

Federal Health Update

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Happy Labor Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate will be in recess until Sept, 5, 2014.**

MILITARY HEALTH CARE NEWS

- **The Defense Department has issued a request for proposals to modernize its electronic health records and allow DoD to share health data with the private sector and the Department of Veterans Affairs.**

It is a multi-billion dollar request to replace many of the current DoD legacy health care systems. This includes Armed Forces Health Longitudinal Technology Application (AHLTA), Composite Health Care System (CHCS) (inpatient), and most components of the Theater Medical Information Program-Joint (TMIP-J), with the objective of achieving initial fielding of a modernized replacement by the end of calendar year 2016.

The RFP is the culmination of 11 months of intense work by the Defense Healthcare Management Systems program executive office. The key to the department's strategy is to engage the larger Health IT marketplace to help identify a solution approach that provides best

value and meets operational requirements. This approach allows the department to leverage the latest commercial technologies, improve usability, and save on costs.

Windom's office adjudicated more than 1,500 questions/comments from industry. The intense give-and-take with industry gave both industry and the government clarity in the process, the captain said.

Officials expect to select the solution in the third quarter of fiscal 2015. Plans are for the initial operational capability to begin in the Pacific Northwest in fiscal 2016 with other regions added in waves. When fully operational, the system will support the health care needs of DoD's current population of 9.6 million beneficiaries.

When fully operational, DHMSM is expected to support medical readiness for DoD's military personnel and support the department's current population of more than 9.6 million beneficiaries and over 153,000 Military Health System personnel.

Interoperability is a key tenet of the proposal. Not only DoD and VA will need the information contained in the electronic health record system, but civilian health care providers also need access to support continuity of patient care. Civilian health care organizations provide nearly 60 percent of health care for service members and their families. The Office of the National Coordinator and a DOD/VA interagency program office set the protocols and interfaces that all systems will seek to align to.

Through the DoD's EHR modernization, the DHMS program executive office will also continue to improve health data sharing capabilities with the VA and private sector health care providers, officials said. This allows clinician and beneficiary access to information whenever and wherever it's needed.

- **The Secretary of the Navy Ray Mabus and Chief of Naval Operations Adm. Jonathan W. Greenert announced that Rear Adm. (lower half) Brian S. Pecha will be assigned as deputy to the Medical Officer of the Marine Corps; and deputy director, Medical Corps Reserve Component, Arlington, Va.** Pecha is currently serving as Medical Officer of the Marine Corps; and director, Health Services, Headquarters U.S. Marine Corps, Arlington, Va.

- **On Aug. 26, 2014, President Obama announced 19 new executive actions that the Departments of Veterans Affairs (VA) and Defense (DoD) are taking to improve the mental health of service members, veterans and their families.**

The executive actions include:

- 1) Supporting service members with mental health conditions in making the transition to VA care: DoD will ensure that all service members leaving military service who are receiving care for mental health conditions are automatically enrolled in the *inTransition* program, through which trained mental health professionals assist service members in transitioning to new care teams in VA or the community. Currently, service members must be referred to *inTransition* by their DoD providers or seek out the program on their own.
- 2) Ensuring continuity of mental health medications during the transition from DoD to VA: VA is revising its drug formulary policy to ensure that service members leaving military service and enrolling in the VA health care system maintain access to mental health medication prescribed by an authorized DoD provider, regardless of whether the medication is currently on the VA formulary, unless the health care provider identifies specific safety or clinical reasons to make a change.
- 3) Coordinating care between DoD and VA: DoD and VA recently signed a Memorandum of Understanding on integrated complex care coordination, ensuring that DoD and VA will work together to develop a single joint, comprehensive plan for service members transitioning from

DoD to VA with multiple, complex, severe conditions such as traumatic brain injury, psychological trauma, or other cognitive, psychological, or emotional disorders. Each comprehensive plan will address the service member/Veteran's goals for recovery, rehabilitation, and reintegration, and will be visible to the patient, family, and Care Management Team.

