



News from the federal health sector

## ★ Another Whack at the Backlog

In the ongoing effort to cut the backlog of disability compensation claims down to size, the VA has added a new online application that allows claims to be processed faster, in a *more end-to-end electronic environment*. The joint VA/DoD web portal eBenefits is now integrated with the new internal Veterans Benefits Management System (VBMS) electronic claims processing system. This transition follows on the heels of other moves, such as expediting claims decisions for veterans who have waited 1 year or longer and mandated overtime for claims processors.

Veterans will need a free Premium eBenefits account, which can be established by completing the remote verification process through the VA benefits home page (<http://www.benefits.va.gov>); by using DoD's common access card to register for or upgrade to a premium account; by phone ([800] 827-1000, option 7); or in person at a VA regional office or TRICARE Service Center. The eBenefits tool allows the user to enter information online, using a step-by-step interview-style application with prepopulated data fields and drop-down menus.

Compensation benefits will be effective back to the date the veteran started entering claim information in eBenefits. From that initial date, the veteran has up to 1 year to gather all necessary records and click *submit* to preserve the original date of the claim. eBenefits allows veterans to upload digital images of records and evidence to support their claims; they no longer have to physically mail personal records and wait for a confirmation of receipt.

The VA will still accept paper claims, although it cautions that processing may take longer than for electronically submitted claims. As of this summer, the VA will scan all new

paper claims and upload them into VBMS so they, too, can be processed electronically. However, the VA says, veterans using eBenefits will have the extra advantage of, for instance, guided questions that help ensure complete and accurate information. Veterans will also be able to receive information immediately, without having to wait for scanning and processing of paper documents. Registered eBenefits users can track their claim status and get information on other benefits, such as pension, education, health care, home loan eligibility, and vocational rehabilitation and employment programs.

Moreover, the eBenefits user can choose to have an accredited Veterans Service Organization (VSO) representative help with the claim submission by filing an electronic power of attorney form.

The VBMS is now in place at all 56 regional offices across the country, ahead of schedule. The VA says it will continue to upgrade and improve VBMS based on user feedback, and add features and tools that make it faster and easier to process claims. For more information on the claims processing initiatives, visit <http://benefits.va.gov/transformation>.

## ★ Leveling the Health Care Playing Field

Asian Americans and Pacific Islanders (AAPIs) tend to get overlooked when it comes to alleviating health care inequities, because they too often are viewed as *wealthy, healthy, and happy*, according to the U.S. Department of Health and Human Services. Yet, though small in number, they disproportionately experience chronic disease. Nearly half of the 1 million people with chronic hepatitis B virus (HBV) infection are AAPIs,

and they are 7 times more likely to die of HBV, compared with whites. Native Hawaiian Pacific Islanders (NHPIs) are 60% more likely to be obese, compared with whites. Overall, AAPIs also disproportionately experience heart disease and cancer. And although the rates of human immunodeficiency virus (HIV) infection have declined over the past 5 years for whites, NHPIs, and other Pacific Islanders, the rate of diagnosis has continued to rise for Asian Americans; a large majority of AAPIs have never been tested for HIV/AIDS (acquired immunodeficiency syndrome). Asian Americans and Pacific Islanders are also the least likely among all racial groups to receive routine mammograms and pap smears. Moreover, as many as one-third of AAPIs did not see a doctor in the past year.

But the Affordable Care Act (ACA) may be changing the health care picture for AAPIs, offering easier and wider access to health insurance (1 in 5 AAPIs has none) and increased funding. Under the White House Initiative on AAPIs and the ACA, a projected 2.7 million AAPIs will have access to new preventive services, such as free immunizations and screenings. The ACA also provides \$250 million to expand the primary care workforce, including providers in underserved areas, and \$11 billion to fund existing health centers and create 1,100 new ones.

Some of the funding will go toward improving culturally and linguistically appropriate care. More than 1 in 3 AAPIs has only limited English proficiency. The ACA includes initiatives to strengthen cultural competency training for health care providers; and the Department of Health and Human Services has just introduced the enhanced *National Standards for Cul-*

turally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). The National CLAS Standards are intended to improve care and help eliminate health care disparities. The new *Blueprint* guidebook, which updates the original Standards that were published in 2000, discusses implementation, while acknowledging that implementation “on the ground” will vary from organization to organization.

