the event, patients gave candid feedback on their positive and negative experiences at WAMC and within Army Medicine. The concerns raised included dissatisfaction with pediatric care, whether childcare could be provided at or near the hospital while parents go to appointments, specific healthcare issues, medical support to units, and questions about access to care and continuity of care when patients or providers change duty stations.

West linked up patients concerned about their own healthcare experiences directly with leaders at WAMC during the meeting to ensure their needs were addressed immediately. She also promised to explore the possibility of all Army Medicine offering childcare during medical appointments, not just at Womack.

"I was dual military with two little ones and the whole time I was here at Fort Bragg, Don was deployed or working offsite," said West, when answering the question about the possibility of childcare at the hospital. "There were times I had to go somewhere and I just had to bring the kids along, so I understand and I'd rather for someone to be able to get their appointment than do without. We'll work on this."

Patients also shared positive experiences, especially lauding the recently opened Pharmacy Annex, which provides drive-thru service when picking up prescription refills.

The next day West held a morning town hall at WAMC for staff members, followed by a tour of the hospital. She ended the day with a town hall for Fort Bragg leaders.

Throughout her visit, West thanked the staff of Womack Army Medical Center for their service and commitment to providing high quality care to the Fort Bragg community.

"Thank you to what each of you do whether you're in uniform, a civilian employee, or a contractor," said West during the staff town hall. "You are true professionals who strive to provide the best care. I love it here. If I could move my office down here, I would."

## VETERANS AFFAIRS NEWS

- **On June 30, 2017, Secretary of Veterans Affairs David J. Shulkin, M.D. unveiled the world's most advanced commercial prosthetic — the Life Under Kinetic Evolution (LUKE) arm — during a visit to the VA New York Harbor Health Care System's Manhattan campus.**

The event also included a demonstration of the technology by the first veteran amputees to receive the device.

A collaboration between VA, the Defense Advanced Research Projects Agency (DARPA) and industry, the LUKE Arm is the product of nearly eight years of testing and research, and holds the potential to significantly benefit veterans and others with upper-extremity amputations. Unlike less-advanced prosthetics, the entire LUKE arm can move as one unit, reducing the labor-intensive process of controlling one joint at a time. The LUKE arm also features the first commercially available powered shoulder, with up to 10 powered degrees of freedom.

The LUKE arm will help restore veterans' ability to perform a variety of one and two-handed activities. With accompanying rehabilitation, recipients can use the LUKE arm to perform tasks, such as drinking from a glass, picking up small pieces of food to eat, cooking or gift-wrapping presents.

## GENERAL HEALTH CARE NEWS

- **The U.S. Department of Health and Human Services announced approximately \$15 million in funding for the Genesee County Healthy Start Program to provide health and social services for women, infants, and their families who have had, or are at risk for, lead exposure in Flint, Michigan and the surrounding community.**

The Genesee County Health Department oversees the county's Healthy Start Program.

The funding, authorized under the *Water Infrastructure Improvements for the Nation Act* and the *Public Health Service Act*, will help residents who are experiencing health issues linked to exposure to the local water supply. Lead exposure can cause miscarriage, developmental delays in infants, and other medical issues. Because lead can stay in the bones for decades, women and infants may continue to be exposed through pregnancy and breastfeeding even after the source is removed.

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau supports the Genesee County Healthy Start Program to strengthen families, improve local healthcare quality, and increase community participation in healthcare decisions. The Genesee County Healthy Start Program will use this new grant in partnership with other community organizations to expand access to services available to minimize the health effects of lead exposure among pregnant women, infants and young children in Flint and the surrounding Genesee County area.

The Genesee County Healthy Start Program will identify children who were exposed to lead from the contaminated water to assess their needs; facilitate access to recommended services; and minimize developmental delays. They will also coordinate access to appropriate medical, behavioral, and developmental screening, services, and supports for impacted women, children, and their families.

For more information about HRSA's Healthy Start Program, visit: <https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start>.

- **A Centers for Disease Control and Prevention (CDC) report finds the amount of opioids prescribed in the United States peaked in 2010 and then decreased each year through**

## 2015.

The study also found opioid use varies from county to county in the U.S.

In 2015, six times more opioids per resident were dispensed in the highest-prescribing counties than in the lowest-prescribing counties. This wide variation suggests inconsistent prescribing practices among healthcare providers and that patients receive different care depending on where they live.

CDC researchers analyzed changes in annual prescribing measures from 2006 to 2015 and found that while there have been declines in the amount of opioids prescribed, more can be done to improve prescribing practices. For example, between 2006 and 2015 the amount of opioids prescribed peaked in 2010 at 782 morphine milligram equivalents (MME) per person and decreased to 640 MME in 2015. (MME is the amount of opioids in milligrams, accounting for differences in opioid drug type and strength.)

