

# Federal Health Update

OCT 14, 2016

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

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## EXECUTIVE AND CONGRESSIONAL NEWS

- **The Senate and House are in recess until Nov. 12 and 14, 2016, respectively.**
- **The White House announced that the United States joined the Netherlands and other participants in the 55-country Global Health Security Agenda (GHSA), as well as non-governmental organizations, foundations, and private sector stakeholders, as they take collective action to address epidemic threats.**

The [GHSA](#) was launched in 2014 and has sparked historic commitments and kindled new momentum to establish global capacity to address devastating outbreaks – whether naturally occurring, deliberate, or accidental. Equally important, the GHSA involves all sectors of government and engages leaders from around the world – the level of commitment required to prevent, detect, and respond to biological threats that cross borders in an increasingly globalized world. The GHSA has also ignited innovative and historic common targets and tools so that all countries can better share information, know where they stand, measure progress using the same metrics, and work collectively to fill remaining gaps.

When the GHSA was launched, only approximately 30 percent of all countries were able to report that they had the necessary capacities in place to address public health emergencies. Since the launch of the GHSA in 2014, 17 at-risk countries are receiving \$1 billion in United States assistance to address epidemic threats, 31 countries and the Caribbean Community are developing 5-year plans with common targets and milestones to measure outcomes, the G-7 Leaders have made a collective commitment to assist 76 countries and regions, 18 countries –

including the United States – will have undergone a World Health Organization (WHO) Joint External Evaluation (JEE) by the end of this week, and over 30 additional countries are scheduled to do so.

One of the ways the U.S. is spurring innovation is by funding USAID's Combatting Zika and Future Threats Grand Challenge. This week, [USAID announced](#) a second set of awards to combat future threats. From issuing new technology to deliver critical medical supplies in remote areas to the use of big data to prevent future disease outbreaks, innovators across the globe are responding with solutions to tackle the outbreaks of today and strengthen our position in the fight against the outbreaks of tomorrow.

The U.S. has made bilateral commitments to partner with 31 countries and the Caribbean Community to achieve the targets of the GHSA, including the development of [five-year national Roadmaps](#). In July 2015, the U.S. government [announced](#) its intent to invest more than \$1 billion in resources to expand the GHSA to prevent, detect, and respond to future infectious disease outbreaks in 17 partner countries. To date, all of these countries have completed assessments of GHSA target capacities and have designed five-year Roadmaps that reflect input from multiple sectors, including health, agriculture, livestock, development partners, and non-governmental stakeholders.

In addition, the United States is partnering with 13 additional countries, as well as the Caribbean region, to design Roadmaps and forge the partnerships needed to achieve the GHSA targets.

## MILITARY HEALTH CARE NEWS

- **Last week the *Update* incorrectly reported that the TRICARE Pharmacy program network had expanded to Walmart. Walgreens is the new network provider for TRICARE, not Walmart.**
- **The Defense Health Agency (DHA) announced that the initial deployment of MHS GENESIS, the Military Health System's (MHS) electronic health record, will take place at Fairchild Air Force Base, Wash., in February 2017.**

The updated schedule provides additional time for the DoD Healthcare Management System Modernization program and its industry partner, Leidos Partnership for Defense Health, to expand the capabilities included in initial deployment, improving the user experience for health care providers and MHS beneficiaries. MHS GENESIS is a single, integrated medical and dental electronic health record for use across the MHS.

Deployment at additional inpatient facilities in the Pacific Northwest is scheduled to start as early as June 2017. This effort now incorporates additional capabilities planned for release later in the deployment schedule. The modified schedule will not impact MHS GENESIS' full deployment target of 2022.

- **TRICARE announced that the intranasal flu vaccine known as FluMist will not be available at Department of Defense (DoD) facilities or covered by TRICARE during the 2016-17 influenza season.**

The Centers for Disease Control and Prevention (CDC) recommended against using FluMist this year, due to several studies showing it is not effective in preventing influenza among certain age groups.

This season, the DoD's entire supply of flu vaccine will be injectable. It is recommended for everyone, ages six months and older. The DoD expects to have enough supply of injectable vaccine at military treatment facilities (MTFs) for all age groups.

The DoD follows the recommendations of the CDC Advisory Committee on Immunization Practices, which recommended in July not to use the live, intranasal vaccine. This was based on studies that showed FluMist's wasn't very effective against H1N1, a common strain of the flu which caused the 2009 pandemic. The live, intranasal vaccine was found to be ineffective against H1N1 during the 2013-14 and 2015-16 seasons in children ages 2 to 17.

Vaccine effectiveness refers to the ability of a vaccine to prevent actual cases of disease in real-world settings. How effective the flu vaccine is can vary widely from year-to-year, depending on the "match" between the circulating flu viruses and the viruses used to produce the vaccine. The vaccine can also vary in effectiveness based on the age and overall health of the person getting immunized.

