



## Federal Update for November 24 – 28, 2014



### ***VA to Host Veterans' Town Hall Dec 11***

MINNEAPOLIS, MN (Nov. 24, 2014) – Senior leaders from the Minneapolis VA Health Care System and the Veterans Benefits Administration Regional Office will hold a Veterans' Town Hall at 5 pm on Dec 11 at the National Guard Armory in Rochester, MN.

The town hall is designed to gain open and honest feedback from Veterans, their family members and other beneficiaries. VA also welcomes input from congressional stakeholders, Veteran service organizations, nongovernmental organizations and other community partners.

VA facilities around the country are holding town hall meetings on a quarterly basis “to improve communication with, and hear directly from, Veterans nationwide.”

“Caring for Veterans is a calling, and our first commitment is to provide Veterans and their families the timely, quality care and benefits they have earned and deserve through their service to our Nation,” said VA Secretary Robert McDonald. “As we seek continual improvement and to rebuild trust among Veterans, it is critical that we continue to listen and learn directly from those who use our system.”

The Armory is located at: 1715 Marion Rd SE, Rochester, MN 55904

For more information, contact ralph [heussner@va.gov](mailto:heussner@va.gov) or call 612/467-3012.

### ***VA to Accept Proposals for New Scheduling System***

WASHINGTON – As part of The Department of Veterans Affairs' (VA) ongoing effort to improve Veterans' access to healthcare, VA announced it has issued a

Request for Proposal (RFP) for a new Medical Appointment Scheduling System (MASS). The new MASS technology will help improve access to care for Veterans by providing schedulers with state-of-the-art, management-based scheduling software.

“When it comes to the care of our Veterans, we want the best technology the American marketplace can provide,” said VA Secretary Robert McDonald. “A new and innovative scheduling system is an essential tool we must have in place to enable us to provide our Veterans with timely and high quality health care.” The new system will replace a legacy scheduling system that has been in use at VA since 1985. VA’s acquisition approach for the new scheduling solution remains full and open; any qualified vendor may compete. Potential bidders are not required to have prior experience working with VA. Proposals are due on January 9, 2015.

VA released a draft “Performance Work Statement” to maximize industry and stakeholder input. The feedback received from industry has been used to refine the requirements included in the final RFP.

“We are seeking vendors who will work closely with us and can meet our timeline,” said VA Chief Information Officer Stephen Warren. “We are dedicated to finding the right partner to help us create and implement our modern scheduling system.”

The RFP requires industry to demonstrate technical capabilities via two methods; submission of a written proposal and participation in a structured product demonstration to evaluators (which include VA scheduling staff). VA expects to award the contract by the spring of 2015. The selected bidder will be tasked to provide a system that focuses on an achievable schedule to deliver core capabilities to all VA medical facilities within the first two years of the contract. Remaining capabilities will be implemented nationally in a series of incremental enhancements throughout the contract period of performance. In addition to industry and stakeholder engagement, VA officials also worked with Veteran Service Organizations and the Northern Virginia Technology Council to better understand the needs of Veterans and incorporated the group’s feedback in the design of the RFP.

**To improve services to Veterans, VA also made several near-term modifications to its current system:**

- VA awarded a contract to improve the existing scheduling interface, providing schedulers with a calendar view of resources in lieu of the current text-based, multiple-screen view. The update is scheduled to begin rollout January 2015;
- VA is developing mobile applications allowing Veterans to directly request certain types of primary care and mental health appointments (scheduled to begin deployment December 2014);
- VA rolled out new clinical video telehealth capabilities in 2014 providing service to more than 690,000 Veterans.

