Federal Health Update

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EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate are adjourned until after the election.**

MILITARY HEALTH CARE NEWS

- **On Oct. 19, 2014, the Department of Defense announced Secretary Hagel ordered his Northern Command Commander, Gen. Chuck Jacoby, to prepare and train a 30-person expeditionary medical support team that could, if required, provide short-notice assistance to civilian medical professionals in the United States.**

  Gen. Jacoby is now working with the military services to source and to form this joint team. The team will consist of 20 critical care nurses, 5 doctors trained in infectious disease, and 5 trainers in infectious disease protocols.

  Once formed, team members will be sent to Fort Sam Houston in Texas for up to seven days of specialized training in infection control and personal protective equipment (PPE). That training is expected to start within the next week or so and will be provided by the U.S. Army Medical Research Institute of Infectious Diseases.

  Upon conclusion of training, team members will remain in a "prepare to deploy" status for 30 days, available to be sent to other CONUS locations as required. They will not be sent to West Africa or elsewhere overseas and will be called upon domestically only if deemed prudent by our

public health professionals.

Secretary Hagel is committed to ensuring DoD is prepared to provide appropriate capabilities, as required, to support our government's response to this deadly disease. He is extraordinarily proud of the skill and professionalism of our servicemen and women and of the unique capabilities they bring to bear in this important effort. As always, their safety and security will remain foremost on his mind.

- ***Military Update*** **reports that it is unlikely that President Obama's proposed increases to in prescription drug co-payments for retirees who use retail pharmacies or TRICARE mail order will be defeated in Congress.**

This is one of three significant compensation changes still alive on Capitol Hill are:

- A second consecutive one-percent cap on the January military pay raise;
- A string of annual increases in prescription drug co-payments for retirees who use retail pharmacies or TRICARE mail order, which would begin next year;
- Higher out-of-pocket rental costs to be paid by a million service members who draw stateside Basic Allowance for Housing (BAH).

While the Senate version of the bill adopted the measures, the House version did not but didn't identify how the savings would be replaced.

Military Update suggests that because of limited time, the military defense bill is likely to run the same course as it did last year where key senators and staff met informally with House counterparts, negotiated away differences between the Senate committee bill and the House-passed bill. The result was a new bill that quickly cleared the House and then the Senate with no debating final details.

The proposed measures to prescription co-pays are below:

- Prescriptions filled on base would remain free but co-pays at retail outlets and mail order would increase, most sharply for brand name medicines. The changes largely would impact retirees and their families.
- The $17 co-pay at retail for brand name drugs on the military's formulary would jump to $26 initially and see annual increases until reaching $45 by 2024. The $5 co-pay for generic drugs at retail would increase by $1 a year until 2024.
- The co-pay of $13 for mail order brand name drugs on formulary would double to $26 next year and reach $45 by 2024. Generic drugs would be free if filled by mail until 2019, then a $9-co-pay would be charged for a 90-day supply.
- Drugs not on the formulary cost $44 to fill at retail pharmacies. Under the Senate bill, non-formulary drugs would only be available by mail order or on base, not at retail outlets, starting next year. The $41 mail order co-pay for a three-month supply would jump to $51 and increase annually to reach $90 by 2024.
- Exempted from higher co-pays would be members medically retired, spouses of members who die on active duty and family members of both groups.

The higher co-pays would save the Defense health program $1.5 billion in direct costs by 2019 and $3 billion more in accrual payments into a fund set up to cover health costs of military retirees also eligible for Medicare.

To read the full story, please visit:
http://www.shreveporttimes.com/story/opinion/columnists/2014/10/23/slim-chance-stop-higher-rx-

co-pays/17784525/.

- **TRICARE outlined outpatient behavioral health care available for children, teens and college students.**

  TRICARE Prime beneficiaries can get routine primary care appointments to assess behavioral health within seven calendar days and within 30 minutes travel time of beneficiaries' residences. Prime beneficiaries can use their primary care manager (PCM); a mental health provider within their primary care clinic; or a behavioral health care provider in the MTF or with their TRICARE-authorized provider in the community. Following the initial behavioral health assessment, referrals for additional care are provided within four weeks or 28 days, unless the referring provider determines more urgent care is needed.

  All other beneficiaries can schedule an appointment with any TRICARE-authorized provider. Beneficiaries don't need referrals for mental health care appointments; however, after the eighth outpatient visit, they will need prior authorization.

