

Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are in recess until Sept. 9, 2013.**

MILITARY HEALTH CARE NEWS

- **According to the *Marine Times*, Assistant Secretary of Defense for Health Affairs Dr. Jonathan Woodson met with UnitedHealth Group CEO Stephen Hemsley this week, following his visit to Colorado Springs, Colo., to listen to the concerns of doctors, medical managers and TRICARE beneficiaries over the challenges of working with the UnitedHealthcare Military & Veterans, which assumed management of the 21-state regional contract on April 1.**

Since April 1, beneficiaries and providers in the TRICARE West region have had trouble with referrals, delayed payments and backlogged claims. Rep. Doug Lamborn, R-Colo., had invited Woodson to his district to understand the scope of the issues facing businesses and Tricare patients.

UnitedHealthcare Military & Veterans was awarded the Tricare West region contract, which serves 2.9 million beneficiaries and is worth up to \$21 billion over the next five years, in March 2012, and assumed management April 1, 2013.

Nearly immediately, Tricare customers in the region began experiencing delays in customer

service and authorizations for referrals — problems so pervasive that Woodson on May 2 took the unprecedented step of waiving the requirement for TRICARE Prime beneficiaries to obtain authorization first or face a penalty fee. The waivers were extended multiple times and ended July 2.

The Defense Department released little information about either meeting, but Lamborn said the Pentagon is encouraging UnitedHealthCare Military & Veterans to automate its systems and streamline its processes.

To help solve the problem, UnitedHealthcare hired additional personnel and authorized unlimited overtime. It also transferred the company CEO to another UnitedHealthCare subsidiary and installed Tina Jonas, a former Defense Department chief financial officer, as president of the company and hired Navy Vice Adm. John Mateczun, whose active-duty jobs included serving as TRICARE's first chief medical officer — a move likely to improve the company's understanding of the military health system.

"They knew a year ahead of time they'd been getting the new contract, and it's been over five months and things are still not in order. Things are still unacceptable," Lamborn said.

- **According to a new report by Department of Defense's (DoD) Inspector General, TRICARE's mail order pharmacy program (TMOP) cost the government and beneficiaries less money than retail pharmacies and is a safe, effective way to deliver prescription drugs.**

At the request of Congress last year, the DoD Inspector General undertook an audit of TMOP and found it saved 16.7 percent — nearly \$67 million in the third quarter of fiscal year 2012 — when comparing the amount the government spent on prescription drugs through mail order and what it would have cost at retail pharmacies.

In addition, the audit found that the program offers a 99.997 percent prescription fill accuracy rate, high beneficiary satisfaction and improved patient outcomes.

The Inspector General's analysis found that prescriptions filled through the TMOP program were 99.997 percent free of clinical errors, such as shipping the incorrect pharmaceuticals, while retail pharmacies on average were 98.5 percent error-free.

To read the report, please visit: [The TRICARE Mail Order Pharmacy Program Was Cost Efficient and Adequate Dispensing Controls Were in Place.](#)

VETERANS AFFAIRS NEWS

- **The Veterans Affairs Department has chosen TriWest Healthcare Alliance and Health Net Federal Services to administer the department's community care program.**

Former Tricare West Region contractor TriWest Healthcare Alliance announced it will manage the program in 28 states — a contract worth an estimated \$4.3 billion.

In 2012, TriWest lost its bid to manage the Tricare West Region, a defeat that left the company managing one small Marine Corps contract and reduced the number of employees from 1,800 to 100.

The VA Patient-Centered Community Care program will provide services such as specialty care and mental health treatment to veterans in remote areas not served by VA or where VA health facilities cannot accommodate the number of patients.

TriWest will manage the regions spanning several southern states and including much of the

West and Alaska.

Health Net Federal Services, the company that manages the Tricare North Region, was chosen to administer the VAPCCC contract in the three remaining regions.

- **In recognition of September as Suicide Prevention Month, the Department of Veterans Affairs is mobilizing people and organizations nationwide to support veterans in crisis and spread the word about VA mental health services.**

Throughout the month, VA suicide prevention coordinators at all 151 VA medical centers will organize community events, host health fairs, lead training sessions and work with VA Voluntary Service to improve veterans' lives. VA is also launching a new Suicide Prevention Month public service announcement, "[Talking About It Matters](#)" nationwide in September.

