

## **PEDIATRIC REPORT RESPONSE**

### **Background:**

The FY2013 National Defense Authorization Act, Section 735, mandated a report on nine elements of the Military Health System's (MHS) pediatric patients and their care. The Department of Defense (DoD) submitted this report in July 2014, titled the "Study on Health Care and Related Support for Children of Members of Armed Forces." This document is a review of the work completed and in progress after submission of the report.

### **Accomplishments and Work in Progress by Element:**

#### **1. Review TRICARE policies.**

- ✓ Accomplishment:
  - Submitted preventive services legislative proposal to Congress as part of the 2017 Omnibus that would align preventive pediatric care with Affordable Care Act standards for Prime beneficiaries.
- ✓ Work in Progress:
  - Finalizing significant regulatory revisions to remove administrative barriers and expand access to mental health and substance use disorder benefits, including intensive outpatient and partial hospitalization services, elimination of quantitative treatment limitations, and streamlining of requirements for residential treatment centers and other institutional providers in order to expand access to care. (Nov 2016)
  - Evaluating expanded coverage of annual preventive care visits/exams to ensure that children receive developmentally-appropriate and age-appropriate health care services for Prime beneficiaries ages six and older under the TRICARE Prime Uniform Health Maintenance Organization (HMO) benefit (Code of Federal Regulation (CFR) 199.18), while awaiting broader statutory authority to expand preventive services. (Nov 2016)
  - Drafting changes to the Medical Nutrition Therapy policy to sufficiently clarify the depth of our coverage. (Nov 2016)

#### **2. Assess access to pediatric health care.**

- ✓ Accomplishments:
  - Military Medical Treatment Facilities (MTFs) implemented Simplified Appointing in all Patient Centered Medical Homes (PCMH), including pediatrics. Simplified Appointing resulted in 24% more appointments available per day in primary care available from January - March 2016.
  - Changing PCMH hours at many MTFs to provide access to primary care after school and also on weekends. Also, the Services are increasing the number of MTF urgent care clinics, to provide additional access to urgent care for acute medical needs.
  - Chartered Pediatrics Advisory Working Group (PAW), a group to address pediatric-related MHS concerns and improving pediatric health care.

- Implemented an Urgent Care Pilot (May 23, 2016) to permit Prime patients to receive two urgent care visits annually without the need for a referral.
- Conducted a longitudinal look at pediatric beneficiaries' Emergency Room (ER) utilization and found that it is stable and within national standards from years 2008-2012. In FY15, less than five percent of beneficiaries' ER visits were for care that should have been delivered in a primary care setting.
- Since FY13, showed a 13% improvement in beneficiary satisfaction with "seeing a provider when needed" in all Services' MTF PCMHs through the use of TRICARE's industry-standard Consumer Assessment of Healthcare Providers and Services (CAHPS) survey.
- Since August 2014, primary care wait times for acute medical needs in MTF PCMHs improved 34%, including pediatric clinics.
- Reduced variance among individual MTFs' performance in primary care wait times for appointments for acute medical needs by 45% over the same period; more MTFs are performing well against the MHS access standard which eliminates variability in patient access experience in support of Senate Section 730 of the NDAA for FY2017.
- Enhanced Nurse Advice Line (NAL) utilization to answer questions about acute health concerns (48% of total call volume related to pediatrics).
- Ensured the NAL nurse will make a MTF PCMH appointment for the beneficiary with acute medical needs or will assist the beneficiary in seeking urgent care in the network.
- Enhanced access through the use of Secure Messaging (SM) and 86% of SM respondents agree that using SM interaction allowed them to avoid an unnecessary trip to the clinic, emergency department or urgent care facility.
- Created a pediatric data section for all quality data in the TRICARE 2015 Annual Report.
- Applied pharmacy best practices to TRICARE benefit to cover compound prescriptions for unique pediatric needs.
- Screened all MTF PCMH pediatric patients during medical appointments based on American Academy of Pediatrics, Centers for Disease Control and United States Preventive Task Force recommendations. Issues identified through screening are addressed by the PCMH care teams using evidence-based medicine and standards of care.
- Outpatient satisfaction survey in Services standardized to use the Joint Outpatient Evaluation Survey (JOES) to include the pediatric population.
- ✓ Work in Progress:
  - Participating in a review, led by the Defense Health Board, of pediatric clinical preventive services and immunizations. (Nov 2016)
  - Conducting five studies to better understand pediatric health care. (Jul 2017)
  - Reviewing and recommending additional pediatric longitudinal measures to provide outcome, quality and safety data on the pediatric population in the MHS; this will be led by the TRICARE Patient Centered Integration Board in collaboration with the Tri-Service PCMH and Specialty Care Advisory Boards. (Sep 2017)

- Developing a private sector care project to directly measure access to Network primary care, including pediatrics. (Nov 2017)