- 4) Integrating peer specialists into primary care: VA is announcing that it will pilot the expansion of peer support beyond traditional mental health sites of care to veterans in primary care settings. Peer specialists are veterans trained to help other veterans and will work with primary care teams to help improve the health and well-being of veterans being treated in primary care settings.
- 5) Supporting TRICARE mental health parity: Although, TRICARE is not subject to the Mental Health Parity and Addiction Equity Act of 2008, DoD is taking action to change its operations to meet the intent of the law. DoD has initiated action to do what it can under its authority to eliminate quantitative limits for mental health care. DoD is continuing to work with Congress to bring its mental health and substance use disorder care coverage up to full parity with medical or surgical conditions.
- 6) Enhancing mental health care where service members work: DoD has been moving mental health care to where service members work – in operational units. To support this work, over the next 12 months, DoD will:
 - a) Expand to all Services the Behavioral Health Data Portal, a secure, automated system the Army uses to allow providers, patients and clinical leaders to access vital patient-centered clinical outcomes data for mental health conditions and substance use disorders, even in austere settings such as deployed operational units;
 - b) Aggregate and analyze data on the effectiveness of forward-located care delivery models for improving behavioral health and other key outcomes; and
 - c) Design a study to determine if this approach is equal to or more effective than the traditional way in which patients seek care within a clinic or hospital setting.
- 7) Harnessing the efforts of researchers from DoD, VA, the National Institutes of Health and academia: The White House BRAIN conference which will take place this fall. This event will feature numerous panels on PTSD and TBI, with a goal of further advancing efforts fostered by DoD, VA and programs such as the INTRUST consortium.
- 8) Advancing cutting edge PTSD research: As part of the BRAIN Initiative, the Defense Advanced Research Projects Agency (DARPA) is announcing a new \$78.9 million five year research program to develop new, minimally-invasive neurotechnologies that will increase the ability of the body and brain to induce healing . The technology may help in the management of many diseases, including PTSD.
- 9) Early detection of suicidality and PTSD: The Department of Defense and the National Institutes of Health are launching a longitudinal project focused on the early detection of suicidality, PTSD and long term effects of TBI, and other related issues in service members and veterans.
- 10) New investments in suicide prevention: The Department of Veterans Affairs is conducting a national clinical trial on strategies to help prevent future suicidal related activities among Veterans who have survived a recent attempt. The \$34.4 million study will involve over 1,800 Veterans at 29 VA hospitals nationwide.
- 11) Promoting Vet Centers as a counseling resource for combat veterans and their families: First Lady Michelle Obama and Dr. Jill Biden's Joining Forces initiative is partnering with VA to raise awareness about Vet Centers, and encourage veterans and their families to seek help at the 300 Vet Centers across the United States.
- 12) Training DoD and VA employees to recognize the signs and symptoms of mental health conditions and help connect people in need to help: Just like people can learn first aid for physical health conditions, they can learn the basic signs of mental health problems and how to help someone to get help when needed..