Another recent report suggested that older people, or those with other serious medical conditions, should wait until later in the fall to get the flu vaccine, so the protection doesn't wear off before flu season ends.

However, the CDC recommends that people get the flu vaccine as soon as it becomes available. While delaying immunization could have some benefit, waiting could result in missed opportunities to immunize. In other words, it's better to get immunized early than not at all.

The DoD expects to reach its goal of 90 percent of the total force immunized by Dec. 15, 2016.

For more information about DoD coverage of the flu vaccine, visit the [IHB flu resource page](#).

## VETERANS AFFAIRS NEWS

- The Department of Veterans Affairs (VA) published no announcements this week.

## GENERAL HEALTH CARE NEWS

- **Breast cancer death rates among women decreased during 2010-2014, but racial differences persisted, according to a study by the Centers for Disease Control and Prevention (CDC).**

The findings show changes for death rates from breast cancer by age group for black and white women, the groups with the highest death rates in the United States.

Study highlights include:

- There was a faster decrease in breast cancer death rates for white women (1.9 percent per year) than black women (1.5 percent per year) between 2010 and 2014.
- Among women under age 50, breast cancer death rates decreased at the same pace for black and white women.
- The largest difference by race was among women ages 60–69 years: breast cancer death rates dropped 2.0 percent per year among white women, compared with 1.0 percent per year among black women.

The authors noted that the drop in death rates among women may be due to improved education about the importance of appropriate breast cancer screening and treatment, as well as women having access to personalized and cutting-edge treatment.

The [United States Cancer Statistics](#) web-based report contains the official federal statistics on

newly diagnosed cancer cases. CDC and the National Cancer Institute have combined their cancer incidence data sources to produce these statistics. Mortality data are from CDC's [National Vital Statistics System](#). CDC provides support for states and territories to maintain registries that provide high-quality data through the [National Program of Cancer Registries](#).

- **The Centers for Medicare & Medicaid Services (CMS) announced a new initiative to improve the clinician experience with the Medicare program.**

As delivery system reforms from the Affordable Care Act and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) are implemented, this new long-term effort aims to reshape the physician experience by reviewing regulations and policies to minimize administrative tasks and seek other input to improve clinician satisfaction. The initiative will be led by senior physicians within CMS who will report to the Office of the Administrator.

Acting Administrator Andy Slavitt is appointing Dr. Shantanu Agrawal to lead the development of this function and implementation, which will cover documentation requirements and existing physician interactions with CMS, among other aspects of provider experiences. To ensure CMS is hearing from physicians on the ground, each of the ten CMS regional offices will oversee local meetings to take input from physician practices within the next six months and regular meetings thereafter.

These local meetings will result in a report with targeted recommendations to the CMS Administrator in 2017. Three of CMS's regional Chief Medical Officers – Dr. Barbara Connors in Philadelphia, Dr. Ashby Wolfe in San Francisco, and Dr. Richard Wild in Atlanta – have agreed to serve as regional champions of this initiative.

#### **Launch of First Initiative: Medical Review Reduction**

The first action is the launch of an 18-month pilot program to reduce medical review for certain physicians while continuing to protect program integrity. Under the program, providers practicing within specified Advanced Alternative Payment Models (APMs) will be relieved of some scrutiny under certain medical review programs.

Advanced APMs were identified as a potential opportunity for this pilot because participating clinicians share financial risk with the Medicare program. Two-sided risk models provide powerful motivation to deliver care in the most efficient manner possible, greatly reducing the risk of improper billing of services. After the results of the pilot are analyzed, CMS will consider expansion along various dimensions including additional Advanced APMs, specialties, and provider types.

The dedicated team of clinicians participating in Medicare serve over 55 million of the country's seniors and individuals with disabilities. Through this new initiative, CMS is focused on supporting and empowering those clinicians through a flexible, modern Medicare program informed by clinician expertise and experience.

For more information, please visit:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-10-13.html> and <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Overview.html>.

## **REPORTS/POLICIES**

- **The GAO published *“Health Care Quality: HHS Should Set Priorities and Comprehensively***

***Plan Its Efforts to Better Align Health Quality Measures,***” (GAO-17-5) on Oct. 13, 2016. In this report, GAO examined what is known about the extent and effects, if any, of quality measure misalignment; key factors that can contribute to misalignment; and HHS's efforts to address any misalignment. <http://www.gao.gov/assets/690/680433.pdf>

## HILL HEARINGS

- There are no hearings scheduled next week.

## LEGISLATION

- There was no legislation introduced this week.

## MEETINGS

- 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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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).