UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

JUN 14 2018

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Please accept this interim response to section 733 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2018 (Public Law 115–91), that requires a report to Congress by June 10, 2018, on the plan to improve pediatric care and related services for children of members of the Armed Forces through the alignment with the Affordable Care Act and Medicaid, evaluation of access, mitigation of factors due to relocation, and correction of deficiencies in pediatric data collection.

The alignment of pediatric care, per requirements of section 733 of the NDAA for FY 2018, is underway through two new standardized processes. First, within direct care, pediatric care is being aligned with the newly formed Primary Care Clinical Community. Second, implementation of TRICARE 2017 will entail two, rather than three, managed care support contractors in the purchased care. This alignment will provide opportunity through the Pediatric Quality Dashboard to track pediatric quality data and outcomes for both direct and purchased care.

Enclosed is an interim report that provides available detail on the current state of the elements requested within the report. The time extension will allow for more complete data on specific elements and initiatives. The final report will be submitted in November 2018.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the House Armed Services Committee.

Sincerely,

Robert L. Wilkie

Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

JUN 14 2018

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Sincerely,

Robert L. Wilkie

Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

Report to the Senate Armed Services Committee

The Department of Defense Interim Report to Congress for Section 733 of National Defense Authorization Act for Fiscal Year 2018

REPORT ON EFFORTS BEING CONDUCTED BY THE DEPARTMENT OF DEFENSE ON THE PLAN TO IMPROVE PEDIATRIC CARE FOR CHILDREN OF MEMBERS OF THE ARMED FORCES.

Requested by: Committees on Armed Services of the Senate and House of Representatives Report 115–91 for Fiscal Year 2018

The estimated cost of report or study for the Department of Defense (DoD) is approximately $2,340 for the 2018 Fiscal Year. This includes $0 in expenses and $2,340 in DoD labor.

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INTERIM REPORT TO CONGRESSIONAL ARMED SERVICES COMMITTES
ON
THE PLAN TO IMPROVE PEDIATRIC CARE AND RELATED SERVICES FOR CHILDREN OF MEMBERS OF THE ARMED FORCES

ISSUE: This interim report responds to section 733 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2018 (Public Law 115–91). The Department will submit the final report in November 2018.

BACKGROUND: Section 733 of the NDAA for FY 2018 (Public Law 115–91), "Report on Plan to Improve Pediatric Care and Related Services for Children of Members of the Armed Forces," requires the Department to provide:

1. A plan to align preventive pediatric care with the Affordable Care Act (ACA) and Medicaid, and with recommendations by organizations that specialize in pediatrics;
2. A plan to develop a uniform definition of "pediatric medical necessity";
3. A plan to develop measures to evaluate and improve access to pediatric care, coordination of pediatric care, and health outcomes;
4. A plan to evaluate access to pediatric specialty care in the annual TRICARE evaluation report to Congress;
5. A plan to improve the quality of and access to behavioral health care, including intensive outpatient and partial hospitalization services;
6. A plan to mitigate permanent change of station (PCS) on continuity of care for children who have special medical or behavioral health needs; and
7. A plan to mitigate deficiencies in data collection/utilization/analysis to improve pediatric care and related services.

DISCUSSION:

1. A plan to align preventive pediatric care with the ACA and Medicaid, and with recommendations by organizations that specialize in pediatrics:

Pediatric developmental screening, preventive care, and immunizations are covered benefits under TRICARE, which correspond to Medicaid's Early Periodic Screening, Diagnosis and Treatment Program and other covered preventive services benefits under the Children's Health Insurance Program. Currently, TRICARE covers preventive care, including newborn and well-child care, based on recommendations from the American Academy of Pediatrics (AAP) and Bright Futures, and immunizations in accordance with the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices. TRICARE's Extended Health Care Option (ECHO) supplemental benefits include children with specified complex medical conditions, and children diagnosed with an Autism Spectrum Disorder (ASD) who may be referred for applied behavior analysis (ABA) under the Autism Care Demonstration (ACD). Both ECHO and the ACD parallel Medicaid's Home and

Community Based Waiver programs. Opportunities for further alignment are being closely monitored and will be documentedin the final report.