- 13) The VA is announcing that it will expand this suicide prevention training in two ways:
 - a) Veterans Health Administration clinicians will be required to renew online suicide risk management training every three years.
 - b) All other staff members who interact with veterans will participate in the Department of Veteran Affairs "Operation SAVE" suicide prevention training every two years.
- 14) Expanding mental health awareness campaigns: DoD and VA awareness campaigns to reduce stigma surrounding mental health care and encourage people experiencing mental health problems to get help include VA's Make the Connection campaign and DoD public service announcements such as "Welcome Home" and "In Your Hands"..
- 15) Expanding access to opiate overdose reversal kits: DoD is making a new commitment to ensure that opiate overdose reversal kits and training are available to every first responder on military bases or other areas under DoD's control.
- 16) Providing new opportunities for service members, veterans, and their families to give back unwanted medications: DoD and VA are announcing new programs to make it easier for service members, veterans, and their families to safely dispose of unwanted prescriptions in their facilities, reducing the opportunities for abuse.
- 17) Supporting suicide prevention: Over the next 12 months, DoD will implement a policy to facilitate requests for at-risk service members or at-risk military family members to voluntarily secure their firearms. Additionally, VA will provide coaching and support regarding safety plans for suicide prevention, with a focus on increasing safety in the home, and work with veterans service organizations and others to encourage friends or community groups to help improve firearm safety for veterans in distress.
- 18) Expanding cultural competency training: While any individual can experience a mental health condition, service members, veterans, and their families may experience additional stressors unique to military service. Community providers may be able to better serve these individuals through understanding military culture and the experiences of service members and their families. DoD and VA will disseminate their new military cultural competency course to 3,000 community mental health providers during FY 2015.
- 19) Supporting construction of medical facilities in communities with large veteran populations: The Treasury Department and the Department of Veterans Affairs are working together to identify communities in need of veteran mental health facilities and develop targeted outreach to community development entities (CDEs) in those markets, including community development financial institutions (CDFIs), to take advantage of Treasury programs that support these efforts.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) Office of Inspector General (OIG) released the final report of its review of systemic issues with patient scheduling and access issues at the Phoenix VA Health Care System (PVAHCS).**

VA concurred with the recommendations in the final report and, in many cases, has already implemented action plans and made improvements that respond to the OIG's recommendations.

The final report updates the information previously provided by the OIG in its Interim Report and contains final results from the review of the PVAHCS. VA outlined key action plans that expand access to care, improve staffing for primary care, and accountability measures in response to the final OIG report.

In response to recommendations in the May 2014 OIG Interim Report, the following improvements were initiated in Phoenix and across the VA system:

- As of August 15, the Veterans Health Administration has reached out to over 266,000 veterans to get them off wait lists and into clinics.
- As a result of the Accelerating Access to Care Initiative, approximately 200,000 new VA appointments nationwide were scheduled for veterans between May 15 and June 15, 2014.
- Nearly 912,000 total referrals to non-VA care providers have been made in the last two months. That is, over 190,000 more referrals to non-VA care providers than the same period in 2013 (721,000).
- As of August 15, VA has decreased the number of veterans on the Electronic Wait List (EWL) 57 percent.
- Reduced the New Enrollee Appointment Report (NEAR) from its peak of 63,869 on June 1, 2014 to 1,717 as of August 15, 2014
- VA has reached out to more than 5,000 veterans in Phoenix to coordinate the acceleration of their care including all Veterans in Phoenix identified as being on unofficial lists or the facility Electronic Wait List (EWL).
- Since May 15, VA has scheduled 2,300 appointments at the Phoenix VA Health Care System and made 2,713 referrals for appointments to community providers through non-VA care.

Additional actions include:

- Began updating the antiquated appointment scheduling system beginning with near-term enhancements to the existing system and ending with the acquisition of a comprehensive, state-of-the-art, “commercial off-the-shelf” scheduling system.
- Directed that every Medical Center Director conduct regular in-person visits to all of their clinics, to include interacting with scheduling staff to ensure all scheduling practices are appropriate. Veterans’ Integrated Systems Network (VISN) Directors conducted similar visits. So far, 2,450 visits have been conducted nationwide.
- Removed the 14-day access measure from all individual employee performance plans to eliminate any motive for inappropriate scheduling practices or behaviors. In the course of completing this task, over 13,000 performance plans were amended.
- Added primary care to the services available to Veterans through VA’s Patient-Centered Community Care (PC3) contracts, a key and evolving part of the non-VA medical care program.
- Established an interdisciplinary accountability review team to ensure leadership accountability for improprieties related to patient scheduling and access to care, whistleblower retaliation, and related matters that impact public trust in VA.

