

Federal Health Update

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The *Update* will not be published on Aug. 12 and 26, 2016.

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until Sept. 5, 2016.**

MILITARY HEALTH CARE NEWS

- **UnitedHealthcare has filed a formal protest against a Defense Department decision to award the next round of TRICARE contracts to two of the company's competitors.**

An appeal filed Monday with the Government Accountability Office (GAO) disputes the East and West region Tricare 2017 contract awards announced July 22. UnitedHealthcare currently manages the West region.

The Pentagon selected Humana Government Business to manage the brand new East region, a consolidation of the North and South regions, and chose Health Net Federal Services to manage the West region. Humana manages the current South region and Health Net the North.

UnitedHealthcare submitted proposals for both the East and West regions and is protesting the

contract awards. The East region contract has an initial value of \$67.5 million and an estimated worth of \$40.5 billion over the life of the contract. The West region contract is valued at \$49 million in the initial phase and up to \$17.7 billion for the duration of the five-year contract.

The company won the West contract following a protest in 2012 and was awarded the contract to manage the South region in 2009 but lost the award in 2011 to the previous contractor, Humana, after that company filed a protest.

UnitedHealthcare then filed an appeal to re-open the contract bid process for the West region on the basis that because it was not awarded the South region contract, it shouldn't have been denied the West region contract.

Under the contract requirements, no single company can hold more than one TRICARE regional management contract.

GAO protests are normally adjudicated within 100 days.

- **The Department of Defense is launching the Empower the Patient Cybersecurity Awareness Campaign in August to share ways Military Health System beneficiaries can protect their personal health information.**

For example, choose a strong password for online health and fitness accounts and don't share it with anyone. Don't stay signed into accounts and sign out after each session. Send information only to sites you know are fully encrypted. Encrypted websites have "https" at the start of the web address. The "https" should appear on each page of the website, not just the sign-in page.

The popularity of wearable devices—technology tracking fitness, nutrition and other health indicators—has increased the amount of health information being shared online as well. Many devices and applications ask for personal health information and connect to websites.

The good news is most health information breaches are due to human error and are preventable. The *Empower the Patient Cybersecurity Awareness Campaign* shares healthy cyber behaviors that minimize the risks.

More tips are available on TRICARE.mil, health.mil and throughout military treatment facilities to educate beneficiaries.

VETERANS AFFAIRS NEWS

- **On Aug. 4, 2016, the Department of Veterans Affairs (VA) released results of The Joint Commission Special Focused Surveys on VA health care facilities.**

VA invited The Joint Commission to conduct unannounced, focused surveys at 139 medical facilities and 47 community-based outpatient clinics across the country to measure progress on VA access to care, quality improvements and diffusion of best practices across the system. The surveys also assessed barriers that may stand in the way of providing timely care to veterans. Results indicate VA has made significant progress since The Joint Commission began its surveys two years ago.

The Joint Commission assessed processes related to timely access to care; processes that may potentially indicate delays in care and diagnosis; processes related to patient flow and coordination of care; infection prevention and control; the environment of care; and organizational leadership and culture.

Among the top findings:

- **Access to Care-Facilities have seen improvements in providing patient**

appointments: Improvement efforts that were undertaken include leadership teams utilizing data to better understand where particular bottlenecks were and taking corrective actions. As the Joint Commission continues the regularly scheduled triennial surveys of VHA facilities after the special surveys were completed, the findings are encouraging. For example, as of April 1, 2016, 57 facilities have undergone follow-up surveys. Of these 57 sites, only one facility was found to have a repeat requirement for improvement (issue) related to patient access. Staffing continued to be a challenge in this area, but as new staff was hired, the wait times for appointments were more effectively addressed.

- **Choice Act:** Early discussions with veterans indicated a strong preference, and even a loyalty, for their “own” VHA organization, even if it would mean waiting longer to be seen. VHA facilities and Veterans also report that many times appointments in the community could not be made any earlier than would have been possible inside VA.

The Joint Commission, an independent, not-for-profit organization, accredits and certifies nearly 21,000 health care facilities and programs in the United States. VA’s Veterans Health Administration is the largest integrated health care system in the nation, caring for 9 million veterans.