This year's theme, "It Matters," emphasizes the people, relationships and experiences that matter to veterans and their loved ones, reinforcing their personal connections and giving their lives hope and meaning. To spark conversation about the difficult topics of suicide risk and prevention, VA will unveil a photo-sharing campaign, "[Show Us What Matters.](#)" and will invite Veterans and their loved ones to upload photos of the special people in their lives to [VeteransCrisisLine.net/ItMatters](#).

Throughout the summer and through September, VA is holding [Mental Health Summits](#) at all 151 VA medical centers to further engage community partners, veteran service organizations, health care providers and local governments, and to address the broad mental health needs of veterans and their families and show them they matter.

Veterans, or anyone concerned about a veteran, can call 1-800-273-8255 and Press 1, chat online at [VeteransCrisisLine.net/Chat](#) or text to 838255 to receive support—even if they are not registered with VA or enrolled in VA health care. All Veterans Crisis Line resources are optimized for mobile devices.

Since 2007, the Veterans Crisis Line has answered more than 890,000 calls and made more than 30,000 lifesaving rescues. In 2009, the Veterans Crisis Line added the anonymous chat service, which has had more than 108,000 chats.

- **The *Washington Post* reports that the Obama Administration will not enforce the provision in Title 38 that defines the term spouse to mean "person of the opposite sex" for purposes of benefits from the Department of Veterans Affairs.**

In doing so, gay married couples will be eligible for veterans' benefits.

Attorney General Eric Holder informed congressional leaders of the policy change this week.

The move represents another Obama administration response to the Supreme Court decision this year that overturned a key provision of the Defense of Marriage Act. In recent months, the Department of Defense Pentagon, the IRS and the Office of Personnel Management announced they offer the same benefits to all married couples – whether they were same-sex or opposite sex couples.

The Supreme Court declared in June that the federal government must provide legally married gay couples with the same federal tax, health, Social Security and other benefits that opposite-sex couples receive.

- **More than 200,000 preventable deaths from heart disease and stroke occurred in the United States in 2010, according to a new report from the Centers for Disease Control and Prevention.**

More than half of these deaths happened to people younger than 65 years of age, and the overall rate of preventable deaths from heart disease and stroke went down nearly 30 percent between 2001 and 2010, with the declines varying by age. Lack of access to preventive screenings and early treatment for high blood pressure and high cholesterol could explain the differences among age groups.

Age: Death rates in 2010 were highest among adults aged 65-74 years (401.5 per 100,000 population). But preventable deaths have declined faster in those aged 65–74 years compared to those under age 65.

Race/ethnicity: Blacks are twice as likely — and Hispanics are slightly less likely — as whites to die from preventable heart disease and stroke.

Sex: Avoidable deaths from heart disease, stroke and high blood pressure were higher among males (83.7 per 100,000) than females (39.6 per 100,000). Black men have the highest risk. Hispanic men are twice as likely as Hispanic women to die from preventable heart disease and stroke.

Location: By state, avoidable deaths from cardiovascular disease ranged from a rate of 36.3 deaths per 100,000 population in Minnesota to 99.6 deaths per 100,000 in the District of Columbia. By county, the highest avoidable death rates in 2010 were concentrated primarily in the southern Appalachian region and much of Tennessee, Arkansas, Mississippi, Louisiana and Oklahoma. The lowest rates were in the West, Midwest and Northeast regions.

To save more lives from these preventable deaths, doctors, nurses and other health care providers can encourage healthy habits at every patient visit, including not smoking, increasing physical activity, eating a healthy diet, maintaining a healthy weight, and taking medicines as directed.

Communities and health departments can help by promoting healthier living spaces, including tobacco-free areas and safe walking areas. Local communities also can ensure access to healthy food options, including those with lower sodium. Health care systems can adopt and use electronic health records to identify patients who smoke or who have high blood pressure or high cholesterol and help providers follow and support patient progress.

- **The National Institutes of Health will award \$2.8 million this year for six research projects to pursue a longer-lasting dental composite, the white, currently resin-based fillings that are a mainstay of dentistry.**

The six projects, each funded for five years, will allow a select group of scientists around the country to work independently toward the common goal of doubling the service life of dental composites. In the U. S., dentists currently place more than 122 million dental composites per year. But they fail on average in less than eight years and must be replaced, often with another dental composite.

The first dental composite was developed during the early 1960s to answer dentistry's need for an esthetically pleasing, tooth-colored filling. The new material was packaged into tubes as a sticky paste composed of thousands of individual molecules, or monomers, of methacrylate and a reinforcing filler of white silica powder. Methacrylate is a derivative of the organic compound methacrylic acid and a common constituent of polymer plastics.

