



# DHB Working Group

## Modernization of the TRICARE Benefit

August 7, 2020



# Overview

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- Membership
- Background
- Overview of Tasking
- Summary of Activities to Date
- Way Ahead



# Membership



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## Background (1/3)

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- The Military Health System (MHS) ensures that America's military personnel are healthy and ready to support all aspects of military operations
- The MHS provides medical benefits through TRICARE to ~9.5 million beneficiaries, including 1.3 million active-duty Service members
- TRICARE is comprised of 51 military hospitals and 424 military medical clinics ("Direct Care"), supplemented by programs to enable beneficiaries to seek care in the private sector ("Purchased Care")



## Background (2/3)

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- Congress mandates periodic changes to TRICARE as a health system through the National Defense Authorization Acts (NDAAs)
- Currently, TRICARE is based on a “fee-for-service” model with defined benefits
- Section 705 of NDAA 2017 required DoD to incorporate 13 elements into the TRICARE contracts, including best practices in **value-based health care**, improved benefits design, and health plan management



# Background (3/3)

- The Defense Health Agency has partially implemented 6 of 13 elements specified in NDAA 2017
- There are opportunities to expand and implement NDAA 2017 provisions to meet the MHS's Quadruple Aim of increased readiness, better care, better health, and lower cost





# Overview of Tasking

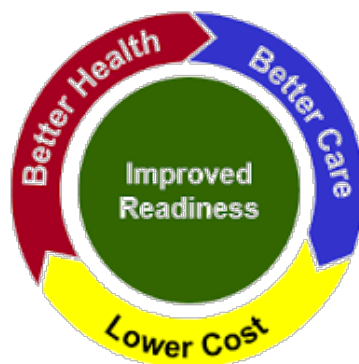
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On July 24, 2020, the Assistant Secretary of Defense for Health Affairs, directed the Defense Health Board (“the Board”) to **develop criteria to assess and prioritize commercial health care innovations and provide advice and recommendations on how DoD might best develop and implement them within TRICARE.**



# Overview of Tasking (2/3)

- Criteria should consider statutory requirements and the magnitude of impact on the MHS Quadruple Aim



- This may include an overall value-based healthcare vision that combines some or all of these innovations into a concerted strategy with optimal impact on readiness, cost, quality and access





# Overview of Tasking (3/3)

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## Innovations include:

- Virtual Value Providers
- Centers of Excellence
- Standard Telehealth
- Optimized Telehealth
- Targeted Utilization Review
- Automatic Authorizations
- Care Collaboration
- Care Management
- Advanced Care Management
- Provider Recognition
- Provider Reward
- Wellness Pilots
- Wellness and Disease Management Pilots
- Advanced Primary Care
- Access to Care Standards
- Central Enrollment
- Accountable Care Organizations
- Clinically Integrated Networks
- At-Risk Centers of Excellence
- Utilization Management
- Artificial Intelligence
- Any other innovations identified by the Board



# Summary of Activities to Date

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Date	Activity
July 28, 2020	<p>Kick off meeting, video teleconference:</p> <ul style="list-style-type: none"><li>- Member introduction and expertise</li><li>- Discussed the Terms of Reference</li><li>- Provided ideas on potential briefings and useful resources</li><li>- Agreed on frequency of meetings</li></ul>



# Way Ahead

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- Video teleconferences scheduled weekly with planned briefings by subject matter experts on:
  - TRICARE billing
  - TRICARE beneficiaries
  - TRICARE cost structure
  - Value-based care
- Planned decision brief at November 2020 Board meeting

# Questions ?