- **The Department of Veterans Affairs (VA) released its findings from the nation’s most comprehensive analysis of veteran suicide rates in the United States on Aug. 3, 2016.**

The VA examined more than 55 million Veterans’ records from 1979 to 2014 from every state in the nation. The effort advances VA’s knowledge from the previous report in 2012, which was primarily limited to information on veterans who used VHA health services or from mortality records obtained directly from 20 states and approximately 3 million records. Compared to the data from the 2012 report, which estimated the number of veteran deaths by suicide to be 22 per day, the current analysis indicates that in 2014, an average of 20 veterans a day died from suicide.

A link to the report may be found [here](#).

THE REPORT CONCLUDES:

- Approximately 65 percent of all veterans who died from suicide in 2014 were 50 years of age or older.
- Veterans accounted for 18 percent of all deaths from suicide among U.S. adults. This is a decrease from 22 percent in 2010.
- Since 2001, U.S. adult civilian suicides increased 23 percent, while veteran suicides increased 32 percent in the same time period. After controlling for age and gender, this makes the risk of suicide 21 percent greater for veterans.
- Since 2001, the rate of suicide among U.S. veterans who use VA services increased by 8.8 percent, while the rate of suicide among veterans who do not use VA services increased by 38.6 percent.
- In the same time period, the rate of suicide among male veterans who use VA services increased 11 percent, while the rate of suicide increased 35 percent among male veterans who do not use VA services.
- In the same time period, the rate of suicide among female veterans who use VA services increased 4.6 percent while the rate of suicide increased 98 percent among female veterans who do not use VA services.

SUICIDE PREVENTION MEASURES BY VA

- VA is aggressively undertaking a number of new measures to prevent suicide, including:
- VA has implemented comprehensive, broad-ranging suicide prevention initiatives, including a toll-free [Veterans Crisis Line](#), placement of Suicide Prevention Coordinators at all VA Medical Centers and large outpatient facilities and improvements in case management and tracking. In addition, VA announced this week the creation of a satellite Veterans Crisis Line site in Atlanta, Georgia, for increased staffing capability and geographic redundancy; the satellite site is expected to operational in October 2016 with 200 additional responders.
- Ensuring same-day access for veterans with urgent mental health needs at over 1,000 points of care by the end of calendar year 2016. In fiscal year 2015, more than 1.6 million Veterans received mental health treatment from VA, including at over 150 medical centers, 820 community-based outpatient clinics and 300 Vet Centers that provide readjustment counseling. Veterans also enter VA health care through the Veterans Crisis Line, VA staff on college and university campuses, or other outreach points.
- Using predictive modeling to determine which veterans may be at highest risk of suicide, so providers can intervene early. Veterans in the top 0.1% of risk, who have a 43-fold increased risk of death from suicide within a month, can be identified before clinical signs of suicide are evident in order to save lives before a crisis occurs.
- Expanding tele-mental health care by establishing four new regional tele-mental health hubs across the VA healthcare system.
- Hiring over 60 new crisis intervention responders for the Veterans Crisis Line. Each responder receives intensive training on a wide variety of topics in crisis intervention, substance use disorders, screening, brief intervention, and referral to treatment.
- Building new collaborations between veteran programs in VA and those working in community settings, such as Give an Hour, Psych Armor Institute, University of Michigan's Peer Advisors for Veterans Education Program (PAVE), and the Cohen Veterans Network.
- Creating stronger inter-agency (e.g. Substance Abuse and Mental Health Services Administration, Department of Defense, National Institutes of Health) and new public-private partnerships (e.g., Johnson & Johnson Healthcare System, Bristol Myers Squibb Foundation, Walgreen's, and many more) focused on preventing suicide among veterans.

Many of these efforts were catalyzed by VA's February 2016 ***Preventing Veteran Suicide—A Call to Action*** summit, which focused on improving mental health care access for Veterans across the nation and increasing resources for the VA Suicide Prevention Program.

