

# Federal Health Update

DEC 9, 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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***The Federal Health Update will not be published on Dec. 30, 2016***

## EXECUTIVE AND CONGRESSIONAL NEWS

- **The House passed H.R. 2028, a continuing resolution (CR) on Dec. 8, 2016.**

This legislation, if passed by the Senate and signed by President Obama, will fund the federal government until April 28, and avoid a government shutdown beginning Dec. 10.

The measure passed the House 326-96 Thursday afternoon and is expected to come to the Senate floor by Friday afternoon.

House Republican leaders reached an agreement with Congressional Democrats on that includes \$170 million to combat the contaminated water crisis in Flint, Michigan.

The legislation also includes a measure, waiving the requirement that former military personnel wait seven years before being eligible to hold the position of Secretary of Defense. Present-elect has selected retired General James Mattis to be his Secretary of Defense but Mattis has only been retired since 2013.

The Senate is expected to take up the legislation on Dec. 9.

- **On Dec. 8, 2016, the Senate agreed to the conference report for the National Defense Authorization Act for fiscal year 2016.**

- **The House and Senate are expected to be in recess beginning Dec. 10, 2016 for the rest of the year.**

## MILITARY HEALTH CARE NEWS

- **The Defense Health Agency reports that this past year brought significant advances in identifying bacteria that can resist current antibiotics.**

According to the Centers for Disease Control and Prevention, Each year in the United States, at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die each year as a direct result of these infections.

This concern and a 2014 presidential executive order prompted the MHS to expand its efforts to stop the resistance. The military enhanced surveillance for resistant bacteria, improved stewardship of new and existing antibiotics, and developed new diagnostic tests and treatments. All of this was done with international efforts in mind, given the worldwide footprint of the military.

As a result, the [Multidrug Resistant Organism Repository and Surveillance Network \(MRSN\)](#) at WRAIR was the first to discover a gene from a human patient within the United States that is resistant even to a last-resort antibiotic. Colistin is often the final line of defense to treat patients with multidrug resistant infections. The colistin-resistant gene was discovered in samples sent to the MRSN.

The information is being shared with the larger scientific community. Researchers discovered more about some common types of bacteria, such as methicillin-resistant Staphylococcus aureus, better known as MRSA infections, and E. coli. It can also provide timely assistance with potential outbreak situations.

All of the military treatment facilities around the world are collecting and sending resistant bacteria to MRSN. This allows the organization to study the antibiotic susceptibility of each bug, providing direct information to clinicians caring for patients, as well as do genetic molecular analyses to figure out what is causing the antibiotic resistance and how it might be transmitted.

In addition, researchers at the MRSN use the information they've gathered to help with outbreak investigations. Such study spurred changes in infection control practices and provided health care personnel with more information on some of the circulating strains within facilities.

If hospitals know whether patients have shared genetically identical bacteria will help them better understand what they need to do to interrupt an outbreak, such as preventing the spread of that bacteria from one part of the hospital to another. The current turn-around time from receiving the bacteria to getting information back to the hospitals can be as few as 48 hours – a remarkable feat. It used to take weeks. There are no other large repository and reference labs that can provide that quick and clinically relevant turnaround.

The MRSN was originally started just to serve Army medical clinics and hospitals, but has been expanded to accommodate all of the services. The network is the cornerstone of the overall stewardship efforts for the military. The National Action Plan for Combating Antibiotic Resistant Bacteria requires the MHS to submit lab data from bacteria and antibiotic use information. To be successful nationwide, that information has to be valid and communicated.

- **According to the American Journal of Managed Care (AJMC), the National Defense Authorization Act for fiscal year 2017 is includes a demonstration of value-based insurance design (VBID) in the TRICARE program.**

The bill calls for a pilot demonstrating the feasibility of incorporating VBID by “reducing co-

payments or cost shares for targeted populations of covered beneficiaries in the receipt of high-value medications and services and the use of high-value providers” no later than Jan. 1, 2018.

The pilot will assess how implementing VBID concepts impacts adherence to medication, quality measures, health outcomes, and patient experience. TRICARE currently implements cost sharing in a “one-size-fits-all” way, similar to Medicare. Beginning Jan. 1, 2017, Medicare Advantage is implementing its own VBID demonstration, which will run for 5 years.