  If emergency care is required, beneficiaries should call 911 or visit the nearest emergency room. Seek emergency care for a child or teen at risk of hurting themselves or others; is experiencing life-threatening conditions or abnormal behaviors; or is having an alcohol or drug overdose or significant side-effects.

  For an urgent care appointment, TRICARE Prime beneficiaries should first seek urgent care services from their PCM. Nonemergency care is available within 24 hours and within 30 minutes travel time of the beneficiary's residence. Parents of college-age children should ensure that the Defense Enrollment Eligibility Reporting System (DEERS) information is up-to-date and have a signed "Authorization for Disclosure of Medical or Dental Information" or DD Form 2870, if access is needed to their child's behavioral health information. For more information about getting care, visit www.tricare.mil/mhcare.

  Military families have many resources when looking for help. They can call Military OneSource 24/7 and speak to a consultant. That number is 1-800-342-9647. Beneficiaries can also call the Nurse Advice Line at 1-800-TRICARE (824-2273), and choose option 1.

  For more information about TRICARE's mental health resources, visit www.tricare.mil/mentalhealth. To download the Behavioral Health Care Services Fact Sheet, go to http://go.usa.gov/2PKF.

- **Navy and Marine Corps enlisted service members will join their colleagues in the Air Force and Army for an opportunity to prepare for future careers as uniformed physicians through a new program headquartered at the F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences.**

  Secretary of the Navy Ray Mabus officially authorized their participation in the program in a memo dated Sept. 9, 2014.

  The "Enlisted to Medical Degree Preparatory Program," or EMDP2, is a 24-month program for highly-qualified enlisted service members interested in a career as a military doctor. Candidates attend school full-time at George Mason University-Prince William (GMU-PW) campus in Manassas, Virginia, to prepare them to apply to medical school, while remaining on active duty. Candidates must possess a baccalaureate degree from an accredited academic institution with a minimum of a 3.2 grade point average and meet service requirements for commissioning.

  The inaugural EMDP2 class, five students each from the Air Force and Army, reported to USU at the end of August 2014 to begin the program. The program includes full-time medical school

preparatory coursework in a traditional classroom setting at GMU-PW, structured pre-health advising, formal Medical College Admission Test preparation, dedicated faculty and peer mentoring at USU, and integrated clinical exposure. Students completing the program successfully will qualify to apply to USU, or other U.S. medical schools through the Armed Forces Health Professions Scholarship Program.

Mabus directed the Navy Surgeon General to establish criteria for participation in the program, application procedures and policies, and to coordinate policy guidance with the Chief of Naval Personnel and Commandant of the Marine Corps. For more information on the EMDP2, visit the USU website.

VETERANS AFFAIRS NEWS

- **On Oct. 23, 2014, representatives from the Department of Veterans Affairs (VA) met with Veteran Service Organizations (VSO) at the Washington VA Medical Center for a hands-on demonstration and discussion about VA's telehealth programs and services.**

  The hands-on demonstration included a presentation of VA's new Clinical Video Telehealth scheduling software which launched last month and is intended to improve how VA employees schedule telehealth appointments.

  Telehealth rapidly is becoming a popular option, particularly for Veterans who do not have a VA health care facility close to home. In fiscal year 2014, VA's national telehealth programs served over 690,000 Veterans and accounted for more than 2 million virtual visits.

  For more information about VA's telehealth program, visit www.telehealth.va.gov.

- **The Department of Veterans Affairs (VA) announced it is currently accepting proposals for the Assisted Living Pilot Program for Veterans with Traumatic Brain Injury (AL-TBI).**

  The program had been slated to sunset this year, however the Veterans Access, Choice, and Accountability Act of 2014 ("Choice Act") extends the program through Oct.6, 2017.

  Under the AL-TBI program, veterans meeting the eligibility criteria are placed in private sector TBI residential care facilities specializing in neurobehavioral rehabilitation. The program offers team-based care and assistance in areas such as speech, memory and mobility. Approximately 187 veterans were enrolled into the AL-TBI pilot program in 46 different facilities located in 22 states. Currently, there are 94 veterans enrolled in the pilot.

  The extension of the program offers opportunities for providers wishing to participate in the program. VA is accepting proposals through Nov. 20, 2014. To be eligible, contractor facilities must meet federal, state and local standards and be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in Residential Rehabilitation/Brain Injury Program. Contracts for the extended program are expected to be awarded in February 2015.

  For more information about the AL-TBI Request for Proposal, visit https://www.fbo.gov/spg/VA/VADDC791/VADDC791/VA79114R0074/listing.html. For more information about the AL-TBI program, visit www.polytrauma.va.gov.