- **The Department of Veterans Affairs announced it is improving the method it uses to define urban, rural and highly rural land areas.**

The current method is being replaced by a more accurate method, modeled on one used by other leading federal agencies. It is anticipated that implementation will begin before Oct. 1, 2014. The Rural-Urban Commuting Areas (RUCA) system, developed by the departments of Agriculture and Health and Human Services’ Health Resources and Services Administration, has become more accepted because of its sound social science basis and its adaptability for special programs.

Improving VHA's method for identifying urban, rural and highly rural Veterans will result in more accurate identification of rural Veterans, improved reporting of the number and location of rural Veterans and of statistics on their geographic access to sites of care along with improved allocation of resources and improved research on rural Veterans' needs.

Currently, 3.2 million rural Veterans are enrolled in the VA system, which represents 36 percent of the total enrolled Veteran population.

For a more detailed explanation of the change, visit the [VA Office of Rural Health website](#)

- **The Department of Veterans Affairs (VA) announced plans to issue a Request for Proposal (RFP) for a new Medical Appointment Scheduling System.**

The new system will improve access to care for veterans by providing medical schedulers with cutting-edge, management-based scheduling software. The RFP will be made public by the end of September 2014; eligible vendors will have 30 days to respond from the day of issuance. VA will issue a draft RFP prior to releasing the full RFP to maximize industry and stakeholder input. The solicitation will require a two-part demonstration of capabilities: a written proposal and a technical demonstration to scheduling staff. VA hopes to award the contract by the end of the calendar year.

Even as VA issues an RFP to replace the existing system, efforts are underway to make the current system easier to use for schedulers and veterans. Among those enhancements:

- VA recently awarded a contract to improve the existing scheduling interface, providing schedulers a calendar view of resources instead of the current text-based, multiple-screen view. This update is scheduled to begin roll out beginning in January 2015.
- VA is also developing mobile applications to allow Veterans to directly request certain types of primary care and mental health appointments (scheduled to begin deployment December 2014). Another application under development will give VA schedulers an easier-to-use interface to schedule medical appointments (scheduled to begin deployment December 2014).
- VA is also rolling out new clinical video telehealth capabilities in October 2014 to further enhance access to care.

As part of the current RFP preparation process, VA is working with veteran service organizations (VSO) to incorporate the groups' feedback on requirements important to Veterans. VA's VSO partners are currently reviewing user experience and business process documentation, and VA will continue to consult with VSOs as it works toward publishing its acquisition solicitation. VA's acquisition process will comply with recently established legislative requirements related to the Department's scheduling software.

GENERAL HEALTH CARE NEWS

- **On Aug. 26, 2014, Health and Human Services Secretary Sylvia M. Burwell announced the most recent in a series of management hires intended to ensure a successful 2015 Open Enrollment for the Health Insurance Marketplace.**
 - Kevin Counihan will join the Centers for Medicare & Medicaid Services (CMS) team as Marketplace chief executive officer (CEO). In this role, Counihan will be responsible and accountable for leading the federal Marketplace, managing relationships with state marketplaces, and running the Center for Consumer Information and Insurance Oversight, which regulates health insurance at the federal level. He will report to CMS Administrator Marilyn Tavenner.

- Lori Lodes has been named the new director of communications for CMS. As the Director of the Office of Communications, Lodes will serve as senior advisor to the administrator in all activities related to open enrollment, communications and external engagement, as well as providing counsel to senior HHS leadership. The CMS Office of Communications is the agency's focal point for communication and public engagement initiatives, providing leadership in the areas of customer service, website operations, traditional and new media, call center operations, consumer materials, and public information campaigns.
- In addition, Tim Hughey of Accenture, the federal Marketplace system developer and maintainer, will continue to provide technology support to CMS throughout the next open enrollment. Hughey has extensive experience designing, building and deploying technical architectures and is a longstanding member of the Accenture management team. He will focus on technology issues in the areas of systems architecture, tools, security, and networks across all contractors involved in the federal Marketplace.

