

# Federal Health Update

NOV. 11, 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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[ktheroux@federalhealthcarenews.com](mailto:ktheroux@federalhealthcarenews.com)

***Happy Veterans Day! Thanks to all who served our Nation!***

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The Senate and House are in recess until next week.**
- **On Nov. 10, 2016, President Obama met with President-elect Donald J. Trump.**

## MILITARY HEALTH CARE NEWS

- **Madigan Army Medical Center recently earned national recognition for the excellent care provided in its Sleep Service clinic when the American Academy of Sleep Medicine awarded program accreditation.**

The sleep service received the accreditation for the first time, and on its first attempt, after the AASM took a thorough look at the quality of the clinic's sleep studies and analysis, personnel

training, equipment, policies, and patient care.

The sleep service cares for about five percent of all service members on Joint Base Lewis-McChord; because of the high number of patients, they only see active-duty patients.

While one of the most common sleep issues the clinic treats is sleep apnea, they also treat other sleep issues like hypersomnia (or excessive sleepiness), sleep walking, and circadian rhythm disturbances which can affect sleep-wake cycles.

The most common reason service members see the sleep service, however, is insomnia.

Most often, insomnia not caused by biological issues but is caused by other factors to include stimulants or toxins (such as drinking caffeine or alcohol close to bedtime), other medical issues (such as chronic pain that keeps one awake), circadian rhythm issues or environmental issues (like those caused by shift work), or psychological issues (such as stress about jobs or relationships). Medical professionals assess patients for these four areas as well as potential direct physical causes to determine which treatment may work best.

While there are approaches the sleep service can use to help adjust patients' circadian rhythms, they often use education to encourage patients to change their habits to improve their sleep. They can offer patients sleep monitoring devices which can help record their sleep patterns.

In addition, the clinic offers two behavioral health therapists who specialize in sleep medicine. The therapists do cognitive behavior therapy for insomnia, which is by far the most effective treatment for chronic insomnia.

When it is uncertain why a patient has daytime sleepiness, the care team may refer them to undergo a sleep study. With an eight-bed lab that offers day and night sleep studies, Madigan has one of the largest sleep labs in the Department of Defense.

Obtaining the AASM accreditation makes Madigan one of just four military treatment facilities with this designation in the Army.

- **In support of the American Cancer Society's annual Great American Smokeout on November 17, TRICARE is highlighting resources to help its beneficiaries to quit smoking.**

According to the Centers for Disease Control and Prevention (CDC) seven out of 10 smokers plan to quit, but many wait until their health is in jeopardy. The [Freedom Quitline](#) is a resource available to TRICARE beneficiaries to help them quit.

The Great American Smokeout challenges people across the nation to stop using tobacco for the day. Most smokers make a plan to quit on the day of the Smokeout, or they use this day to contact quitlines and start the process of quitting. Get ready to quit for the Great American Smokeout by calling the [Freedom Quitline](#). Freedom Quitline participants are over twice as likely to quit smoking when compared to conventional quitlines.

If you are interested in participating in the [Freedom Quitline](#) program, call 1-844-I-AM-FREE (1-844-426-3733) Monday through Friday, 8:00 am -5:00 pm CDT. [Freedom Quitline](#) is a National Institutes of Health-funded research study co-sponsored by 59th Medical Wing, Joint Base San Antonio - Lackland, and the University of Tennessee Health Science Center for Military Population Health. Freedom Quitline participants receive four proactive smoking cessation counseling sessions by phone, along with eight weeks of free nicotine replacement therapy (NRT) sent to their homes.

To learn if you are eligible for the Freedom Quitline by calling 1-844-I-AM-FREE or visiting [www.freedomquitline.org](http://www.freedomquitline.org). Learn more about TRICARE-covered tobacco cessation services at [www.tricare.mil/tobaccocessation](http://www.tricare.mil/tobaccocessation).

## VETERANS AFFAIRS NEWS

- **The Department of Veterans Affairs (VA) announced nine new strategic partnerships that will provide additional health care and support services for veterans and their families.**

These new formal relationships are the latest in a series of strategic partnerships developed to bring the private and public sectors together with VA to enhance the veteran experience.