### **3. Assess access to pediatric specialty care**

#### ✓ Accomplishments:

- Launched the Laboratory Developed Tests (LDT) Demonstration, a 3 year program started in 2014 that allowed the DHA to review and approve for coverage non- United States Food and Drug Administration (FDA)-approved laboratory testing, including coverage for preconception and prenatal Cystic Fibrosis carrier screening. Many of the approved LDTs are used in the diagnosis and management of pediatric conditions.
- Conducted a longitudinal look at pediatric beneficiary prevalence of most common specialty visit diagnoses for behavioral health from years 2008-2012; mood disorders are the most common diagnosis and the MHS rate is consistent with the national average.
- Created the Autism Care Demonstration (ACD), which consolidated three autism programs into one, ensuring a consistent benefit for all beneficiaries and included all autism care under the catastrophic cap, reducing the financial burden on families.
- Enrolled over 28,000 Applied Behavior Analysis providers for the over 13,500 children receiving care through the ACD.
- Launched Telemental Health Pilot with several USFHP Designated Providers for adult and pediatric beneficiaries to receive virtual behavioral health care at a patient's location.

#### ✓ Work in Progress:

- Developing a new Tri-Service specialty appointing and referral policy to provide enrollees with a specialty appointment date/time before leaving the MTF or within 24 hours. (Nov 2016)
- Evaluating, under the LDT demonstration, Non-Invasive Prenatal testing coverage. (Nov 2016)

### **4. Review and analyze reimbursement under the TRICARE program.**

#### ✓ Accomplishment:

- Found that TRICARE coverage and specific reimbursement accommodations address the needs of the pediatric population. Specific issues, or topics, will be reviewed as needed by the TRICARE Health Plan Shared Service Working Group.

### **5. Assess adequacy of the Extended Care Health Option (ECHO) Program.**

#### ✓ Accomplishments:

- Expanded TRICARE ECHO policy in October 2015 to allow for incontinence supplies (diapers) for beneficiaries over the age of three with spinal, neurological and/or mobility issues.
- Developed beneficiary notice and support during ECHO grace period (a 90 day time period that allows patients to receive ECHO benefits prior to completion of Exceptional Family Member Program (EFMP) enrollment

processes). Beneficiaries receive serial notices and support to prevent loss of ECHO benefits while awaiting EFMP application completion.

- ✓ Work in Progress:
  - Developing the ECHO beneficiary survey to capture more data on ECHO usage and satisfaction consistent with Military Compensation and Retirement Modernization Committee (MCRMC) recommendations. (Sep 2017)

## **6. Assess adequacy of care management**

- ✓ Accomplishments:
  - Developed core case management competencies to facilitate standardized preparation of case managers. Standardized Case Management (CM) Tri-Service Work Flow (TSWF) form within the outpatient record to facilitate coordination with primary care teams.
  - Ensured continuity of care and consistency of effort by meeting with Children's Hospitals with a focus on sharing Lessons Learned.
- ✓ Work in Progress
  - Evaluating revisions to CM TSWF to include dedicated pediatric needs. (Dec 2016)
  - Coordinating with THP to improve CM coordination within the next generation of TRICARE regional Managed Care Support Contracts with a goal to reduce fragmentation and facilitate transitions of care between purchased and direct care settings. (Dec 2017)
  - Implementing MTF-based CM competencies to align with current industry standards.( Dec 2016)

## **7. Assess support provided through other Department of Defense (DoD) or Military Department programs and policies**

- ✓ Work in Progress:
  - Launching the Office of Special Needs (OSN) Data Repository pilot to inform the Services on what resources are needed for EFMP-enrolled populations through DoD Office of Family Readiness Policy, Office of the Secretary of Defense, Military Community and Family Policy (MCFP). (Mar 2017)

## **8. Identify mechanisms for linking dependent children with special health care needs with state and local community resources.**

- ✓ Work in Progress:
  - Conducting a five-year study to assess the effectiveness of military family support programs within the Office of the Deputy Assistant Secretary of Defense, Military Community and Family Policy. (Nov 2018)
  - Reviewing, consistent with MCRMC recommendations, Medicaid Waiver programs to inform a possible further expansion of the services available under the ECHO program. (Sep 2017)

## **9. Identify strategies to mitigate the impact of frequent relocations.**

- ✓ Accomplishment:

- THP conducted media campaign about how to promote continuity of care with minimal disruption.
  - Providing education to MTFs and providers about the extensive services available from the Managed Care Support Contractors to assist active duty family members who are moving. Some of these services were not fully utilized, and this should improve portability.
  - Launched a media campaign aimed at beneficiaries about how to ensure a smooth transition of medical care during a move.
- ✓ Work in Progress:
- Standardizing EFMP forms and overseas screening processes across all Services. (Nov 2017)
  - Conducting a review of direct and private sector care CM coordination processes to minimize fragmentation experienced during transitions of care. (Jun 2017)
  - Pursuing other initiatives with the goal of proactively identifying and assisting beneficiaries who will be moving to ensure their medical needs are met at their new location. (Jul 2017)