

Federal Health Update

JULY 15, 2016

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

Sponsored by:

SPECTRUM[®]
HEALTHCARE RESOURCES
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

arrhythmia

EXECUTIVE AND CONGRESSIONAL NEWS

- **The Senate and House will be in recess for the rest of the summer.**
- **On July 14, the Senate S voted 90-7 to convene in conference committee with the House on the National Defense Authorization Act.**
- **The Senate Democrats blocked a vote on the Military Construction/VA appropriations conference report because they continued to oppose the Zika funding provisions within the bill.**
- **On July 13, the Senate passed S. 3055, the Veterans Affairs Dental Reauthorization Act of 2016, without amendment by Unanimous Consent.** This legislation reauthorizes the VA Dental Insurance pilot program for another five years.

MILITARY HEALTH CARE NEWS

- **The Defense Health Agency's (DHA) awarded KEPRO as its TRICARE Quality Monitoring Contractor (TQMC).**

As the TQMC, KEPRO will provide independent, impartial health care evaluations for Military Health System beneficiaries.

Through this new contract, KEPRO will be expanding its current scope of work by managing the integration of direct and purchased care delivery systems to ensure efficient and effective delivery of healthcare services. KEPRO will conduct comprehensive healthcare facility reviews and audits at 54 Military Treatment Facilities worldwide.

In addition, KEPRO will be conducting reviews and clinical quality studies to measure and evaluate quality performance to identify and incorporate healthcare best practices in both systems. KEPRO will also be supporting the Military Health System in achieving their Quadruple Aim of readiness, population health, cost effectiveness and patient's experience of care.

Since 2011, KEPRO has assisted the DHA TRICARE Management Activity and the TRICARE Regional Offices by providing an independent, impartial evaluation of health care provided to more than 9.4 million Military Health System beneficiaries. In addition, KEPRO measures and identifies superior health care services and provides comprehensive and timely reviews to ensure appropriate levels of health care for all beneficiaries.

- **The Department of Defense launched its Health Information Exchange Initiative on June 1, 2016.**

The new system, allows private physicians and some government organizations to view medical records held by military hospitals or clinics, if they are treating patients with such records.

The program should ease the need to hand-carry military health records or lab results between health care providers participating in the exchange.

Systems participating in the eHealth Exchange include Sentara, Hawaii Pacific Health, HealtheConnections, MedVirginia, Multicare Health Services, San Diego Health Services, Providence-Swedish Health, CORHIO, INOVA and Texas Health Resources.

The Social Security Administration also has access. The Department of Veterans Affairs does not, however, because it shares medical records and information with the Pentagon through a different system, called the Joint Legacy Viewer that gives doctors access to the records.

DHA officials say 13 more systems including Duke University, the Alaska e-Health Network and North Carolina Health Information Exchange will join this year.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs' (VA) announced that it has scheduled more than 2 million appointment under the Veterans Choice Program (VCP).**

The Choice Act, which included the VCP, was passed in August 2014 to help veterans access timely health care both within VA and the community. VA was required to implement a new, national program in just 90 days, with new requirements that complicated the way VA provides community care. VA recognized many of these challenges very early in the implementation of the program and VA and all our stakeholders have been working together to make needed changes while implementing this new nationwide program.

VA has outlined a path to improve community care and create a program that is easy to understand, simple to administer, and meets the needs of Veterans, community providers, and VA staff. VA submitted this plan to Congress in October 2015.

Within the plan are several legislative proposals that VA and Congress need to work on together to improve the experiences for veterans and community providers:

- The first proposal would increase veterans' access to community care providers by allowing VA to enter into agreements with local community providers.
- The second would streamline when and how much VA pays for health care services by having VA be the primary payer.
- The third fix would allow VA to more accurately account for healthcare purchased in the community.
- The last request is for funding and funding flexibility to improve access to care, reimburse the cost of emergency treatment, and create value-based payment models to best serve veterans that need community care.

GENERAL HEALTH CARE NEWS

- **According to a new study by Commonwealth Fund, health care systems in 306 communities had more improvements than declines from 2011-2014.**

Researchers attribute increased insurance coverage because of the Affordable Care Act as a key factor — with states that expanded Medicaid to lower-income adults faring particularly well — as was doctors and other providers scoring better on quality and efficiency measures.

The scorecard ranked local areas using 33 measures grouped into four categories: access and affordability; prevention and treatment; avoidable hospital use and cost; and health indicators such as the death rates from certain cancers, adult obesity and infant mortality.

Nearly all communities had more improvements than declines, but there were stark contrasts among states and regions. Communities in the upper Midwest and New England fared better than those in the South.

California and Minnesota accounted for seven of the 10 leading areas: San Mateo, San Francisco and San Jose, plus St. Paul, Rochester, St. Cloud and Minneapolis. Among areas needing the most improvement, five were in Mississippi: Jackson, Meridian, Gulfport, Oxford and Hattiesburg.

If more areas performed like the top-ranked communities, 19 million additional adults and children would be insured, 18 million Americans wouldn't forgo because of cost, and the nation would see 100,000 fewer premature deaths, according to the study.

To learn more, visit: <http://www.commonwealthfund.org/interactives/2016/jul/local-scorecard/>.

REPORTS/POLICIES

- **The GAO published “*Electronic Health Records: VA's Efforts Raise Concerns about Interoperability Goals and Measures, Duplication with DOD, and Future Plans*,” (GAO-16-807T) on July 13, 2016.** This report examines the VA's efforts to achieve interoperability with DOD's electronic health records system; duplication, overlap, and fragmentation of federal government programs and the VA's actions in response to GAO's recommendation calling for an

interoperability and electronic health record system plan.

<http://www.gao.gov/assets/680/678367.pdf>

- **The GAO published “Military Health Care: Army Needs to Improve Oversight of Warrior Transition Units,” (GAO-16-583) on July 12, 2016.** This report evaluates the extent to which the Army has assessed the effectiveness of the Triad of Care model; establishes processes to oversee the selection of WTU personnel, assess their training, and adjust staff levels; and assesses adherence to WTU admittance criteria and the impact of any changes to them.

<http://www.gao.gov/assets/680/678354.pdf>

HILL HEARINGS

- There are no hearings scheduled until after Congress’ summer break.

LEGISLATION

- There was no new 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/>

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.