

Federal Health Update

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ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate is in recess until Oct. 19, 2015.**

MILITARY HEALTH CARE NEWS

- **General Leonard Wood Army Community Hospital, located on Fort Leonard Wood, Missouri, is now home to the Army's most advanced Computerized Tomography, or CT, system, able to produce a 3D image of the entire heart in less than one heartbeat.**

The new system, which is the Toshiba Aquilion One CT scanning system, is able to take such sophisticated images - up to 640 image slices in a single scan - because of its 8-inch detector, which is twice as wide as other comparable machines. The wider detector allows the system to capture complete images of organs, such as the heart, in one scan rather than multiple scans that have to be "stitched together" electronically.

The U.S. Army Medical Materiel Agency, or USAMMA, evaluated and acquired the system as part of the Medical Care Support Equipment, or MEDCASE, program, which is an Army-funded program that validates all high-dollar medical device requirements through Army Medicine.

USAMMA is the execution agency for the MEDCASE Program, which is facilitated through the Technology Assessment Requirements Analysis, or TARA, Team. The TARA team visits medical treatment facilities, or MTFs, and other medical environments to assess its medical equipment

and clinical needs, and then makes recommendations regarding future acquisitions by providing the MTF a three-to-five year medical equipment acquisition plan.

More than a decade ago, USAMMA senior biomedical engineer Mack Moaveni first spotted the development of Toshiba's advanced CT technology while he was conducting market surveillance, looking for new technology that would eventually flourish into advanced development and products that benefit patients and clinicians.

Experts expect the new scanner will benefit most the older patient populations because it potentially reduces the number of invasive tests needed, such as cardiac catheterizations, as well as trauma patients who need quick and accurate diagnostic results. The system uses a technique called Adaptive Iterative Dose Reduction, which also reduces patient dosage of radiation.

The system also features a unique Single Energy Metal Artifact Reduction software algorithm that reduces image artifacts, or streaking, that can happen when a patient has metal in his body from items such as surgical screws or prosthetics.

The Army is looking to deploy additional advanced CT scanners at other major medical centers. Because of the Army's modernization movement with all medical technology, it may also be deployed on the battlefield. Currently, 16-slice scanning capability is available at many combat field hospitals.

However, with a more sophisticated scanner come logistical support concerns may not be a concerns at a MTF but would be a concern on the battlefield. Devices have to be "hardened" before they can go into the field, able to contend with harsh environments and austere conditions. Most importantly, the decision has to be requirement-driven based on what best suits the needs of the mission.

- **The 59th Medical Wing Emergency Medical Services team at the Wilford Hall Ambulatory Surgical Center is improving the quality of medical care on ambulances with a safer, more accurate means of administering certain medications.**

The team is the first unit in the Air Force Medical Service to use the Perfusor Space Infusion Pump system on board ambulances to administer medications and IV fluids in emergency situations.

The staff reviewed literature, legislative guidance, and local standards for advanced life support runs. They found that most EMS systems were using infusion pumps on their ambulances.

This led to the decision to align the 59th MDW EMS unit with local EMS standards and practices, he added.

Prior to using infusion pumps, the team determined the amount of medication administered by calculating drip rates. This method is taught at the Air Force paramedic school and still used by some civilian and Department of Defense EMS systems.

VETERANS AFFAIRS NEWS

- **The Durham VA Medical Center in North Carolina hosted more than 100 veterans from across the country for the 2015 National Veterans Creative Arts Festival on Oct. 12-18, 2015.**

The National Veterans Creative Arts Festival featured gold medal-winning entries from 53

categories of art, ranging from oil painting to leatherwork to fiber art. Veterans' artwork will be displayed at an exhibit at Gerrard Hall at the University of North Carolina, Chapel Hill on Oct. 18. Performing artists will present a stage show at Memorial Hall also at the university. Tickets are free to the events and must be obtained by contacting 919-286-0411, ext. 6070. The exhibit and stage show are open to the public and media.

The weeklong festival, sponsored by VA and the American Legion Auxiliary, showcases the artistic achievements of veterans from across the country who placed first in national art, music, dance, drama and creative writing division competitions. The veterans are participating in workshops, rehearsals and artistic interaction sessions, culminating in Sunday's art exhibit and stage show performance.

Among many other therapeutic benefits, the Festival encourages artistic expression to help Veterans dealing with PTSD and other psychological issues. More than 3,500 veterans participate in local competitions for a chance to attend the annual national festival.

The festival relies heavily on the support provided by numerous American Legion Auxiliary volunteers.