**The demonstration** will only be available in 7 states in 2017 (Arizona, Iowa, Indiana, Massachusetts, Oregon, Pennsylvania, and Tennessee) with 3 additional states (Alabama, Michigan, and Texas) being added in 2018. In the first year, plans can offer varied benefit design for enrollees who fall into certain clinical categories: diabetes, congestive heart failure, chronic obstructive pulmonary disease, past stroke, hypertension, coronary artery disease, and mood disorders. In 2018, the demonstration will expand to include dementia and rheumatoid arthritis.

One of the core tenets of VBID is **clinical nuance**, which recognizes two things: 1) medical services differ in the amount of health produced; and 2) the clinical benefit derived from a medical service depends on who is using it, who is delivering the service, and where it is being delivered.

Clinical nuance sets cost sharing to encourage the use of high-value providers and services (such as a first-degree relative of a colon cancer sufferer getting screened for colorectal cancer), and to discourage the use of low-value providers and services (such as a 30-year-old with no family history of colon cancer getting that same colorectal cancer screening).

## VETERANS AFFAIRS NEWS

- **USA TODAY reported on the Department of Veterans Affairs’ (VA) ratings system for its hospitals.**

According to the article, VA hospitals in Dallas, El Paso, Nashville, Memphis and Murfreesboro received one star out of five for performance as of June 30, 2016, the most recent ratings period available.

Many of highest-rated facilities are in the Northeast — in Massachusetts and New York — and the upper Midwest, including in South Dakota and Minnesota. Those medical centers scored five out of five stars.

The VA determines the ratings for 146 of its medical centers each quarter and bases them on dozens of factors, including death and infection rates, instances of avoidable complications and wait times.

According to the VA, 120 of the 146 medical centers that the VA rates on the star scale have shown improvement since he began overseeing the Veterans Health Administration in July 2015. All of the one-star facilities have shown improvement except for the VA medical center in Detroit, which has declined.

VA officials say the number of veterans waiting longer than a month for urgent care has decreased from 57,000 to 600 since he took over last year.

To view the ratings of local VA hospitals, please visit:

<http://www.usatoday.com/story/news/politics/2016/12/07/internal-report-details-secret-quality-ratings-veterans/94811922/>

## GENERAL HEALTH CARE NEWS

- **A new report from the U.S. Surgeon General raises public health concerns about e-cigarette use among U.S. youth and young adults.**

The report comes amid alarming rates of youth and young adult use of e-cigarettes; in 2015, about 1 in 6 high school students used an e-cigarette in the past month. The report finds that, while nicotine is a highly addictive drug at any age, youth and young adults are uniquely vulnerable to the long-term consequences of exposing the brain to nicotine, and concludes that youth use of nicotine in any form is unsafe. The report also finds that secondhand aerosol that is exhaled into the air by e-cigarette users can expose others to potentially harmful chemicals.

The report, which was written and reviewed by more than 150 experts, is the first comprehensive federal review of the public health impact of e-cigarettes on U.S. youth and young adults. These devices are referred to, by the companies themselves, and by consumers, as “e-cigarettes,” “e-cigs,” “cigalikes,” “e-hookahs,” “mods,” “vape pens,” “vapes,” and “tank systems.”

The report uses the term “e-cigarette” to represent all of the diverse products in this rapidly diversifying product category. In addition to documenting the evidence on the health risks of e-cigarettes among young people, the report describes industry influences on e-cigarette use and outlines potential actions to prevent youth and young adults from the harms of e-cigarette use.

In light of the fact that about 1 in 6 high school students used an e-cigarette in the past 30 days in 2015, the report issues a Call to Action to prevent e-cigarette use and related harms among America’s young people.

### Major Conclusions from the Report

- E-cigarettes are a rapidly emerging and diversified class of products typically delivering nicotine, flavorings, and other additives to users via inhaled aerosol.
- E-cigarette use among youth and young adults has become a public health concern.
- E-cigarettes are now the most commonly used tobacco product among youth. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including combustible tobacco products such as cigarettes.
- The use of products containing nicotine poses dangers to youth, pregnant women and fetuses. The use of products containing nicotine in any form among youth, including e-cigarettes, is unsafe.
- E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful ingredients, including nicotine.
- E-cigarettes are marketed by promoting flavors and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.
- Action can be taken at the national, state and local levels to reduce youth and young adult use of e-cigarettes.

