

The logo of the Defense Health Board is a circular emblem. It features a central globe with a microscope superimposed over it. The globe is light blue and green, and the microscope is dark grey. The emblem is surrounded by a purple border containing the text "DEFENSE" at the top and "HEALTH BOARD" at the bottom, separated by two yellow stars.

Health Care Delivery and Neurological/Behavioral Health Subcommittees

Pediatric Health Care Services

**November 1, 2016
Defense Health Board**



Overview

- Membership
- Tasking
- Meetings
- Areas of Interest
- Way Forward



Membership

Health Care Delivery (HCD) Subcommittee

- The Health Care Delivery Subcommittee consists of 9 members with one member as chair.



Membership

Neurological/Behavioral Health Subcommittee

- The Neurological/Behavioral Health Subcommittee consists of 9 members with one member as chair.



Tasking

(1 of 6)

On October 21, 2015, the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) requested the Defense Health Board (DHB) provide recommendations **to improve the monitoring and provision of pediatric clinical preventive services in military dependents** “to better promote the health of this beneficiary population and potentially realize cost savings for the Military Health System (MHS).”



Tasking

(2 of 6)

Specifically, the USD(P&R) requested the Subcommittee:

- Determine what policies, practices, and capabilities the Department of Defense (DoD) should implement to improve monitoring of compliance with pediatric clinical preventive services and immunizations in military dependents; and
- Determine what approaches DoD should take to increase compliance with recommended pediatric clinical preventive services and immunizations in military dependents.



Tasking

(3 of 6)

On July 26, 2016, the Acting Assistant Secretary of Defense for Health Affairs (ASD(HA)) requested the DHB “**examine opportunities to improve the overall provision of health care and related services for children of members of the Armed Forces.**” This request replaced the October 21, 2015 request regarding pediatric clinical preventive services.



Tasking

(4 of 6)

Specifically, the ASD(HA) expanded the scope to also include the following requests:

- Identify the extent to which children receive developmentally appropriate and age appropriate health care services, including clinical preventive services, in both the direct care and purchased care components.
- Identify the degree to which the MHS delivers clinical preventive services that align with standards, guidelines, and recommendations established by the Patient Protection and Affordable Care Act; the Early and Periodic Screening, Diagnosis, and Treatment program; and organizations that specialize in pediatrics, such as the American Academy of Pediatrics and the American Pediatric Surgical Association.



Tasking

(5 of 6)

- Evaluate whether children have ready access to primary and specialty pediatric care.
- Address any issues associated with the TRICARE definition of "medical necessity" as it might specifically pertain to children and determine if the requirement for TRICARE to comply with Medicare standards disadvantages children from receiving needed health care.
- Measure the impact of permanent changes of station and other service-related relocations on the continuity of health care services received by children who have special medical or behavioral health needs.



Tasking

(6 of 6)

- Assess certification requirements for residential treatment centers of the Department to expand the access of children of members of the Armed Forces to services at such centers.
- Evaluate the quality of and access to behavioral health care under the TRICARE program for children, including intensive outpatient and partial hospitalization services.
- Assess other issues related to the evaluation and general improvement of health care for children within the MHS, including:
 - Data collection, data utilization, and data analysis that could improve pediatric care and related services, including the availability and maturity of pediatric specific outcome measures.
 - Best practices for coordination of pediatric care.



Meetings Since Last Board Meeting

To date, continued focus on Pediatric Clinical Preventive Services tasking:

- August 25, 2016 – HCD Teleconference
 - Discuss revision of tasking
 - Review draft report sections
- September 27, 2016 – HCD Teleconference
 - Review draft report sections
- October 18, 2016 – HCD Teleconference
 - Review draft report sections



Areas of Interest

- Difficulties monitoring the provision of pediatric services due to data limitations and challenges tracking TRICARE Standard beneficiary care
- Comparing covered services in TRICARE to national recommendations and guidelines
- Emerging issues in pediatric medicine, such as the provision of care for transgender beneficiaries and the impact of vaccine exemptions & refusals
- Coordination of care and the importance of the military family
- Vision of how pediatric beneficiaries should experience care in the Military Health System



Way Forward

- Collaborate with Neurological/Behavioral Health Subcommittee beginning December 2016
- Continue teleconferences and meetings
- Information gathering through spring 2017
- Develop and refine findings and recommendations through summer 2017
- Present draft report at August 2017 Board meeting



Questions?