Daily MME per prescription remained stable from 2006 to 2010 and then decreased 17 percent from 2010 to 2015 (from 58 MME to 48). However, the average days' supply per prescription increased 33 percent from 13 days in 2006 to almost 18 days in 2015. The amount of opioids prescribed per capita in 2015 was still approximately three times as high as in 1999.

### County-level opioid prescribing patterns vary

For this report, CDC analyzed retail prescription data from QuintilesIMS to assess opioid prescribing in the United States from 2006 to 2015, including rates, amounts, dosages, and durations prescribed. CDC examined county-level prescribing patterns for the years 2010 and 2015.

County-level factors associated with higher amounts of opioids prescribed include:

- A greater percentage of non-Hispanic white residents.
- A greater prevalence of diabetes and arthritis.
- Micropolitan areas (non-metro small cities and big towns).
- Higher unemployment.

In 2016, CDC published the [CDC Guideline for Prescribing Opioids for Chronic Pain](#) to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings.

[Tools and resources](#) are available to help providers and patients discuss the risks and benefits of opioid therapy for chronic pain to improve the safety and effectiveness of pain treatment and to reduce the risks associated with long-term opioid therapy, including opioid use disorder, overdose, and death.

For more information about preventing opioid overdose: [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose).

- **Despite decreases in cancer death rates nationwide, a new report shows slower reduction in cancer death rates in rural America (a decrease of 1.0 percent per year) compared with urban America (a decrease of 1.6 percent per year), according to the Centers for Disease Control and Prevention.**

The report is the first complete description of cancer incidence and mortality in rural and urban America. Researchers found that rates of new cases for lung cancer, colorectal cancer, and cervical cancer were higher in rural America. In contrast, rural areas were found to have lower rates of new cancers of the female breast and prostate. Rural counties had higher death rates from lung, colorectal, prostate, and cervical cancers.

In the study, researchers analyzed cancer incidence data from CDC's [National Program of](#)

[Cancer Registries](#) and the National Cancer Institute's [Surveillance, Epidemiology, and End Results](#) program. Cancer deaths were calculated from CDC's [National Vital Statistics System](#). Counties were grouped by urbanization and population size.

#### Key findings from analysis of cancer rates

- Death rates were higher in rural areas (180 deaths per 100,000 persons) compared with urban areas (158 deaths per 100,000 persons). Cancer deaths in rural areas decreased at a slower pace, increasing the differences between rural and urban areas.
- While overall cancer incidence rates were somewhat lower in rural areas (442 cases per 100,000 persons) than in urban areas (457 cases per 100,000 persons), incidence rates were higher in rural areas for several cancers, including those related to tobacco use such as lung cancer and those that can be prevented by cancer screening such as colorectal and cervical cancers.
- While rural areas have lower incidence of cancer than urban areas, they have higher cancer death rates. The differences in death rates between rural and urban areas are increasing over time.

The CDC researchers identify a number of proven strategies that can reduce the gaps in new cancer cases and deaths. Healthcare providers in rural areas can:

- **Promote healthy behaviors that reduce cancer risk.** Prevent tobacco initiation, promote tobacco cessation, and eliminate secondhand smoke exposure. Limit excessive exposure to ultraviolet rays from the sun and tanning beds. Encourage physical activity and healthy eating to prevent and reduce obesity, which is associated with several types of cancer.
- **Increase cancer screenings and vaccinations that prevent cancer or detect it early.** Recommend patients receive vaccination against cancer-related infectious diseases such as HPV and hepatitis B virus. Recommend appropriate cancer screening tests such as Pap tests and colonoscopy.
- **Participate in the state-level [comprehensive control coalitions](#).** Comprehensive cancer control programs focus on cancer prevention, education, screening, access to care, support for cancer survivors, and overall pursuit of good health.

These data from CDC provide a clear direction for the work that needs to be done to reduce cancer disparities throughout the U.S., and provide the foundation for proven strategies that could be implemented. Proven strategies to improve health-related behaviors, increased use of vaccinations that prevent infections that can cause cancer, and use of cancer screening tests – particularly among people that live in rural and underserved areas – can help reduce the rates of cancer and cancer deaths across America.

For more information on rural health: [www.cdc.gov/ruralhealth](http://www.cdc.gov/ruralhealth).

For more information on CDC's cancer prevention efforts and programs, visit: [www.cdc.gov/cancer](http://www.cdc.gov/cancer).

## REPORTS/POLICIES

- **The GAO published “Hospital Value-Based Purchasing: CMS Should Take Steps to Ensure Lower Quality Hospitals Do Not Qualify for Bonuses,” (GAO-17-551) on June 30, 2017.** This report addresses hospitals' performance in quality and efficiency categories; how hospitals' payment adjustments have changed over time; and the effect, if any, of efficiency scores on payment adjustments. <http://www.gao.gov/assets/690/685586.pdf>

## HILL HEARINGS

- The Senate Veterans Affairs Committee will hold a hearing on **July 11, 2017**, to examine pending health care legislation.

## LEGISLATION

- There was no legislation proposed this week.

## MEETINGS

- 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).