A new interactive website containing key information from the report, written especially for parents and adult influencers of youth, is available at [E-cigarettes.SurgeonGeneral.gov](http://E-cigarettes.SurgeonGeneral.gov).

- **The Centers for Disease Control and Prevention (CDC) released the final report on the Winnable Battles program, an effort to make the biggest health impact for the most Americans in the shortest time.**

Winnable Battles took on seven threats to U.S. public health where concerted effort with partners could make an immediate impact: Tobacco; Nutrition, Physical Activity and Obesity; Food Safety;

Healthcare-Associated Infections; Motor Vehicle Safety; Teen Pregnancy; and HIV. By recognizing priority strategies, defining clear targets, and working closely with public health partners, CDC made progress lightening the health burden from the targeted diseases and conditions.

The project was launched in 2010, when progress on some public health problems, like smoking, had shown signs of stalling. Other health challenges, like teen pregnancy, were already improving. CDC, by adopting a new approach with Winnable Battles, could work with partners to jump start stalled challenges or accelerate issues that were improving.

Achievements in some of the Winnable Battles met or exceeded the goals set in 2010. Progress in other areas was moderate and some saw little or no progress. Some of the final results will not be known for several more years, when final data are available.

There were meaningful reductions seen in tobacco-related harms. Smoking has been the leading cause of preventable death since 2010. Adult cigarette smoking decreased 27 percent and youth cigarette smoking decreased 45 percent from 2009 to 2015. Approximately 15 percent of adults and less than 11 percent of youth currently smoke – 10 million fewer Americans than in 2009.

CDC and partners realized success in reducing the number of births to teen mothers. Teen birth rates are at historic lows, down 46 percent since 2007.

Results of other battles varied. Although final data are not yet available, CDC expects to meet three of the four goals set to reduce certain types of healthcare-associated infections, and to meet the goal to increase the percent of people who know their HIV status. Less progress was seen in efforts to meet targeted goals in the areas of obesity, foodborne illness, and reducing the number of HIV diagnoses. A full Winnable Battle report card can be found [here](#).

In addition to meeting goals to improve health, the Winnable Battles process also changed the way the agency works to address health challenges. The Winnable Battles framework ensured a focused path forward on target areas even as CDC rose to the challenge of several global health crises, including the H1N1 flu pandemic, Ebola, and Zika. In addition, state and local public health professionals, policy makers, and healthcare professionals have adopted the Winnable Battles process in programs designed to improve health outcomes.

To see the full report, please visit <https://www.cdc.gov/winnablebattles/report/>.

## REPORTS/POLICIES

- **The GAO published “Nursing Homes: Consumers Could Benefit from Improvements to the Nursing Home Compare Website and Five-Star Quality Rating System,” (GAO-17-61) on Dec. 6, 2016.** This report examines the information CMS collects about the use of Nursing Home Compare, including its usefulness to consumers, and potential areas, if any, to improve the website; and the extent to which the Five-Star System enables consumers to understand nursing home quality and make distinctions between homes.  
<http://www.gao.gov/assets/690/681138.pdf>

## HILL HEARINGS

- There are no hearings scheduled next week.

## LEGISLATION

- **H.R.6463** (introduced Dec. 7, 2016): To direct the Secretary of Health and Human Services to issue guidance with respect to three-dimensional human tissue models, and for other purposes was referred to the House Committee on Energy and Commerce.  
Sponsor: Representative Chris Collins [R-NY-27]
- **H.R.6457** (introduced Dec. 7, 2016): To amend title XVIII of the Social Security Act to provide Medicare coverage of preventive services that are required to be covered by group and individual health plans was referred to House Ways and Means.  
Sponsor: Representative Marc A. Veasey [D-TX-33]
- **S.3516** (introduced Dec. 7, 2016): A bill to authorize the Secretary of Veterans Affairs to conduct a best-practices peer review of each medical center of the Department of Veterans Affairs to evaluate the efficacy of health care was placed on the Senate Legislative Calendar.  
Sponsor: Senator John McCain [R-AZ]
- **H.R.6445** (introduced Dec. 6, 2016): Veterans Health Care Trust Fund Act was referred to House Veterans' Affairs.  
Sponsor: Representative Beto O'Rourke [D-TX-16]

## MEETINGS

- 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 Heroes of Military Medicine Awards will be held on May 4, 2017 in Washington, DC. <http://www.hjfc3.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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