

# Federal Health Update

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*Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.*

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## EXECUTIVE AND CONGRESSIONAL NEWS

- **On Nov. 13, 2014, Senator Mitch McConnell was elected Senate Majority Leader and Senator Harry Reid was elected Senate Minority Leader by their respective parties.**

## MILITARY HEALTH CARE NEWS

- **According to a new Rand Corp. study, most community-based mental health providers are not well prepared to take care of the special needs of military veterans and their families.**

The exploratory report, based on a survey of mental health providers nationally, found few community-based providers met criteria for military cultural competency or used evidence-based approaches to treat problems commonly seen among veterans.

Although the Department of Defense and Veterans Health Administration in recent years have increased employment of mental health professionals, many veterans may seek services from practitioners in the civilian sector, often because they are located closer to their homes. In addition, policymakers have expanded veterans' access to community-based health providers as a way to meet demands, given capacity constraints in the VA health system.

Recent military veterans are more likely than the general population to suffer from major depressive disorder and posttraumatic stress disorders, two conditions prevalent among those who have deployed to battle zones.

RAND researchers surveyed a convenience sample of 522 psychiatrists, psychologists, licensed clinical social workers and licensed counselors to determine whether they used evidence-based methods to treat major depressive disorder and PTSD, and whether they had the training needed to be sensitive to the needs of veterans.

- Just 13 percent of the mental health providers surveyed met the study's readiness criteria for both cultural competency and delivering evidence-based care. Providers who worked in community settings were less prepared than providers who are affiliated with the VA or military health system.
- Only one-third of psychotherapists reported receiving the training and supervision necessary to deliver at least one evidence-based psychotherapy for PTSD and at least one for depression.
- While 70 percent of those providers working in a military or VA setting had high military cultural competency, only 24 percent of those participating in the TRICARE network, the Department of Defense's health insurance program, and eight percent of those without VA or TRICARE affiliation met the threshold for cultural competency.

The study recommends that organizations that maintain registries or provider networks include information about mental health practitioners' ability to properly treat the special needs of military and veteran populations. In addition, researchers encourage policymakers to expand access to effective training in evidence-based treatment approaches and to create incentives to encourage providers to use these strategies in their routine practice.

The study was commissioned by United Health Foundation in collaboration with the Military Officers Association of America.

- **Military medicine officials are partnering with nine civilian hospitals to reduce injuries during patient handoffs through improved communication.**

Walter Reed National Military Medical Center (WRNMMC) and the Uniformed Services University of Health Sciences (USU) were part of the team developing I-PASS, an original system of bundled communication and team-training tools for handoff of patient care between providers. WRNMMC is the first military hospital to adopt the I-PASS handoff bundle, or Illness severity, Patient summary, Action list, Situational awareness and contingency planning, and Synthesis by the receiver.

According to the Joint Commission, a non-profit accreditation and certification organization for more than 20,500 health care organizations and programs in the United States, ineffective hand-off communication is recognized as a critical patient safety problem in health care.

An estimated 80 percent of serious medical errors involve miscommunication between caregivers during the transfer of patients. In addition to causing patient harm, defective hand-offs can lead to delays in treatment, inappropriate treatment and increased length of stay in the hospital. A study by WRNMMC and USU showed a remarkable 30 percent reduction in injuries due to medical errors after the I-PASS implementation.

Trainers have been able to use roleplaying exercises and videos simulating handover scenarios. These simulations helped to teach faculty and residents the best practices in transitions of care between patient teams. Officials say this groundbreaking research will go a long way toward reducing medical errors in the transitions of patient care.

- **The Department of Veterans Affairs' (VA) Center for Women Veterans (Center) entered into a memorandum of agreement (MoA) with the Center for American Women and Politics (CAWP), a unit of the Eagleton Institute of Politics at Rutgers, to increase women veterans' leadership and career opportunities.**

The MoA will allow the Center and CAWP to leverage existing resources and increase coordination of activities to help women Veterans develop public service and community engagement skill sets, so they will be prepared for public and community service opportunities.

The Center, created in 1994 to monitor VA's administration of benefits and services to women veterans and to advise the Secretary on VA policy's impact on women veterans, can provide advice to CAWP's on how it focuses its resource information to address women veterans' issues.

CAWP is a source of scholarly research and current data about American women's political participation. Its mission is to promote greater knowledge and understanding about women's participation in politics and government and to enhance women's influence and leadership in public life.

