

Federal Health Update

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Happy Veterans Day!

EXECUTIVE AND CONGRESSIONAL NEWS

- **On Nov. 4, 2014, Republicans won enough races to win the majority in the Senate, and maintain their majority in the House.**

MILITARY HEALTH CARE NEWS

- **The Department of Defense's Warrior Care Month effort is a department-wide program designed to increase awareness of the resources available to wounded, ill, and injured service members, their families and those who care for them.**

This year's theme, "Show of Strength," showcases wounded, ill, and injured service members and their strengths as they reintegrate back to duty or transition into the civilian sector.

Established by former Secretary of Defense Robert M. Gates in November 2008, Warrior Care Month 2014 focuses on the continuum of care for wounded, ill, and injured service members: recovery, reconditioning, reintegration, and remaining strong.

The month will be marked by two signature events on Nov. 20: a rehabilitation expo and sitting

volleyball tournament, both taking place at the Pentagon.

Designed to showcase the diverse activities wounded, ill, and injured service members participate in on their road to recovery, the Office of Warrior Care Policy is hosting the Reconditioning Expo at the Pentagon, between Apex 1 and 2, Floor 2 from 10 a.m. – 2 p.m. The expo will showcase art work created by wounded, ill, and injured service members, demonstrating how art is used as a medium to manage both visible and invisible wounds.

The sitting volleyball tournament will feature 60 to 75 active duty and veteran athletes from the military services and U.S. Special Operations Command. The opening ceremony will be held at 12 p.m. in the Pentagon Athletic Center with the tournament immediately following from 12:30-2:30 p.m.

Invited guests include: the Secretary of Defense Chuck Hagel; Under Secretary of Defense for Personnel and Readiness Jessica Wright; Assistant Secretary of Defense for Health Affairs Jonathan Woodson; and Deputy Assistant Secretary of Defense for Warrior Care Policy James Rodriguez.

For more information about Warrior Care Month, please visit www.defense.gov/warriorcaremonth or contact: Barbara Wilson, director of Outreach and Training, Warrior Care Policy (571) 286-6375, Barbara.a.wilson40.civ@mail.mil

- **The Defense Health Agency is proposing to cut the number of TRICARE regions from three to two, a cost-savings plan that would sharply increase competition for the next round of lucrative Pentagon health care contracts.**

According to a draft solicitation for TRICARE contracts released online, the Defense Department plans to change the contract regions from the current configuration of North, South and West regions to just East and West regions.

Companies would be allowed to bid for both regions but could win only one contract; according to Pentagon documents, no single company would be selected to manage both regions.

The Pentagon plans to award the next generation of Tricare contracts in 2017 — agreements worth billions of dollars over the expected five-year contract period. The contract solicitation is expected to be released next year.

The draft request for proposal, or RFP, does not include estimates on the contracts' worth, but they are likely to be significantly higher than the most recent TRICARE contracts, which were valued at up to \$55 billion over five years.

Currently, Humana Military Healthcare Services manages TRICARE South, Health Net Federal Services oversees TRICARE North and UnitedHealthcare Military & Veterans has responsibility for TRICARE West.

DoD [released a draft request for proposal on FedBizOpps.com](#), asking interested health care companies to read the planned requirements and comment on them by Dec. 8.

Should the TRICARE regions be combined, the East region would consist of Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, the Rock Island Arsenal area of Iowa, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, parts of Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, east Texas, Vermont, Virginia, West Virginia and Wisconsin.

The West region would encompass Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri except St. Louis, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, western Texas, Utah, Washington and Wyoming.

- **TRICARE and Military OneSource are co-hosting a webinar to educate TRICARE beneficiaries about benefits available to National Guard and Reserve service members.**

The speaker for this event is Mr. Brian Smith, policy analyst in the Defense Health Agency. Mr. Smith served as a Health Services Management Specialist in the US Air Force from 1991-1996. He has served as the Program Manager for all Reserve Component health plans, policies, and benefit programs with the Defense Health Agency for over three years. He has over 22 years of experience with the Military Health System. For more information about TRICARE for Guard and Reserve members, visit www.tricare.mil/reserve.

The webinar will take place on Nov. 12, 2014, from Noon – 1:00 p.m. EST.

To sign up, go to <https://www2.gotomeeting.com/register/489579994>. Registration is on a first-come, first-served basis and is limited due to system capacity. Participants must avoid sharing personal health information when asking a question.

VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced that the “Road to Veterans Day” initiative has resulted in significant progress for veterans over the past 3 months.**

During that time, VA has taken deliberate actions to improve service delivery for veterans, rebuild trust, increase accountability and transparency and put the department on the path to long-term excellence and reform.

To improve service delivery, VA has prioritized efforts to accelerate veterans off of wait lists and into clinics through the Accelerated Care Initiative begun by Deputy Secretary Sloan Gibson this summer. Through this initiative, VA medical centers have increased access to care inside and outside of VA, added more clinic hours and work days, deployed mobile medical units, and shared their best practices from VA’s high-performing facilities throughout the organization.

Secretary McDonald directed each employee to reaffirm the mission and core values of the Department annually. A new award program has been initiated to highlight employees who truly embody VA’s ICARE values – Integrity, Commitment, Advocacy, Respect, and Excellence. The first nominations for this new incentive program will be accepted in January 2015.

Over the past three months, VA has focused on identifying the scope of the problems facing the department and taking significant actions to correct deficiencies, to include holding employees accountable. Since June 2014, VA has proposed disciplinary action against more than 40 employees nationwide related to data manipulation or patient care. VA is also working diligently to cooperate with the over 100 investigations currently being undertaken by the VA Inspector General, the Justice Department, and the Office of Special Counsel (OSC).