- **On Aug. 13, 2014, Health and Human Services Secretary Sylvia M. Burwell named Kevin Thurm as a senior counselor, to further strengthen the HHS management team and help the agency fulfill its mission to better serve the American people.**

Kevin brings more than 25 years of business, executive management, legal and policy experience. Throughout his career, he has demonstrated the ability to deliver meaningful results in both complex public and private sector organizations.

As a senior counselor, Thurm will work closely with the Department's senior staff on a wide range of cross-cutting strategic initiatives, key policy challenges and engagement with external partners.

Since 2001, Thurm has held various leadership positions within Citigroup, managing thousands of employees and budgets of hundreds of millions of dollars. Before joining Citigroup, Thurm served as the Deputy Secretary for Health and Human Services in the Clinton Administration under former Secretary Donna Shalala. He oversaw major policy and management issues, including the implementation of the Government Performance and Results Act and the "Y2K" computer programming situation.

Thurm will report directly to the Secretary.

- **The vast majority of parents are making sure that their children get vaccinated against potentially serious diseases, according to data from [CDC's 2013 National Immunization Survey \(NIS\) – Children \(19-35 months\)](#).**

While vaccination coverage increased or remained stable for all routinely recommended childhood vaccines in 2013, coverage varied by state, and low coverage levels can leave states and communities vulnerable to outbreaks of potentially serious vaccine preventable diseases.

In 2013, vaccination coverage increased or remained stable for all routinely recommended childhood vaccines. Vaccination coverage remained over 90 percent for the vaccines that prevent measles, mumps, and rubella (MMR), poliovirus, hepatitis B and varicella, and increased slightly for rotavirus vaccine, from 69 percent in 2012 to 73 percent in 2013, and for 1 or more doses of hepatitis A vaccine from 82 percent in 2012 to 83 percent in 2013. Administration of the birth dose of Hepatitis B rose from 72 percent to 74 percent. The percentage of children who received no vaccines remained low, at less than one percent of children in 2013.

National coverage of children 19-35 months old with at least one dose of the measles, mumps,

and rubella (MMR) vaccine is 92 percent. While seemingly high, 1 in 12 children did not receive their first dose of MMR vaccine on time, underscoring a sizeable proportion of children that remain susceptible. As of Aug. 22, 2014, 592 measles cases had been preliminarily reported in the United States, the most cases of any year since 1994. Measles is most frequently brought to the U.S. by unvaccinated U.S. travelers returning from abroad, and it can spread quickly in communities with groups of unvaccinated and under-vaccinated people.

The NIS is an annual national immunization report card for infants and toddlers. It describes national, state, and selected local area vaccination coverage estimates among children 19-35 months old. For more information on the 2013 NIS, visit <http://www.cdc.gov/nchs/nis.htm>.

- **On August 20, 2014, the U.S. Food and Drug Administration allowed marketing of the first zinc transporter 8 autoantibody (ZnT8Ab) test, which can help determine if a person has type-1 diabetes and not another type of diabetes.**

When used with other tests and patient clinical information, the test may help some people with type 1 diabetes receive timely diagnosis and treatment for their disease.

Type-1 diabetes is the most common type of diabetes diagnosed in children and adolescents, but in some instances it may also develop in adults. People with the disease produce little or no insulin because their immune system attacks and destroys the cells in the pancreas that produce insulin, a hormone that converts sugars (glucose) in food to the energy the body needs. People with type-1 diabetes must inject insulin to regulate their blood glucose because proper regulation is critical to lower their risk of long-term complications such as blindness, kidney failure and cardiovascular disease.

The immune system of many people with type 1 diabetes produces ZnT8Ab, but patients with other types of diabetes (type 2 and gestational) do not. The KRONUS Zinc Transporter 8 Autoantibody (ZnT8Ab) ELISA Assay detects the presence of the ZnT8 autoantibody in a patient's blood.