Women veterans represent one of the fastest growing segments of the veterans population—about 10 percent of the total 22 million veterans in this country. Today there are an estimated 2.2 million female Veterans. The Center for Women Veterans participates in collaborative initiatives with federal/state/local governmental and non-governmental stakeholders, to improve opportunities for women veterans.

For more information about women Veterans, visit [www.va.gov/womenvet](http://www.va.gov/womenvet).

- **For the fifth consecutive year, the Department of Veterans Affairs' (VA) Consolidated Mail Outpatient Pharmacy (CMOP) has scored the highest in overall satisfaction in the J.D. Power National Pharmacy Study, Mail-Order segment.**

This study, conducted annually, measures satisfaction among consumers who filled a mail-order prescription within the last 90 days. Ten commercial organizations were also included in the study.

Customer satisfaction with Mail-Order Pharmacy is measured across four key factors: cost competitiveness, prescription delivery, prescription ordering, and customer service.

VA also led the mail-order pharmacy industry nationwide in 2010, 2011, 2012 and 2013. VA participates in this annual survey as a way to compare itself against industry leaders and to ensure VA health care meets the highest standards.

With nearly 9 million veterans enrolled, VA operates the largest integrated health care delivery system in the United States, with a mission to honor America's veterans by providing exceptional health care that improves their health and well-being. VA provides a broad range of primary care, specialized care, and related medical and case management services. More information is available at <http://www.va.gov/health/>.

Veterans who wish to learn about VA pharmacy and other health benefits can find information at [www.va.gov/healthbenefits/](http://www.va.gov/healthbenefits/).

## GENERAL HEALTH CARE NEWS

- **The costs associated with skin cancer increased five times as fast as treatments for other cancers between 2002 and 2011, according to a Center for Disease Control and Prevention.(CDC) study published online in the [American Journal of Preventive Medicine](#).**

The average annual cost for skin cancer treatment increased from \$3.6 billion during 2002-2006, to \$8.1 billion during 2007-2011, an increase in costs of 126 percent. The average annual cost for treatment of all other cancers increased by 25 percent during the same time period.

Skin cancer, the most commonly diagnosed cancer in the United States, is a major and growing public health problem. The number of skin cancer cases has been increasing, but little was known prior to this study about the costs of treating skin cancer.

The report studied skin cancer data on adults between 2002 and 2011 using the Medical Expenditure Panel Survey. The researchers created two 5-year periods of data from 2002-2006 and 2007-2011 to allow for a comparison over time and to improve the precision of the estimates. The average annual number of adults treated for skin cancer increased from 3.4 million in 2002-2006 to 4.9 million in 2007-2011.

Nearly 5 million people are treated for skin cancer every year in the United States. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet (UV) light.

*The Surgeon General's Call to Action to Prevent Skin Cancer* calls on all sectors to do more to reduce skin cancer. Examples include communities creating more opportunities for sun protection in outdoor settings, health providers counseling patients on the importance of using sunscreen, and colleges discouraging indoor tanning.

Visit [www.cdc.gov/cancer/skin](http://www.cdc.gov/cancer/skin) to learn more about skin cancer prevention efforts.

- **The Centers for Medicare & Medicaid Services (CMS) today awarded \$3.9 million for outreach and enrollment efforts aimed at American Indian and Alaska Native children eligible for Medicaid and the Children's Health Insurance Program (CHIP).**

The grant awards will fund activities to engage schools and tribal agencies in Medicaid and CHIP outreach and enrollment activities.

CMS awarded grant funds to health programs operated by the Indian Health Services, tribes, tribal organizations and urban Indian organizations located in seven states: Alaska, Arizona, California, Mississippi, Montana, New Mexico and Oklahoma.

Several grantees will receive funds to conduct activities focused on helping eligible teens enroll in coverage. Grantees will work to ensure that eligible children retain coverage for as long as they qualify and will help guide families through the application process for Medicaid and CHIP.

Since 2009, the United States has made substantial progress toward reducing the number of children who remain uninsured, and toward providing health coverage to all children who are eligible for Medicaid and CHIP. Despite this significant progress, serious health coverage disparities persist, particularly for American Indian and Alaska Native children. Research shows that eligible American Indian and Alaska Native children are less likely to participate in Medicaid and CHIP and more likely to be uninsured compared with all children.

In states with expanded Medicaid, more parents and other adults in the family could be eligible for health coverage than in the past and can apply at any time.

For more information and a complete summary of the current American Indian and Alaska Native Connecting Kids to Coverage Outreach and Enrollment grants, visit <http://www.insurekidsnow.gov/professionals/outreach/grantees/index.html>.