- **The Department of Veterans Affairs has named Skye McDougall as the next new health-care director to oversee the Phoenix VA hospital and other facilities in the Southwest.**

McDougall will begin work early next month as director of the Southwest Health Care Network, also known as VISN 18. She currently serves as acting director of the Desert Pacific Healthcare Network, a Veterans Health Administration supervisory office for Southern California.

GENERAL HEALTH CARE NEWS

- **Health and Human Services (HHS) Secretary Sylvia Burwell announced more than \$240 million to support the [National Health Service Corps \(NHSC\)](#) and [NURSE Corps scholarship and loan repayment programs](#) to increase access to primary health care in the communities that need it most.**

These programs provide funding to primary care clinicians and students in exchange for their service in underserved communities. They also assist in removing financial barriers for health professionals interested in practicing a primary care discipline, enabling them to pursue community-based careers.

This announcement coincides with the NHSCs' annual [Corps Community Month](#). Each October, the observance celebrates the impact of the NHSC and highlights the importance of choosing a career in primary care.

Today, more than 9,600 NHSC primary care medical, dental, nursing and behavioral and mental health practitioners are serving and providing culturally competent care to millions of medically underserved people – more than double the number in 2008. Additionally, over 2,000 NURSE Corps nurses are also working in communities to improve access to care. The bipartisan Medicare Access and CHIP Reauthorization Act which the President signed into law in April extends funding for the NHSC for two additional years.

Today's awards will support the following programs:

- [National Health Service Corps Scholarship Program](#) (\$39.3 million) provides 196 new awards to students pursuing primary care training leading to a degree in medicine,

dentistry, or a degree as a nurse-midwife, physician assistant, or nurse practitioner in exchange for providing primary health care services in an areas of greatest need.

- [National Health Service Corps Loan Repayment Program](#) (\$125.9 million) provides 2,934 new awards to fully trained primary care clinicians in exchange for providing primary health care services in an area of greatest need.
- [National Health Service Corps Students to Service Loan Repayment Program](#) (\$11.2 million) provides 96 new awards. This program provides loan repayment assistance to allopathic and osteopathic medical students in their last year of school in return for selecting and completing a primary care residency and working in rural and urban areas of greatest need.
- [NURSE Corps Scholarship Program](#) (\$23.2 million) provides 257 new awards to nursing students in exchange for a commitment to work at least two years in a facility with critical shortages.
- [NURSE Corps Loan Repayment Program](#) (\$39.6 million) provides 590 new awards. The program offers loan repayment assistance to nurses in exchange for a commitment to serve at least 2 years at a health care facility with a critical shortage of nurses or serve as nurse faculty at an accredited school of nursing.
- [Faculty Loan Repayment Program](#) (\$1.1 million) provides 21 new awards to health professions educators in exchange for serving as a faculty member in an accredited and eligible health professions school. The program also encourages participants to promote careers in their respective health care fields.
- [Native Hawaiian Health Scholarship Program](#) (\$799,000) provides 9 new awards to Native Hawaiian health care professionals trained in those disciplines and specialties most needed to deliver quality, culturally competent, primary health services to Native Hawaiians in the State of Hawaii.

For more information about NHSC programs, please visit: www.NHSC.hrsa.gov.

For more information about NURSE Corps programs, please visit: www.hrsa.gov/loanscholarships/nursecorps/index.html.

▪ **Excessive alcohol use continues to be a drain on the American economy, according to a study released by the Centers for Disease Control and Prevention (CDC).**

Excessive drinking cost the U.S. \$249 billion in 2010, or \$2.05 per drink, a significant increase from \$223.5 billion, or \$1.90 per drink, in 2006. Most of these costs were due to reduced workplace productivity, crime, and the cost of treating people for health problems caused by excessive drinking.

Binge drinking, defined as drinking five or more drinks on one occasion for men or four or more drinks on one occasion for women, was responsible for most of these costs (77 percent). Two of every 5 dollars of costs -- over \$100 billion -- were paid by governments.

Excessive alcohol consumption is responsible for an average of 88,000 deaths each year, including 1 in 10 deaths among working-age Americans ages 20-64.

Excessive alcohol use cost states and the District of Columbia a median of \$3.5 billion in 2010, ranging from \$488 million in North Dakota to \$35 billion in California. Washington D.C. had the highest cost per person (\$1,526, compared to the \$807 national average), and New Mexico had the highest cost per drink (\$2.77, compared to the \$2.05 national average).

The 2010 cost estimates were based on changes in the occurrence of alcohol-related problems

and the cost of paying for them since 2006. Even so, the researchers believe that the study underestimates the cost of excessive drinking because information on alcohol is often underreported or unavailable, and the study did not include other costs, such as pain and suffering due to alcohol-attributable harms.