**Other accomplishments of note to improve Veterans access to care include:**

- Implementation of the Choice Program: a new, temporary benefit that allows qualifying Veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility: The first round of cards was issued on November 5; the second round of cards was issued on November 17 to Veterans waiting more than 30 days from their preferred date or in cases considered medically necessary by the Veterans' physician;
- Scheduling more than 1.2 million more appointments in the past four months than in the same period last year. In total, VA medical centers have scheduled over 19 million Veteran appointments from June to October 1, 2014;
- Reducing the national new patient Primary Care wait time by 18 percent;
- Completing 98 percent of appointments within 30 days of the Veterans' preferred date, or the date determined to be medically necessary by a physician;
- Authorizing 1.1 million non-VA care authorizations, a 47-percent increase over the same period last year;
- Increasing the amount of time providers can deliver care to Veterans by increasing the amount of clinic hours and adding weekend and evening clinics at VA medical centers.

## ***Following is a Summary of Veteran Related Legislation Introduced in the House and Senate since the Last Bulletin was Published***

- H.R.5686: Physician Ambassadors Helping Veterans Act. A bill to amend title 38, United States Code, to establish the Physician Ambassadors Helping Veterans program to seek to employ physicians at the Department of Veterans Affairs on a without compensation basis in practice areas and specialties with staffing shortages and long appointment waiting times. Sponsor: Rep Culberson, John Abney [TX-7] (introduced 11/12/2014)
- S.2875: National Guard Investigations Transparency and Improvement Act of 2014. A bill to codify in law the establishment and duties of the Office of Complex Administrative Investigations in the National Guard Bureau, and for other purposes. Sponsor: Sen Begich, Mark [AK] (introduced 9/18/2014)
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[Source: <https://beta.congress.gov> & <http://www.govtrack.us/congress/bills> Nov 14, 2014 ++]

## ***Military Political Climate ► Military Times Poll Results***

Troops are frustrated with the political climate and don't believe that politicians have interests of military members at heart. That's according to an annual poll conducted by Military Times, which surveyed more than 2,200 active-duty servicemembers. The results, shared in an article 3 NOV, show a force that's disillusioned with Congress and increasingly refuses to identify with a political party. Forty-four percent of those polled said Republicans and Democrats have both showed less support for military issues recently. And only 12 percent of those polled believe that both major political parties are making decisions with troops' best interests in mind. "Congress is responsible for keeping us at reasonable pay and funding levels so we can do our job," said Army Sgt. 1st Class Gregory Pettigrew. "But from their comments, I don't know if they have any regard for the things we do every day."

The article highlights comments from two anonymous service members. In their poll responses, they said gridlock in Congress has led to a decrease in funding that's directly impacting their troops. One of the service members is an unnamed lieutenant colonel in the Air Force, who said that airmen are worried about readiness because decreased funds have led to fewer training exercises. And a Navy master-at-arms said a lack of spare parts means that his sailors can't complete necessary repairs on their vessels. President Obama also did not get high marks from respondents. Over half of those who participated in the poll do not approve of the job he's done as commander in chief. Military Times reports that the number of respondents who declined to identify their political view has nearly tripled since the 2006 version of the poll. And, "readers are more likely" to identify as a libertarian or independent. [Source: NGAUS | Washington Report November 04, 2014 ++]

## ***PTSD & TBI Update ► Medical Test Diagnosis Inching Closer***

Researchers are inching closer to creating medical tests to detect post-traumatic stress or mild traumatic brain injury — conditions that now are diagnosed only with self-reported symptoms and subjective exams.

Scientists from five institutions are two years into a five-year, \$42.9 million study to find biomarkers that can indicate evidence of these injuries common to combat veterans. Among the most promising findings, according to preliminary results presented 4 NOV in a press conference at New York University Langone Medical Center, are brain imaging, blood and genetic variation tests, eye movements and even vocal changes evident in service members and civilians who have experienced a TBI or have been diagnosed with PTSD.

An estimated one in five of the 2.3 million troops who have served in combat since 2001 have suffered a brain injury and/or developed PTSD, according to researchers.