### The following partnerships were announced:

- **Cardinal Health.** Through their “Operation: Support our Heroes project,” Cardinal Health has pledged to donate 2,000 care packages (consisting of toiletries and other personal hygiene items), as well as other consumer health products to VA facilities for distribution to homeless veterans. The program is being piloted at 9 VA facilities across the country, including several in the Midwest, parts of the Southwest, and California.
- **Downs Designs Dreams.** Downs Designs Dreams works to design and develop clothing specifically designed for individuals with disabilities. VA has partnered with Downs Designs Dreams to put these tailored designs in the hands of veterans with disabilities. To date, Downs Designs Dreams has already donated 166 pairs of jeans to Veterans through this partnership, representing an investment of \$8,610.
- **Dream Foundation.** Dream Foundation is dedicated to honoring our Veterans’ service by fulfilling their final Dream, providing them, their families and caregivers inspiration, comfort and closure at the end of life. Through this partnership, VA social work staff will coordinate referrals to support Dream fulfillment for veterans experiencing life-limited illnesses.
- **First Quality Enterprises.** First Quality Enterprises is an American manufacturer of absorbent hygiene (adult incontinence, feminine care, and baby care), tissue (bath and towel), and industrial (non-woven fabrics, print and packaging materials, thermoformed plastics) products, serving institutional and retail markets throughout the world. First Quality is teaming up with the VA to donate baby products to pregnant women veterans through VA’s maternity care coordinators.
- **Hair Cuttery.** In partnership with VA, Hair Cuttery is sponsoring their annual “Share-A-Haircut” program. For every adult haircut purchased in any Hair Cuttery salon on Veterans Day, Nov 11th, Hair Cuttery will donate two free haircut certificates for VA patients who may otherwise be unable to get this type of professional service. All Hair Cuttery locations are participating and will honor the certificates through January 25, 2017.
- **The Jonas Center for Nursing and Veterans Healthcare.** The Jonas Center is dedicated to improving veterans’ health by developing outstanding nursing researchers, educators and clinical leaders. This partnership builds and supports a network of current and former VA Jonas Nursing Scholars to focus on veteran-specific healthcare needs.
- **NCR Corporation.** This year’s Veteran’s Day parade features NCR’s self-service kiosks in New York, N.Y. and Los Angeles, Calif. developed by NCR especially for veterans. It provides a point-of-service for all veterans (rural, homeless, economically disadvantaged, and medically disabled) and their spouses and dependents, via NCR’s world-class self-service technology.
- **Project Hero.** Project Hero is national nonprofit that saves lives by providing hope,

recovery, and resilience for veterans focusing on physical and psychological rehabilitation programs. Through this partnership, VA Mental Health and Recreation Therapy resources will be made available to veterans participating in Project Hero's "Ride 2 Recovery" research programs.

- **United Through Reading (UTR).** UTR unites families facing physical separation by facilitating the bonding experience of reading aloud together. They offer an opportunity for military service members and veterans to video record a book for children or grandchildren who are located elsewhere. The child receives a copy of the book with the video to read along. The first veteran site to participate is Honolulu, Hawaii, and they have readings leading up to Veterans Day.

This latest round of partnerships reflects the growing number of success VA has achieved over the last eighteen months. By nurturing and maturing these relationships, VA is able to help focus the Nation's powerful support and goodwill for veterans and their families. In the last 18 months, VA's partnerships and collaborations have brought in more than \$300 million in investments and in-kind services to support America's veterans.

- **As part of its ongoing effort to engage and reach out to veterans, the Department of Veterans Affairs has launched a podcast titled "This Week at VA."**

The podcast will be produced weekly. Each episode will include information on benefits or products, interviews with veterans, a highlighted Veteran of the Day and other helpful content.

This week's show features an interview with VA Secretary Robert A. McDonald.

*This Week at VA* highlights the department's commitment to delivering valuable information to the veteran community through real stories of the veteran experience. Podcasts will act as another platform to communicate with veterans, their families and stakeholders.

There are currently three episodes available for listening that spotlight Marine Veteran Haley Carter, Army Veteran Francisco Urena and Army Veteran Fred Wellman.

The podcast is available on VA's Vantage Point blog under the *This Week at VA* Podcast category and on iTunes. Be sure to subscribe in iTunes for updates each week when new episodes are released. The podcast adds to the number of innovative ways VA communicates directly with veterans and their families.

To access and connect to *This Week at VA*, visit:

<http://www.blogs.va.gov/VAntage/http://www.blogs.va.gov/VAntage/category/postname/this-week-at-va-podcast/>

- **The U.S. Department of Veterans Affairs released a major update on the MyVA transformation, Secretary McDonald's effort to transform VA into the top customer service agency in the federal government.**

This third edition of the program's semi-annual report shows progress serving veterans with more services, in better time.

Key results in the report include:

- **Veteran trust of VA is on the rise.** In June 2016, nearly 60 percent of veterans said they trust VA to fulfill our country's commitment to Veterans – from 47 percent in December 2015.
- **VA is completing more appointments, faster.** In FY 2016, VA completed nearly 58 million appointments – 1.2 million more than in FY 2015 and 3.2 million more than FY 2014. More of them are provided by a network of more than 350,000 community

providers – a 45 percent increase in the number of providers since last year.

- **Processing of disability claims is faster and more accurate**, too. The average wait time to complete a claim has dropped by 65 percent, to 123 days. VA has completed nearly 1.3 million claims in FY 2016, and reduced pending claims by almost 90 percent.
- **Wait times are down**. By September 2016, the average wait time for a completed appointment was down to less than 5 days for primary care, less than 7 days for specialty care, and less than 3 days for mental health care.
- **Veteran homelessness has been cut in half**; it's down 47 percent since 2010 nationwide, thanks in part to VA's work with nearly 4,000 public and private agencies.
- **Quality is improving**. 82 percent of VA facilities improved quality overall since the fourth quarter of FY 2015.

The [report](#) details the changes and innovations, large and small, which produced these results. It also lays out a path forward for the agency – including an important role for Congress before the end of 2016.