On October 3rd, OSC certified VA under their Whistleblower Protection Certification Program after VA worked to achieve compliance and protect employees who identify or report problems from unlawful retaliation. VA also worked closely with OSC to successfully resolve whistleblower retaliation complaints filed by three individuals from the VA Phoenix Health Care System. The Department’s transparency is critical in rebuilding the public’s trust. VA has posted data online on a regular basis since the beginning of June showing the number of appointments on waiting lists and the average wait times at each medical center across the country.

Additionally, each medical center and benefits office has conducted a town hall with veterans and the public to collect feedback. These town halls will continue at each facility every three

months.

VA is reviewing options to reorganize the department for success, guided by ideas and initiatives from veterans, employees, and all of our stakeholders. This reorganization will be known as “MyVA” and is designed to provide veterans with a seamless, integrated, and responsive customer service experience—whether they arrive at VA digitally, by phone, or in person.

In addition the Veterans Health Administration’s (VHA) has implemented “[Blueprint for Excellence](#),” which lays out strategies for transformation to improve the performance of VA health care now —making it more Veteran-centric by putting Veterans in control of their VA experience.

For access to the full “Road to Veterans Day” report, see http://www.va.gov/opa/publications/RoadtoVeteransDay_ActionReview.pdf

- **Reuters reports that the Department of Veterans Affairs will seek further budget increases to deal with medical appointment backlogs and the mounting costs of caring for Iraq and Afghanistan veterans.**

Secretary Robert McDonald noted that the cost of caring for veterans is increasing and additional covered conditions as post-traumatic stress disorder and illnesses related to the Agent Orange have added to the costs.

The VA's budget has increased every year during the Obama administration from about \$100 billion in fiscal 2009 to about \$154 billion for the 2014 fiscal year, largely as a result of decisions to allow medical claims for PTSD and Agent Orange conditions.

GENERAL HEALTH CARE NEWS

- **Health and Human Services Secretary Sylvia M. Burwell named a new member to the Health Information Technology Policy Committee (HITPC) and renewed appointments for three members of the Health IT Standards Committee (HITSC).**

The committees are charged with recommending policies and technologies needed to implement a nationwide health information technology infrastructure and strategic plan.

The two federal advisory committees were created through the Health Information Technology for Economic and Clinical Health (HITECH) Act in accordance with the Federal Advisory Committee Act (FACA). The committees provide the opportunity for stakeholders and the public to provide direct input to HHS.

Three members of the HITPC are appointed by the HHS Secretary, four members are appointed by Congress, 13 members are appointed by the Comptroller General of the United States and other federal members are appointed by the President. Members of the HITSC are appointed by the HHS Secretary, with input from the HHS National Coordinator for Health IT.

New HITPC Member:

- Anjum Khurshid, public health representative; senior advisor - health systems division, Louisiana Public Health Institute

Continuing HITSC Members:

- Floyd Eisenberg, M.D., M.P.H., quality measurement representative; consultant, iParsimony LLC
- Leslie Kelly Hall, consumer/patient representative; senior vice president of policy,

Healthwise

- Arien Malec, electronic exchange representative, vice president - data platform and acquisition Tools, RelayHealth

Learn more about ONC's Federal Advisory Committees on HealthIT.gov.

- **Despite evidence that cervical cancer screening saves lives, about eight million women ages 21 to 65 years have not been screened for cervical cancer in the past five years, according to a Centers for Disease Control and Prevention report.**

Researchers reviewed data from the 2012 Behavioral Risk Factor Surveillance System to determine women who had not been screened for cervical cancer in the past five years. They analyzed the number of cervical cancer cases that occurred during 2007 to 2011 from CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results Program. Cervical cancer deaths were based on death certificates submitted to the National Vital Statistics System.

Key findings:

- In 2012, 11.4 percent of women reported they had not been screened for cervical cancer in the past five years; the percentage was larger for women without health insurance (23.1 percent) and for those without a regular health care provider (25.5 percent).
- The percentage of women not screened as recommended was higher among older women (12.6 percent), Asians/Pacific Islanders (19.7 percent), and American Indians/Alaska Natives (16.5 percent).
- From 2007 to 2011, the cervical cancer incidence rate decreased by 1.9 percent per year while the death rate remained stable.
- The Southern region had the highest rate of cervical cancer (8.5 per 100,000), the highest death rate (2.7 per 100,000), and the largest percentage of women who had not been screened in the past five years (12.3 percent).

Using the human papillomavirus (HPV) vaccine as a primary prevention measure could also help reduce cervical cancer and deaths from cervical cancer. Another recent CDC study showed that the vaccine is underused; only 1 in 3 girls and 1 in 7 boys had received the 3-dose series in 2013. The HPV vaccine is recommended as a routine vaccine for children 11 - 12 years old. Modeling studies have shown that HPV vaccination and cervical cancer screening combined can prevent as many as 93 percent of new cervical cancer cases.

Even with improvements in prevention and early detection methods, most cervical cancers occur in women who are not up-to-date with screening. Addressing financial and non-financial barriers can help increase screening rates and, in turn, reduce new cases of and deaths from this disease.

REPORTS/POLICIES

- **The Institute of Medicine (IOM) published "Investing in the Health and Well-Being of Young Adults," on Oct. 30, 2014.** The report offers federal, state, and local policy makers and program leaders, as well as employers, nonprofit organizations, and other community partners' guidance in developing and enhancing policies and programs to improve young adults' health, safety, and well-being. In addition, the report suggests priorities for research to inform policies and programs for young adults. <http://www.iom.edu/Reports/2014/Investing-in->

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 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>

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.