2. **A plan to develop a uniform definition of "pediatric medical necessity":**

The Defense Health Agency (DHA) is reviewing the application of "medical necessity" for the pediatric population under TRICARE. Any pediatric medical necessity definition must meet existing statutory/ regulatory requirements of the hierarchy of reliable evidence standard under federal regulation, ensure that covered benefits are safe and effective, meet the needs of the pediatric population, and allow coverage of emerging medical science as quickly as possible once shown to be effective. Changes to these regulatory requirements would require formal agency rule-making. However, TRICARE includes recommendations of groups such as the AAP in reviews of new and evolving technologies, which may be covered under TRICARE's Emerging Treatments and Technology coverage authority, if approved by the Assistant Secretary of Defense for Health Affairs. TRICARE applies additional flexibility for rare diseases, as well as permitting off-label uses of drugs and devices.

3. **A plan to develop measures to evaluate and improve access to pediatric care coordination of pediatric care and health outcomes:**

The Military Health System (MHS) previously approved 30 measures for an internal Pediatric Quality Dashboard after collaboration with federal partners from CDC, Centers for Medicare and Medicaid Services, Substance Abuse and Mental Health Services Administration, and the Agency for Health Research and Quality. The dashboard includes measures in the domains of better heath, better care, and lower cost, with specific metrics for preventive health, healthy behavior, access to care, patient experience, behavioral health, care and management of chronic conditions, and appropriateness of care. Efforts are underway to identify specific pediatric access to care and health outcomes metrics that can be reliably collected and analyzed through available MHS data collection systems. Data on the status of access and Pediatric Quality Dashboard metrics will be included in the final report.

4. **A plan to evaluate access to pediatric specialty care in the annual TRICARE evaluation report to Congress:**

The annual "Evaluation of the TRICARE Program, FY 2019 Report to Congress" will include data on access to pediatric specialty care. Data to demonstrate improved access for the pediatric care in purchased care sector will be included in the final report.

5. **A plan to improve the quality of and access to behavioral health care, including intensive outpatient and partial hospitalization services:**

Regulatory revisions to improve quality and access to behavioral health for all TRICARE beneficiaries, including pediatrics, were published in the Federal Register on October 3, 2016

with subsequent TRICARE policy revisions published on November 15, 2017. The revised benefits include:

- New benefit coverage of intensive outpatient programs for mental health and/or substance use disorder treatment, opioid treatment programs, office-based outpatient treatment for medication assisted treatment of opioid use disorder, and outpatient treatment of substance use disorder provided by TRICARE-authorized individual providers..
- Quantitative limits were removed for all levels of care.
- Streamlined accreditation for partial hospitalization programs and child/adolescent residential treatment centers.

The ACD began in 2014 and was extended until December 31, 2023. The ACD provides ABA services to beneficiaries diagnosed with ASD, and has grown from 2,292 beneficiaries receiving ABA services in 2009 to almost 14,000 beneficiaries receiving ABA services today. Data to demonstrate utilization of new/expanded benefits will be included in the final report.

6. A plan to mitigate PCS on continuity of care for children who have special medical or behavioral health needs:

Initiatives to mitigate disruptive effects caused by PCS include:

- The Office of Special Needs (OSN) is developing a DHA Procedural Instruction to standardize and coordinate family member enrollment in the Exceptional Family Member Program (EFMP) across the Services.
- Continuity of medical and dental care, plus educational services for family members, has been implemented by each Service in a "stabilization policy."
- The OSN and Services' Family Support Components developed a standardized form to ensure a "warm-hand off and greeting" during an EFMP family's PCS. Referrals for specialty care, including referrals to ECHO and the ACD, are no longer required when changing regions.

7. A plan to mitigate deficiencies in data collection/utilization/analysis to improve pediatric care and related services:

- DHA experienced unanticipated delays due to nonstandardized data collection systems, which hindered implemention of many new pediatric metrics. Ongoing work to reconcile disparate systems and missing data fields continues, and will result in additional data to inform the final report.
- The TRICARE 2017 managed care support contracts include creation of a single data warehouse, rather than three. The new contract also utilizes predictive analytics to identify beneficiaries at risk for complexity.

- Data collection is underway in the Pediatric Quality Dashboard for selected elements, in order to be able to compare purchased care and direct care pediatric metrics and to inform and encourage early interventions.

Lastly, as part of the transformation to a high reliability organization, the MHS has adopted a model of clinical communities to promote continuous process improvement. General (non-complex) pediatric care is aligned within the Primary Care Clinical Community, which seeks to achieve standardization across data collection systems and medical record consistency for documentation of developmentally and age appropriate care for all ages and stages within the pediatric population. This standardization will enable more complete tracking of metrics for quality, access, and cost-effective care for pediatric beneficiaries. The MHS also continues to review and implement clinical care pathways, improve documentation, and advance data collection and analyses for transparent reporting of the high-quality care provided to all beneficiaries, especially pediatric beneficiaries.