

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

- **Ground was broken on Oct. 24 at the Rhine Ordnance Barracks, in Kaiserslautern, Germany as the Department of Defense prepares to replace the Landstuhl Regional Medical Center and the Ramstein Air Base Clinic.**

Starting in 2022, a new, world-class hospital will serve warfighters and their families stationed in Europe, and those deployed to the battlefields around the world.

The new facility will replace the 61-year-old Landstuhl Regional Medical Center in Landstuhl, Germany, and the Ramstein Air Base Clinic operated by the 86th Medical Group, consolidating these facilities into one joint-service facility.

Landstuhl has been a long-time fixture of the American military medical community in Europe,

serving soldiers, sailors, airmen and Marines for more than 60 years. With a staff of more than 3,300 service members and civilian employees, it provides primary care, tertiary care, hospitalization and treatment for more than 217,000 U.S. military personnel and their families within the European Command, as well as caring for members of coalition forces serving in Afghanistan, as well as Africa Command, Central Command and European Command.

The Rhine Ordnance Barracks Medical Center will be approximately 985,000 gross square feet, with nine operating rooms, 68 beds, and 120 exam rooms. The project includes a surge capacity that will allow it to rapidly expand to 93 beds. Additional project features include an administrative building, structured parking, a central utility plant, support infrastructure and roads, and an access control point. The design will also comply with stringent German environmental quality requirements.

- **Secretary Hagel signed an order that validated a recommendation from the Joint Chiefs of Staff to place all U.S. military service members returning from Ebola response efforts in West Africa into a 21-day controlled monitoring regimen.**

This order will apply to all military services that are contributing personnel to the fight against Ebola at its source.

Secretary Hagel has also directed that the Joint Chiefs develop, for his review within 15 days, a detailed implementation plan for how this controlled monitoring will be applied across the force that takes into account the size and scope of the logistics required for this effort.

In addition, Secretary Hagel directed that the Joint Chiefs conduct a review of this new regimen within 45 days from now. This review will offer a recommendation on whether or not such controlled monitoring should continue based on what we learn and observe from the initial waves of personnel returning from Operation United Assistance.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) formally removed the James Talton, director of the Central Alabama Veterans Healthcare System (CAVHCS), from federal service on Oct. 24, 2014.**

This decision followed an investigation by the Office of Accountability Review (OAR) in which allegations of neglect of duty were substantiated.

This removal action underscores VA's commitment to hold leaders accountable and get veterans the care they need. OAR, which reports directly to the Secretary of Veterans Affairs, assists VA facilities in accelerating leadership accountability actions and ensuring that such actions are applied consistently across the Department.

The Veterans Health Administration will begin recruiting a Director for CAVHCS. To ensure continuity of care for Veterans and leadership for VA employees during the recruitment period, Dr. Robin Jackson, deputy network director, VISN 7, has been designated acting CAVHCS director.

- **Veterans Affairs (VA) Secretary Robert A. McDonald wrote an Op-Ed piece in the Baltimore Sun, defending the mission of the VA on Oct. 24, 2014.**

In his article, McDonald highlighted the accomplishments of VA and its medical staff and the

important role it plays in the advancement of medicine in the United States.

To read the article, please visit: <http://www.baltimoresun.com/news/opinion/oped/bs-ed-va-secretary-20141023-story.html#>

- **Stars and Stripes reports that Senate Majority Leader Harry Reid, D-Nev., said he will call a vote before the end of the year on the “Putting Veterans Funding First Act,” which would require VA funding a year in advance.**

Reid announced this in a letter sent Tuesday to the bill’s sponsor, Sen. Mark Begich, D-Alaska.

In his letter, Reid said he decided to allow the floor vote to coincide with Veterans Day.

The federal government partially shut down for over two weeks a year ago, causing work to stop on the processing of hundreds of thousands of veteran disability claims and threatened disability compensation checks.

- **The Wall Street Journal reports that the Veterans Benefits Administration has received 44 percent more medical disability claims from fiscal 2009 to 2013.**

Daniel Bertoni, a director at the U.S. Government Accountability Office, said there are concerns that the VA is unable to handle the increase but VA spokesperson said all of the claims are being processed accurately and with the time standards established.

Concerns over whether benefits are being properly vetted come as disability payments rose to more than \$53 billion in 2013, up from about \$35 billion in 2009, roughly a 53 percent increase. The VA expects to pay out over \$60 billion in 2014, according to the agency.

The VA’s Office of the Inspector General says it investigates only a small percentage of complaints it receives about possible false claims, but that cases that involve false claims of military service or disability are up 71 percent since 2009.

GENERAL HEALTH CARE NEWS

- **The Centers for Disease Control and Prevention (CDC) issued revised Interim U.S. Guidance for Monitoring and Movement of Persons with Ebola Virus Exposure on Oct. 27, 2014.**

This guidance provides new information public health authorities and other partners can use to determine appropriate public health actions based on Ebola exposure risk factors and clinical presentation. It also includes criteria for monitoring exposed people and for when movement restrictions may be needed.