## GENERAL HEALTH CARE NEWS

- **The Department of Health and Human Services (HHS) announced open enrollment in the On Nov. 10, 2016, the Centers for Medicare & Medicaid Services (CMS) announced the 2017 premiums for the Medicare inpatient hospital (Part A) and physician and outpatient hospital services (Part B) programs.**

Medicare Part B covers physician services, outpatient hospital services, certain home health services, durable medical equipment, and other items.

On October 18, 2016, the Social Security Administration announced that the cost-of-living adjustment (COLA) for Social Security benefits will be 0.3 percent for 2017. Because of the low Social Security COLA, a statutory “hold harmless” provision designed to protect seniors, will largely prevent Part B premiums from increasing for about 70 percent of beneficiaries. Among this group, the average 2017 premium will be about \$109.00, compared to \$104.90 for the past four years.

For the remaining roughly 30 percent of beneficiaries, the standard monthly premium for Medicare Part B will be \$134.00 for 2017, a 10 percent increase from the 2016 premium of \$121.80. Because of the “hold harmless” provision covering the other 70 percent of beneficiaries, premiums for the remaining 30 percent must cover most of the increase in Medicare costs for 2017 for all beneficiaries.

This year, as in the past, the Secretary has exercised her statutory authority to mitigate projected premium increases for these beneficiaries, while continuing to maintain a prudent level of reserves to protect against unexpected costs. The Department of Health and Human Services (HHS) will work with Congress as it explores budget-neutral solutions to challenges created by the “hold harmless” provision.

Medicare Part B beneficiaries not subject to the “hold harmless” provision include beneficiaries who do not receive Social Security benefits, those who enroll in Part B for the first time in 2017, those who are directly billed for their Part B premium, those who are dually eligible for Medicaid and have their premium paid by state Medicaid agencies, and those who pay an income-related premium. These groups represent approximately 30 percent of total Part B beneficiaries.

CMS also announced that the annual deductible for all Medicare Part B beneficiaries will be \$183 in 2017 (compared to \$166 in 2016). Premiums and deductibles for Medicare Advantage and prescription drug plans are already finalized and are unaffected by this announcement.

To view a chart of the 2017 premium and deductibles, please visit:

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-11-10-2.html>

- **The Centers for Disease Control and Prevention (CDC) highlighted the dangers of smoking tobacco.**

Tobacco use is the leading preventable cause of cancer deaths. It causes at least 12 types of cancer. People who use tobacco or are exposed to secondhand smoke are more likely to get and die from cancer. Cigarette smoking causes 3 in 10 of all cancer deaths.

- Tobacco smoke has at least 70 chemicals that cause cancer.
- Exposure to secondhand smoke also causes cancer.

During 2009–2013 approximately 660,000 persons received a diagnosis of a tobacco-related cancer each year in the United States, and 343,000 persons died from these cancers. Tobacco-related invasive cancer incidence declined 1.3 percent per year, from 206 cases per 100,000 during 2004–2008 to 193 per 100,000 during 2009–2013. Tobacco-related cancer mortality declined 1.6 percent per year from 108 deaths per 100,000 during 2004–2008 to 100 per 100,000 during 2009–2013.

The tobacco-related cancer incidence rate was 1.7 times higher among males (250 per 100,000) than among females (148 per 100,000), as was the death rate (131 per 100,000 males vs. 76 per 100,000 females). Both incidence and death rates of tobacco-related cancer decreased faster during 2004–2013 among males (-1.5% and -1.8%) than among females (-1.2% and -1.4%).

Tobacco-related cancer incidence and death rates increased with age, and one third of cases and two fifths of deaths occurred among persons aged ≥75 years. Tobacco-related cancer incidence and death rates were highest, but decreased fastest, among blacks compared with other racial/ethnic groups.

States and communities can help by protecting nonsmokers with restrictions on smoking in public places, by supporting comprehensive cancer control programs focused on tobacco, and by making quit-smoking resources more available to those who want to quit.

Quitting smoking at any age can reduce the risk of getting or dying from cancer. Getting screened for cancer can lead to fewer people getting or dying from some tobacco-related cancers.

## REPORTS/POLICIES

- **The National Academies of Sciences, Engineering and Medicine published “*Pain Management and Prescription Opioid-Related Harms: Exploring the State of the Evidence: Proceedings of a Workshop in Brief*,” on Nov. 4, 2016.** This report examines the state of the science and potential best practices in pain management, including the evolving role of opioids in pain management; to understand the epidemiology of the prescription opioid epidemic and discuss possible strategies to address it; and to identify potential areas for future research in the field. <https://www.nap.edu/read/23694/chapter/1>

## 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/>
- The Society of Military Orthopaedic Surgeons 58th Annual Meeting 2016 will be held **Dec. 12-16, 2016**, in Olympic Valley, Calif. <http://www.somos.org/>
- HIMSS 2017 Annual Conference will be held on **Feb. 19-23, 2017**, in Orlando, Fla. <http://www.himssconference.org/>
- The 7th Annual Traumatic Brain Injury Conference will be held **May 24-25, 2017**, in Washington DC. <http://tbiconference.com/home/>

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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).