The KRONUS ZnT8Ab ELISA Assay was reviewed through the de novo premarket review pathway, a regulatory pathway for some low- to moderate-risk medical devices that are not substantially equivalent to an already legally marketed device.

A negative result from the test does not rule out a diagnosis of type-1 diabetes. The test should not be used to monitor the stage of disease or the response to treatment.

KRONUS Zinc Transporter 8 Autoantibody (ZnT8Ab) ELISA Assay is manufactured by KRONUS Market Development Associates, Inc. in Star, Idaho.

REPORTS/POLICIES

- **The Congressional Budget Office published “Veterans' Disability Compensation: Trends and Policy Options,” on Aug. 7, 2014.** In this report, CBO found that from 2000 to 2013, the number of veterans who were receiving disability payments rose by almost 55 percent, from 2.3 million to 3.5 million, despite a 17 percent decline in the total population of living veterans (from nearly 27 million to 22 million). In 2000, 9 percent of all veterans received disability benefits; by 2013, that proportion had risen to 16 percent. Over the same period, the average real (inflation-adjusted) annualized disability payment also rose by nearly 60 percent—from \$8,100 in 2000 to \$12,900 in 2013—consistent with increases in the average number and average severity of compensable disabilities per veteran. http://www.cbo.gov/sites/default/files/cbofiles/attachments/45615-VADisability_2.pdf

- **The GAO published “Increased Oversight and Guidance Could Improve Effectiveness and Efficiency of Post-payment Claims Reviews,” (GAO-14-474) on Aug. 13, 2014.** This report examines the extent to which CMS has data to assess whether contractors conduct duplicative post-payment claims reviews; requirements for contractor correspondence with providers to help ensure effective communication; and strategies for coordination of claims review activities. <http://www.gao.gov/assets/670/664879.pdf>
- **The Institute of Medicine published “The Cost of Inaction for Young Children Globally - Workshop Summary,” on Aug 20, 2014.** In this report, IOM examined the science and economics of integrated investments in young children living in low-resourced regions of the world across the areas of health, nutrition, education, and social protection. As a result the Forum on Investing in Young Children Globally will explore a holistic view of children and caregivers by integrating analyses and disciplines that span from neurons to neighborhoods and discuss the science from the microbiome to culture. <http://www.iom.edu/Reports/2014/The-Cost-of-Inaction-for-Young-Children-Globally.aspx>

HILL HEARINGS

- There are no hearings scheduled next week.

LEGISLATION

- There was no legislation proposed this week.

MEETINGS

- The National Center for Disaster Medicine and Public Health will host the 2014 Learning in Disaster Health Workshop on **Sept. 9-10, 2014**, in the Washington DC area. <http://ncdmph.usuhs.edu/>
- The AUSA 2014 Annual Meeting & Exposition will be held **Oct. 13-15, 2014**, in Washington DC. <http://www.ausa.org/meetings/2014/Pages/AnnualMeeting.aspx>
- The 30th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.6-8, 2014**, in Miami, Fla. <http://www.istss.org/MeetingsEvents.htm>
- The AMIA 2014 Annual Symposium will be held on **Nov. 15-19, 2014**, in Washington DC. <http://www.amia.org/amia2014>
- AMSUS Annual Continuing Education Meeting will be held **Dec. 2-5, 2014**, in Washington, DC <http://amsusmeetings.org>
- The 100th Annual Meeting of Radiological Society of North America (RSNA) 2014 will be held **Dec. 5-9, 2014**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx

- The 2014 Special Operations Medical Association (SOMA) Science Assembly will be held on **Dec. 8-11, 2014**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/Pages/scientificassembly.aspx>
 - The AAMA 2015: The National Summit of Medical Administrators will be held on **Jan. 19-21, 2015**, in Clearwater, Fla. <http://aameda.org/p/cm/ld/fid=159>
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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.