GENERAL HEALTH CARE NEWS

- **Health and Human Services Secretary Sylvia M. Burwell announced it will invest $840 million over the next four years to support 150,000 clinicians, who work directly with medical providers to rethink and redesign their practices, moving from systems**

driven by quantity of care to ones focused on patients' health outcomes, and coordinated health care systems.

These applicants could include group practices, health care systems, medical provider associations and others. This effort will help clinicians develop strategies to share, adapt and further improve the quality of care they provide, while holding down costs.

The Transforming Clinical Practice Initiative will offer a combination of incentives, tools, and information, to encourage doctors to team with their peers and others to move from volume-driven systems to value-based, patient-centered, and coordinated health care services. Successful applicants will demonstrate the ability to achieve progress toward measurable goals, such as improving clinical outcomes, reducing unnecessary testing, achieving cost savings and avoiding unnecessary hospitalizations.

The initiative is one part of a strategy advanced by the Affordable Care Act to strengthen the quality of patient care and spend health care dollars more wisely.

Building upon successful models and programs, such as the Quality Improvement Organization Program, Partnership for Patients with Hospital Engagement Networks, the initiative provides opportunities for participating clinicians to collaborate and disseminate information.

By participating in the initiative, practices will be able to receive the technical assistance and peer-level support they need to deliver care in a patient-centric and efficient manner, which is increasingly being demanded by health care payers and purchasers as part of a transformed care delivery system. Participating clinicians will thus be better positioned for success in the health care market of the future - one that rewards value and outcomes rather than volume.

HHS encourages all interested clinicians to participate in this initiative. For more information on the Transforming Clinical Practice Initiative, please visit: http://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/.

- **The Centers for Disease Control and Prevention (CDC) announced that public health authorities will begin active post-arrival monitoring of travelers whose travel originates in Liberia, Sierra Leone, or Guinea.**

These travelers are now arriving to the United States at one of five airports where entry screening is being conducted by Customs and Border Protection and CDC. Active post-arrival monitoring means that travelers without febrile illness or symptoms consistent with Ebola will be followed up daily by state and local health departments for 21 days from the date of their departure from West Africa.

Six states (New York, Pennsylvania, Maryland, Virginia, New Jersey, and Georgia), where approximately 70 percent of incoming travelers are headed, have already taken steps to plan and implement active post-arrival monitoring which will begin on Monday, Oct.27. Active post-arrival monitoring will begin in the remaining states in the days following. CDC is providing assistance with active post-arrival monitoring to state and local health departments, including information on travelers arriving in their states, and upon request, technical support, consultation and funding.

Active post-arrival monitoring is an approach in which state and local health officials maintain daily contact with all travelers from the three affected countries for the entire 21 days following their last possible date of exposure to Ebola virus. Twenty-one days is the longest time it can take from the time a person is infected with Ebola until that person has symptoms of Ebola.

Specifically, state and local authorities will require travelers to report the following information daily: their temperature and the presence or absence of other Ebola symptoms such as

headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, lack of appetite, or abnormal bleeding; and their intent to travel in-state or out-of-state. In the event a traveler does not report in, state or local public health officials will take immediate steps to locate the individual to ensure that active monitoring continues on a daily basis.

In addition, travelers will receive a CARE (Check And Report Ebola) kit at the airport that contains a tracking log and pictorial description of symptoms, a thermometer, guidance for how to monitor with thermometer, a wallet card on who to contact if they have symptoms and that they can present to a health care provider, and a health advisory infographic on monitoring health for three weeks.

Active monitoring establishes daily contact between public health officials and travelers from the affected region. In the event a traveler begins to show symptoms, public health officials will implement an isolation and evaluation plan following appropriate protocols to limit exposure, and direct the individual to a local hospital that has been trained to receive potential Ebola patients.

REPORTS/POLICIES

- **The Congressional Budget Office published "How Initiatives to Reduce Fraud in Federal Health Care Programs," in Oct. 2014.** This report describes how CBO estimates the budgetary effects of legislative proposals reduce fraud in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), and how those estimates are used in the Congressional budget process. http://www.cbo.gov/sites/default/files/cbofiles/attachments/49460-ProgramIntegrity.pdf

HILL HEARINGS

- The House Veterans Affairs Subcommittee on Health will hold a legislative hearing on Nov. 14, 2014**.**

LEGISLATION

- There was no legislation published this week.

MEETINGS

- 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

- The Heroes of Military Medicine Awards will be held on **May 7, 2015** in Washington, DC. http://www.hjfcp3.org

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