The scientists, supported by NYU Langone Medical Center, the Steven and Alexandra Cohen Veterans Center for the Study of PTS and TBI, the Defense Department and others, are looking at the conditions in more than 4,000 troops and civilians, hoping to develop tests to detect these invisible wounds — and also help determine effective, individualized treatments. “Our goal is to assemble all the relevant biomarkers and winnow them down to the best candidates for

diagnosing,” said Dr. Charles Marmar, chairman of the Psychiatry Department at NYU Langone Medical Center. Using brain imaging, Dr. Amit Etkin, assistant professor of psychiatry and behavioral sciences at Stanford University, has found that compared to individuals without post-traumatic stress, patients with that condition have above-average activity in the portion of the brain responsible for creating and storing memories, the amygdala, and below-average activity in the portion that controls social behavior and expression, the medial prefrontal cortex, as a response to fear inducing stimulus. The findings could lead to brain scan tests to diagnose the condition and confirm treatments appropriate for the individuals, such as psychotherapy, medication, brain stimulation or a combination of those, Etkin said.

Meanwhile, at Emory University School of Medicine, Dr. Kerry Ressler is examining the role of genetics in resilience and developing post-traumatic stress. Ressler has found gene variants in 10 percent to 20 percent of the population that increase the risk for developing PTSD. When he compared the genetic makeup of a group of predominantly male Iraq and Afghanistan combat veterans with PTSD to a group of black women who had been abused as children and also had PTSD, he found both groups shared the same gene anomaly. Such evidence could lead to genetic tests to determine who may be at higher risk for developing PTSD, and designing pharmacological or psychological interventions, such as the administration of morphine or exposure therapy — both of which have been proven to prevent development of PTSD — following a traumatic event.

Other research in the study indicates that people with PTSD have distinct vocal patterns, which may allow measurement to determine whether a person has the disorder. And at the Cohen Veterans Center, Dr. Uzma Samadani, who also serves as chief of neurosurgery at the Veterans Affairs New York Harbor Health Care System, is studying an age-old symptom of head injury — out-of-sync eye movements — to develop a quick test for concussion. Standing in front of a slide showing Wile E. Coyote after the Roadrunner has clocked him, Samadani noted how cartoonists indicated the character’s head injury, with his eyes moving in circles, not in tandem. In scientific terms, the condition is called an “anisocoric and disconjugate gaze.” Samadani tracked the eye movements of more than 400 troops and veterans as they watched a four-minute video and found that in patients with a concussion or those recovering from a mild head injury, their eyes did not track together. Her work could lead to the development of a medical

device that could be used in combat theaters to detect a a concussion after it occurs. "If someone has weakness or swelling, you can figure it out with eye tracking," she said. "You can't cheat on this test."

Much of the research for the massive study is being conducted in New York and at Stanford with more than 4,000 participants, including 1,500 personnel at Fort Campbell, Kentucky. The physicians said the next phase will involve determining the most promising biomarkers and how they can be used to personalize treatments for PTSD and TBI. According to researchers, what works for some patients don't work in others, and scientists aren't exactly sure why. For example, psychotherapy works to alleviate PTSD symptoms in 98 percent of females who have rape-related PTSD, but is successful only for about half of veterans with combat related PTSD. "Nine months from now, we'll embark on a personalized medicine trial where we take the best of these and use them to try to understand who does or does not respond to these therapies, whether it be psychotherapy, medical therapy or brain stimulation therapy," Marmar said. [Source: NavyTimes Patricia Kime | November 05, 2014 ++]

## ***PTSD Update ► One in Six OEF/OIF Vets May Have PTSD***

More than one in six soldiers who served in the country's most recent wars may have post-traumatic stress disorder. That's the finding of the National Health Study for a New Generation of U.S. Veterans, according to the Veterans Health Administration, which sent out an update Wednesday on the study. It's the first study that includes post-9/11 veterans who don't use the VA or who served during the wars but didn't deploy to Iraq and Afghanistan, according to the Veterans Affairs Department. In total, 60,000 veterans participated in the study. "PTSD is a significant public health problem in Operation Enduring Freedom and Operation Iraqi Freedom deployed and non-deployed veterans, and should not be considered an outcome solely related to deployment," the department says on its website. But veterans who were deployed in the country's latest wars are nearly 5 percent more likely to screen positive for PTSD than those who were not deployed. About 15.7 percent of post-9/11 soldiers who were deployed are at risk of developing PTSD, compared with almost 11 percent of those who were not, according to the study.