Dentists loaded the paste into the cavity and pulsed a light source. The light energy triggered a chemical chain reaction in which the methacrylate monomers interconnected like links in a necklace and formed strong, durable, adhesive polymers that hardened inside the tooth.

Over the past half century, researchers have made numerous improvements to the filler material and added additional compounds to enhance the depth and degree of the monomer-to-polymer conversion. But the majority of today's dental composites still employ the original methacrylate monomer, known as Bis-GMA.

A concern is this monomer, when polymerized, may work together with certain microorganisms in the mouth to cause a recurrence of decay in the repaired tooth. An estimated 600 to 800 distinct microorganisms that inhabit the mouth have learned to colonize for a competitive advantage over its microbial rivals.

To explore the issue further, each of the five research projects will team for one of the first times material scientists, polymer chemists, and microbiologists. Another possible area of study will be to characterize whether the natural enzymes in saliva also play a role in degrading restorative dental materials.

To learn about the grants, please visit: <http://www.nih.gov/news/health/sep2013/nidcr-05.htm>.

- **The percentage of U.S. high school students who say they have tried e-cigarettes has doubled in the past year to 10 percent, according to the Centers for Disease Control and Prevention (CDC).**

E-cigarette experimentation and recent use doubled among U.S. middle and high school students during 2011–2012, resulting in an estimated 1.78 million students having ever used e-cigarettes as of 2012. E-cigarettes are often seen as safer than traditional cigarettes.

An estimated 160,000 students who reported ever using e-cigarettes had never used conventional cigarettes. This is a serious concern because the overall impact of e-cigarette use on public health remains uncertain.

Just 2.8 percent of high school students say they've used e-cigarettes in the past 30 days, which suggests many are experimenting but not smoking them steadily - yet.

E-cigarettes are pencil-shaped devices that use a cartridge to deliver an aerosol mist containing nicotine with flavorings. It's propelled by propylene glycol or glycerol. The CDC states that there are potentially harmful constituents in some e-cigarette cartridges, including irritants, genotoxins (which can damage DNA), and animal carcinogens. They cost from \$10 to \$120, depending on how many charges it provides.

The data show that 76.3 percent of middle and high school students who used e-cigarettes within the past 30 days also smoked conventional cigarettes in the same time. And about 20 percent of the middle school students who had tried e-cigarettes said they have never tried conventional cigarettes.

CDC and FDA researchers looked at answers from the 2011 and 2012 National Youth Tobacco Survey, a pencil-and-paper questionnaire given to students in grades 6-12 at their schools.

REPORTS/POLICIES

- **The GAO published “VA Benefits: Improvements Needed to Ensure Claimants Receive Appropriate Representation,” (GAO-13-643) on Aug. 30, 2013.** This report examines the extent to which VA's procedures adequately ensure representatives meet program requirements, and any obstacles that may impede VA's efforts to adequately implement its accreditation process. <http://www.gao.gov/assets/660/656500.pdf>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **Sept. 9, 2013**, to examine preventable deaths, patient-safety issues and bonuses for VA execs who oversaw them.
- The Senate and House Veterans Affairs Committees will hold a joint hearing on **Sept. 10, 2013**, to receive legislative presentation of the American Legion.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **Sept. 17, 2013**, to examine the barriers for veterans accessing effective mental health care.

LEGISLATION

- There was no legislation proposed this week.

MEETINGS

- The Learning in Disaster Health: A Continuing Education Workshop will be held on **Sept. 17-18, 2013**, in Washington DC. <http://hjf.cvent.com/events/learning-in-disaster-health-a-continuing-education-workshop/event-summary-8688867233a844d3b5a3afeccebbf288.aspx>
- The MGMA 2013 Annual Conference will be held on Oct. 6-9, 2013, in San Diego, Calif. <http://www.mgma.com/mgma-conference/>
- The AMSUS Annual Continuing Education Meeting will be held **Nov. 3-8, 2013**, in Seattle Wash. AMSUSMeeting.org
- The 29th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.7-9, 2013**, in Philadelphia, Pa. <http://www.istss.org/Home.htm>
- The AMIA 2013 Annual Symposium will be held on **Nov. 16-20, 2013**, in Washington DC. <http://www.amia.org/amia2013>
- The Radiological Society of North America (RSNA) 2013: **Dec. 1-3, 2013**, in Chicago, Ill. http://www.rsna.org/Annual_Meeting.aspx
- The 2013 Special Operations Medical Association (SOMA) Conference will be held on **Dec. 14-17, 2013**, in Tampa, Fla. <http://www.specialoperationsmedicine.org/>

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