Suicide is an issue that affects all Americans. Recent Centers for Disease Control and Prevention (CDC) data reported in [April 2016](#) that from 1999 through 2014 (the most recent year with data available from CDC), suicide rates increased 24 percent in the general population for both males and females.

To read the report, please visit: <http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>.

Other VA mental health information can be found on the VA Mental Health page: www.mentalhealth.va.gov.

Information about the Crisis Line is available at www.VeteransCrisisLine.net; veterans in crisis can call Crisis Line at 1-800-273-8255 (press 1) or texting 838255.

A Suicide prevention fact sheet may be found at [www.va.gov/opa/publications/factsheets/Suicide Prevention FactSheet New VA Stats 070616_1400.pdf](http://www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf)

GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) announced more than \$8.6 million in funding for 246 health centers in 41 states, the District of Columbia, the Federation of Micronesia and the Northern Mariana Islands.**

The awards will help to improve quality of care and patients' and providers' experience of care through the Patient-Centered Medical Home (PCMH) health care delivery model.

PCMH is a care delivery model designed to improve quality of care through enhanced access, planning, management, and comprehensive care. These awards will provide assistance to health centers to make the changes necessary to achieve, expand and optimize PCMH recognition.

The funding will allow more than 300 health center sites to achieve recognition and more than 200 currently recognized sites to increase their level of recognition or further optimize the use of the PCMH model.

Nearly 1,400 health centers operate about 9,800 service delivery sites in every U.S. state, the District of Columbia, Puerto Rico, the Virgin Islands and the Pacific Basin. These health centers employ more than 170,000 staff who provide care for nearly 23 million patients, an increase of 6 million patients since the beginning of 2009.

This funding comes from the Affordable Care Act's Community Health Center (CHC) Fund, which was extended with bipartisan support in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

To view a list of the award recipients, visit:

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/pcmh/fy2016awards/>

- **A blood test that may reduce from days to hours the time needed to diagnose patients with recent Zika virus infections will receive advanced development support from the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR).**

The test being developed by InBios International, Inc. of Seattle, Washington, may be able to return results in about four hours and could be used in commercial and health care facility laboratories. The diagnostic is known as a serological test, which detects a Zika virus-specific Immunoglobulin M, or IgM, which are antibodies produced by the body's immune response to the virus. These antibodies can be detected approximately one week after infection and persist in blood for up to three months.

Currently, the only serological test available to detect Zika in people with recent infections is a test that was developed by the Centers for Disease Control and Prevention ([CDC](#)) and is being used under an emergency use authorization issued by the U.S. Food and Drug Administration ([FDA](#)). The CDC-developed test requires two to three days for results and must be conducted in qualified laboratories designated by CDC.

Providing a faster, easy-to-run, commercially available test to clinical laboratories would increase Zika testing capacity significantly nationwide.

Continued development of InBios' diagnostic will be funded under a two-year, \$5.1 million contract with ASPR's Biomedical Advanced Research and Development Authority (BARDA). This funding will support the refinement of the test's design, manufacturing preparations and clinical studies, all of which are necessary for the company to receive approval or marketing authorization from FDA. The agreement can be extended to fund additional work through 2021 and up to a total of approximately \$9.5 million.

While advanced development work including manufacturing improvements are underway, the company could apply to the FDA to allow the test to be used under emergency use authorization prior to FDA's full approval or market authorization of the test.

To learn more about Zika, visit www.cdc.gov/zika. To learn more about preparing for and responding to public health emergencies, from new infectious diseases to natural disasters and bioterrorism, visit the HHS public health emergency website, www.phe.gov.

REPORTS/POLICIES

- **The GAO published “Medicare Part B: CMS Should Take Additional Steps to Verify Accuracy of Data Used to Set Payment Rates for Drugs,” (GAO-16-594) Aug. 1, 2016.** This report describes Medicare spending and utilization for Part B drugs that are paid based on ASP, including variations in spending and utilization by provider and drug characteristics; and examines the steps CMS takes to ensure the accuracy of the sales price data reported by drug manufacturers. <http://www.gao.gov/assets/680/678175.pdf>

HILL HEARINGS

- There are no hearings next week.

LEGISLATION

- There was no legislation introduced 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, 2016**, 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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