The study, "2010 National and State Costs of Excessive Alcohol Consumption," is available at <http://www.ajpmonline.org/content/infoformedia>. For more information: <http://www.cdc.gov/alcohol/>.

- **The Centers for Medicare & Medicaid Services (CMS) announced the beginning of the Medicare Open Enrollment period where people with Medicare can shop for a Medicare Advantage (MA) or Prescription Drug Plan (PDP) for 2016.**

The Medicare Open Enrollment period happens every year from October 15 through December 7.

For 2016, Medicare beneficiaries will have access to even more plans with high-star quality ratings at stable or lower costs. The average basic Medicare PDP premium in 2016 will remain stable at \$32.50 per month while the average MA premium will decrease to an average of \$32.91. In addition, approximately 49 percent of 2016 MA plans and 41 percent of PDPs earned 4 stars or higher in their 2016 overall star rating.

And, thanks to the Affordable Care Act, people with Medicare are seeing reduced costs on covered brand-name and generic drugs. Since 2010, closing the prescription drug "donut hole" has saved nearly 10 million Medicare beneficiaries more than \$17.6 billion on prescription drugs through July 2015. Since the law passed, MA premiums have dropped by an estimated 10 percent while enrollment has climbed by over 50 percent.

Beneficiaries can visit www.Medicare.gov to search for a plan that is right for them. They can compare costs, premiums and star ratings for 2016 MA health and drug plans. Star ratings can be used to compare the quality of health and drug plans being offered. Medicare MA health and drug plans with 5- star ratings are eligible to enroll beneficiaries at any time during the year.

If Medicare beneficiaries are satisfied with their current coverage and feel it will meet their needs for 2016, they do not need to do anything. Those with original Medicare are eligible to shop for a health or drug plan; or, individuals with a MA health plan may use the Open Enrollment period to switch to original Medicare.

Please visit www.Medicare.gov to see plan coverage and costs available in their area and enroll in a new plan if they decide to make a change. Open Enrollment information is available in Spanish.

Review the 2016 *Medicare & You* handbook: www.Medicare.gov/pubs/pdf/10050.pdf and has been mailed to the homes of people with Medicare.

REPORTS/POLICIES

- **The Institute of Medicine published "Rapid Medical Countermeasure Response to Infectious Diseases: Enabling Sustainable Capabilities Through Ongoing Public- and Private-Sector Partnerships: Workshop Summary," on Oct. 12, 2015.** The report features discussions on the MCM development process in the face of three types of infectious disease outbreaks and explores the regulatory and operational challenges encountered when rapid response is needed for an already evolving worldwide emergency. <http://iom.nationalacademies.org/Reports/2015/Rapid-Medical-Countermeasure-Response-to-Infectious-Diseases.aspx#sthash.PejtACC9.dpuf>

HILL HEARINGS

- The House Veterans Affairs will hold a hearing on **Oct. 21, 2015**, to examine VA Office of Inspector General's final report on the inappropriate use of position and the misuse of the relocation program and incentives.
- The House Veterans Affairs Subcommittee on Health will hold a hearing on **Oct. 22, 2015**, to evaluate VA primary care delivery, workload and cost.

LEGISLATION

- **H.R.3742** (introduced Oct. 10, 2015): Access to Marketplace Insurance Act was referred to the House Committee on Energy and Commerce.
Sponsor: Representative Kevin Cramer [ND]
- **H.RES.474** (introduced Oct. 9, 2015): Recognizing the important contribution and added value of mental health and psychosocial support services and the importance of building such capacity in humanitarian and development contexts was referred to the Committee on Energy and Commerce, and in addition to the Committee on Foreign Affairs.
Sponsor: Representative Betty McCollum [MN-4]

MEETINGS

- The National Center for Disaster Medicine and Public Health (NCDMPH) will host a webinar: "Getting Published: From Peer Review to Print," on **Oct. 27, 2015**, to review the benefits of scholarly publishing, and provide guidelines for the best way to prepare a paper for peer review, and ultimately, acceptance. <http://ncdmph.adobeconnect.com/r9t42f0r4jp/>
- The 31st Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) will be held **Nov.5-7, 2015**, in New Orleans, La. <http://www.istss.org/am15/home.aspx>
- The AMIA 2015 Annual Symposium will be held on **Nov. 14-16, 2015**, in San Francisco, Calif. <https://www.amia.org/amia2015>
- 2015 AMSUS Annual Continuing Education Meeting will be held **Dec. 1-4, 2015**, in San Antonio, Texas <http://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.