Brochures, fact sheets, posters, infographics, and videos (including materials in Asian languages) are available at <http://marketplace.cms.gov>. Patients can call (800) 318-2596 to speak with a representative of ACA, or visit the official website at <http://healthcare.gov>. The call center is open around the clock, with assistance available in more than 150 languages, including Tagalog, Chinese, Korean, and Vietnamese. More information on the White House Initiative on AAPIs is available at <http://www.ed.gov/edblogs/aapi/issue-areas/the-affordable-care-act>. The CLAS standards are available at <http://www.thinkculturalhealth.hhs.gov/content/clas.asp>.

### ★ Clearing Up Confusion About the Affordable Care Act

The VA has launched a new website (<http://www.va.gov/aca>) to let veterans know what the Affordable Care Act (ACA) means for them: Essentially, no changes to their existing health care coverage but some new opportunities for coverage. In an August 6, 2013, VA press release, Undersecretary for Health Affairs Robert Petzel, MD, the VA's chief physician, announced, “VA will continue to provide veterans with high-quality, comprehensive health care and other benefits they have earned through their service.”

Veterans who receive health care from the VA will see no change in

their benefits or out-of-pocket costs when portions of the ACA take effect next year. If veterans are enrolled in VA health care, they don't need to take any additional steps to meet the health care law coverage standards. Those who are not enrolled in VA health care, including family members, can apply at any time. The ACA does not affect TRICARE or TRICARE for Life.

The ACA builds on the expanded access to care and benefits for veterans who had previously been shut out of the system. According to an August 10, 2013, White House fact sheet, Secretary of Veterans Affairs Eric K. Shinseki expanded coverage in 2009 to Vietnam War veterans exposed to Agent Orange and to Gulf War veterans exposed to infectious diseases, including malaria, West Nile virus, and non-typhoid salmonella. The ACA legislation allows increased health insurance options, additional choices for care, improved medical care services for veterans in rural areas, and expanded consumer protections to prevent insurance companies from denying or setting limits on coverage. The ACA will help more than 1.3 million veterans and 950,000 spouses and children who are uninsured. Uninsured veterans may also be eligible for premium tax credits and cost-sharing reductions.

The ACA website explains VA benefits, the ACA, and how to enroll, along with providing other important information.

### ★ VA Health System Makes the Most Wired List

Technological advances have landed the VA's medical centers and other facilities on the 2013 *Most Wired* hospitals list for the first time. The survey, published in the July 2013 issue of *Hospitals & Health Networks* (H&HN), ranked 1,713 hospitals and health systems nationwide (roughly 30% of all U.S. hospitals) on using

technology in innovative ways. “With a diverse patient population that's dispersed from the coast of Guam to the mountains of Colorado to the Florida Panhandle,” the article says, “the VHA has embraced a digital health strategy that ambitiously uses telemedicine and is pushing the system to become a testing lab for other care innovations.”

The VA made the list for a number of programs, including

- **telehealth**, which the VA has been using for more than 10 years (the personal health record, My HealtheVet, is celebrating its 10th anniversary). The Office of Telehealth Services mandate is to make sure veterans get “the right care in the right place at the right time,” with the home the preferred site of care when possible. Telehealth services allow computerized patient records (charts, reports, and X-rays) to travel with the patient and help link specialty care providers to primary care physicians in rural areas. According to Adam Darkins, MD, the VHA's chief telehealth consultant, the home telehealth program has reduced bed days by 58% and admissions by 38%;
- the **store-and-forward** program acquires and stores clinical information (eg, data, images, sound, video) that can then be forwarded to, or retrieved by, clinicians at another site for evaluation. The VHA's first national store-and-forward program is a primary care-based model that will screen veterans with diabetes for retinopathy, using teleretinal imaging;
- **Blue Button** is designed to enhance patient engagement by improving access to critical personal health information from the VA Electronic Health Record and other key data sources. The Blue Button project “often is held up as an example for the rest of health care to model,” according to the H&HN article. ●