- **Beginning this week, consumers can visit [HealthCare.gov](http://HealthCare.gov) to review detailed information about each health insurance plan offered in their area before applying ahead of open**

### **enrollment, which starts Nov.15, 2014.**

With more issuers offering coverage through the Health Insurance Marketplace this year, the majority of consumers will find more affordable options for themselves and their families. By answering a few simple questions, such as location and family size, consumers will be able to compare plans and get an estimate on how much financial assistance they may qualify for when shopping for coverage, without needing to submit an application.

CMS is working to improve the consumer experience by making the shopping experience easier. Last year, a consumer had to answer nine questions before being able to view their plan options, this year a consumer can start looking at plans after entering just their zip code. Consumers can answer a few simple questions relevant to them to get an estimate on how much financial assistance they may qualify for when shopping for coverage.

The window shopping tool has also been optimized for access through a smart phone or tablet. Consumers can also review their options at a more convenient time by emailing or sharing a link to a plan's information. Premium estimates are more accurate due to more robust data in HealthCare.gov, such as rates adjusted for tobacco use, which are being included in the estimates provided by the tool.

Window shopping remains the single most popular section on HealthCare.gov and regularly has three times the amount of traffic than any other page on the Marketplace website. CMS has improved the scalability and performance of the tool for high volumes of traffic. Additionally, the site has gone through usability and mobile testing that has been key in improving the website's features.

Open Enrollment for the Health Insurance Marketplace begins Nov. 15, 2014, and runs through Feb. 15, 2015. Consumers should visit HealthCare.gov to review and compare health plan options and find out if they are eligible for financial assistance, which can help pay monthly premiums and reduce out-of-pocket costs when receiving services. All consumers shopping for health insurance coverage for 2015— even those who currently have coverage through the Marketplace — should enroll or re-enroll between November 15 and December 15 in order to have coverage effective on Jan. 1, 2015.

Consumers can find local help at: [Localhelp.healthcare.gov](http://Localhelp.healthcare.gov) or call the Federally-facilitated Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855- 889-4325. Translation services are available. The call is free.

To preview plans in your area after the new feature is live, visit: <https://www.healthcare.gov/see-plans/>

For more information about Health Insurance Marketplaces, visit: [www.healthcare.gov/marketplace](http://www.healthcare.gov/marketplace)

## **REPORTS/POLICIES**

- **The GAO published “Military and Veteran Support: DoD and VA Programs That Address the Effects of Combat and Transition to Civilian Life,” (GAO-15-24) on Nov. 7, 2014.** In this report, GAO identified 99 programs provided by the Department of Defense (DoD) to help address the effects of combat on post-9/11 servicemembers, their families, or both. These programs often offer multiple types of services. The services most common are mental health and substance abuse (50), information and referral (37), and case management or care coordination (15). GAO also identified 87 programs administered either by DoD or the Department of Veterans Affairs (VA) to help post-9/11 servicemembers and veterans transition to civilian life. Some of the 87 programs offer more than one type of service, such as the Transition Assistance Program, which offers employment, education, and information on veterans' benefits,

among other services. <http://www.gao.gov/assets/670/666801.pdf>

- **The Institute of Medicine (IOM) published “Ensuring Patient Access to Affordable Cancer Drugs: Workshop Summary,” on Nov. 12, 2014.** Recent years, patients’ out-of-pocket costs for cancer care have been rising rapidly. Even with insurance, cancer patients often experience financial hardships, such as going into debt, depleting all assets to pay for cancer treatment, and personal bankruptcy. This report explores the issue of cancer drug costs and patient access to affordable, appropriate drug therapies. <http://www.iom.edu/Reports/2014/Ensuring-Patient-Access-to-Affordable-Cancer-Drugs.aspx>

## HILL HEARINGS

- The House Veterans Affairs Committee will hearing on **Nov. 18, 2014**, to examine VA’s information security weaknesses are increasing patient wait times and allowing extensive data manipulation.
- The House Veterans Affairs Subcommittee on Health will hold a legislative hearing on **Nov. 19, 2014**.
- The Senate Veterans Affairs Committee will hold a hearing on **Nov. 19, 2014**, to examine veterans’ mental health and suicide.

## LEGISLATION

- **S.2917** (introduced Nov. 12, 2014): A bill to expand the program of priority review to encourage treatments for tropical diseases referred to the Committee on Health, Education, Labor, and Pensions.  
Sponsor: Senator Tom Harkin [IA]

## 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](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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