A positive screening by a doctor doesn't automatically mean that a veteran has PTSD, but the VA says it "does indicate that a patient may have PTSD or trauma-related problems." If veterans potentially have PTSD, they are also required to be questioned on if they are having suicidal thoughts, and will likely be referred to receive additional mental health care. Symptoms of PTSD can include suicidal thoughts as well as nightmares, flashbacks, changes in personality, and sleeping disorders. Post-9/11 veterans who use VA health care are significantly more likely to be flagged for PTSD than those who don't, and this study included soldiers from both categories. Among deployed troops, more than 24 percent of those enrolled in the VA got a positive screening for PTSD, compared with 9.8 percent of non-VA users. The VA doesn't elaborate on why there is a gap between the two groups. PTSD—and mental health problems more broadly—are considered to be underreported. VA officials and advocates acknowledge that some veterans attach a negative stigma to asking for help.

Despite the study, it could be decades before the VA knows the full extent of post-9/11 veterans' health problems. VA Secretary Bob McDonald, speaking at the National Press Club last week, said that "forty years is when the peak demand occurs for a veteran serving in a war. Forty years from the end of the war." Advocates want to extend a veteran's combat eligibility for free VA health care from five to 15 years after they leave the military. In a lesson learned from the Vietnam War, they say that some veterans have a delayed reaction to trauma after they leave the service. An estimated 30 percent of Vietnam veterans suffer from PTSD. Tom Berger, executive director of the Vietnam Veterans of America national health council, said earlier this year that for Vietnam veterans, the extra time "would have made a world of difference." [Source: National Journal | Jordain Carney | November 12, 2014 ++]

## ***TRICARE Regions Update ► Cut from 3 to 2 Proposed***

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 Pentagon health care contracts.

According to a draft solicitation for TRICARE contracts released online Monday, 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 United Healthcare Military & Veterans has responsibility for TRICARE West. If the contract solicitation does reduce the number of regions, competition for the new contracts will be more cutthroat than the last round — and that round was itself particularly ugly, with multiple bid protests that drew out the process. 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 8 DEC. Should the TRICARE regions be combined the new region makeups would be:

- 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.

NAUS Note: We stress this is just a proposal. Nothing has been finalized and if prior contracts are anything to go by, there will be multiple protests, which will take years to resolve. [Source: NAUS Weekly Update November 07, 2014 ++]

## ***Affordable Care Act: Updated Information Available for Veterans***

*St. Cloud, Minn:* The Affordable Care Act (ACA) open enrollment season began Nov. 15, 2014, and is scheduled to run through Feb. 15, 2015. To ensure Veterans, beneficiaries and family members have the information they need to make informed health care choices, VA has updated existing information available through a website. Visit the site at: [www.va.gov/aca](http://www.va.gov/aca).

### **Key Facts:**

- Veterans who are enrolled in the VA health care system already meet the minimum essential coverage standards set by ACA and don't need to take any further action.
- Veterans who are not enrolled can enroll at any time. They also can explore the Health Insurance Marketplace for coverage for themselves or their families.
- Veterans who are not enrolled in the VA health care system and who do not have qualifying medical insurance should be aware that, unless given an exemption, they will be charged a penalty beginning on their 2014 federal income tax return, which most people will file in the spring of 2015.
- Beginning in 2016, health care providers are required by law to report to the IRS coverage provided to enrollees and beneficiaries the previous calendar year. To prepare for the requirement and to ensure Veterans have an opportunity to give us feedback, in 2015 VA will send notifications to select Veterans about the VA health care coverage they received in 2014.

To enroll for VA health care, Veterans can contact their County Veteran Service Office, apply online at <https://www.1010ez.med.va.gov/>.