Coordinated public health actions are essential to stop and reverse the spread of Ebola virus. CDC announced last week that public health authorities will begin active post-arrival monitoring of travelers whose travel originates in Liberia, Sierra Leone, or Guinea and arrive at one of the five airports in the United States doing enhanced screening. The revised interim guidance released is intended to guide state and local health officials with decisions about managing the movement of individuals being monitored, including travelers from the countries with widespread transmission and others who may have been exposed in the United States.

Active post-arrival monitoring means that travelers without febrile illness or symptoms consistent with Ebola will be contacted daily by state and local health departments for 21 days from the date

of their departure from Liberia, Sierra Leone, or Guinea. Six states (New York, Pennsylvania, Maryland, Virginia, New Jersey, and Georgia), where approximately 70% of incoming travelers are headed, will start active monitoring today, with the remainder of the states starting in the days following.

This guidance also outlines appropriate public health actions for those individuals classified as “some risk.” These include health care workers who are providing direct care to Ebola patients in West Africa or others, such as observers, who enter an Ebola treatment area where Ebola patients are being cared for. Additional precautions, such as direct active monitoring, are recommended for those classified as “some risk.” In addition, the guidance recommends public health authorities determine on an individualized case-by-case basis whether additional restrictions, such as controlled movement, workplace exclusions, or restrictions on other activities, are appropriate. This daily health consultation will give additional confidence to the community that a returning health care worker is asymptomatic and therefore not contagious.

Guidance for returning health care workers from West Africa should be distinguished from health care workers providing care for Ebola patients in the United States. There are important differences between providing care or performing public health tasks in Africa versus in a U.S. hospital. A U.S. hospital provides a more controlled setting than a field hospital in West Africa. A U.S. healthcare worker would be able to anticipate most procedures that would put them at risk of exposure and wear additional personal protective equipment as recommended. In some places in Africa, the same may not be true and workers may not have the ability to prepare for potential exposures.

This guidance is interim guidance and could be updated or changed as new information becomes available.

- **The U.S. Food and Drug Administration approved Trumenba, the first vaccine licensed in the United States to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroup B in individuals 10 through 25 years of age.**

Meningococcal disease is a life-threatening illness caused by bacteria that infect the bloodstream (sepsis) and the lining that surrounds the brain and spinal cord (meningitis). *N. meningitidis* is a leading cause of bacterial meningitis. The bacteria are transmitted from person to person through respiratory or throat secretions (e.g., by coughing, kissing, or sharing eating utensils). According to the Centers for Disease Control and Prevention, about 500 total cases of meningococcal disease were reported in the United States in 2012; of those cases, 160 were caused by serogroup B.

Meningococcal disease can be treated with antibiotics to reduce the risk of death or serious long-term problems, but immediate medical attention is extremely important. Vaccination is the most effective way to prevent meningococcal disease. Until today, meningococcal vaccines approved for use in the United States have only covered four of the five main serogroups of *N. meningitidis* bacteria that cause meningococcal disease: A, C, Y, and W.

The FDA used the accelerated approval regulatory pathway to approve Trumenba. Accelerated approval allows the agency to approve products for serious or life-threatening diseases based on evidence of a product’s effectiveness that is reasonably likely to predict clinical benefit, reducing the time it takes for needed medical products to become available to the public. In the FDA’s evaluation for accelerated approval, evidence of effectiveness was demonstrated by the ability of Trumenba recipients’ antibodies to kill the four representative *N. meningitidis* serogroup B test strains. As part of the accelerated approval process, the manufacturer will conduct further studies to verify Trumenba effectiveness against additional strains of *N. meningitidis* serogroup B.

Trumenba is manufactured by Wyeth Pharmaceuticals Inc., a subsidiary of Pfizer Inc., Philadelphia, Pennsylvania.

REPORTS/POLICIES

- **The GAO published “Disability Compensation: Review of Concurrent Receipt of Department of Defense Retirement, Department of Veterans Affairs Disability Compensation, and Social Security Disability Insurance,” (GAO-14-854R) on Oct. 30, 2014.** This report identifies the number of disabled military personnel who received concurrent benefit payments from DoD retirement, VA disability compensation, and SSDI during fiscal year 2013; and provides case-study examples of disabled military personnel receiving concurrent benefits. <http://www.gao.gov/assets/670/666267.pdf>

HILL HEARINGS

- The House Veterans Affairs Committee will hold a hearing on **Nov. 13, 2014**, to assessing the implementation of the Veterans Access, Choice, and Accountability Act of 2014.
- The House Veterans Affairs Subcommittee on Health will hold a legislative hearing on **Nov. 14, 2014**.
- The House Veterans Affairs Committee will hold a hearing on **Nov. 18, 2014**, to examine VA’s longstanding information security weaknesses are increasing patient wait times and allowing extensive data manipulation.

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.hjfc3.org>

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