Pediatric Health Care Services Tasking

Chair, Health Care Delivery Subcommittee
Chair, Neurological/Behavioral Health Subcommittee

June 26, 2017
Defense Health Board

Overview

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Membership

Health Care Delivery (HCD) Subcommittee

- This Subcommittee consists of nine members, with one member as the Chair.

Membership

Neurological/Behavioral Health (NBH) Subcommittee

- This Subcommittee consists of eight members, with one member as the Chair

Tasking

On October 21, 2015, the Acting Under Secretary of Defense for Personnel and Readiness requested the Defense Health Board provide recommendations to **improve the monitoring and provision of pediatric clinical preventive services in military dependents**. Specifically:

- 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
- Approaches DoD should take to increase compliance with recommended pediatric clinical preventive services and immunizations in military dependents.

Tasking

On July 26, 2016, the request to the Board was updated and expanded to include examination of **opportunities to improve the overall provision of health care and related services for children of members of the Armed Forces**, in addition to the original request. Specifically:

- 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

- 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.
- 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.

Subcommittee Activity Since Last Board Meeting

The HCD and NBH subcommittees have worked to gather information and review the draft report through the following in-person briefings and teleconferences:

Date	Activity
• February 14, 2017	NBH teleconference to review report sections
• February 27, 2017	HCD teleconference to review report sections
• March 3, 2017	3 NBH teleconferences to receive briefings regarding behavioral health care and to review report sections
• March 23, 2017	HCD teleconference to review report sections
• April 13-14, 2017	HCD and NBH meetings to receive briefings regarding behavioral health care and coordination of care
• May 15-16, 2017	HCD and NBH meetings to review report sections
• May 16 2017	NBH open session to receive written and oral public comments regarding pediatric health care services
• June 19-20, 2017	HCD and NBH meetings to review report sections

Overarching Areas of Interest

Area of Interest	Preliminary Observations
Patient and Family Experience	• Pediatric providers across the MHS are passionate and eager to provide the best care possible to their patients. • The MHS can be challenging for beneficiaries to navigate, particularly for families of children with complex or chronic needs, due to the complexity, fragmentation, and bureaucracy of the system.
Data Collection and Reporting	• There is no enterprise-wide system for tracking the delivery, quality, and cost of pediatric health care services across the MHS. • Limited outcome and quality measures for direct and purchased care have hindered the subcommittees' ability to systematically assess access to and quality of pediatric care in the MHS.
Standardization of Care	• Pediatric care and available services vary across the MHS. • The subcommittees noted differences in pediatric health care services between the direct and purchased care components, geographic areas, and TRICARE regions.
Care Coordination	• Families of children with complex or chronic health needs require access to high-quality care coordination and integration, particularly during relocations and Permanent Changes of Station, though this is not always provided in the MHS.

Additional Areas of Interest

Area of Interest	Preliminary Observations
Medical Necessity	• The current definition of medical necessity does not align well with pediatrics, given the ethical and practical limitations of pediatric research. • The DoD interpretation of medical necessity and the hierarchy of reliable may need to be broadened to ensure it does not disadvantage certain populations of children from receiving needed care.
Telehealth	• Telehealth technologies are an important tool to help standardize and coordinate care for military families. • DoD has historically been a leader in developing and implementing telehealth tools and technologies.
National Defense Authorization Act (NDAA)	• The 2017 NDAA mandates significant changes to the MHS, including reorganization of MTFs and improved accountability measures for MHS leadership, among others. • These mandates can bolster potential DHB recommendations.
Applied Behavioral Analysis (ABA)	• There is some evidence of short-term benefits of ABA therapy for autism; however, long-term benefits have not been established in the literature. • An analysis of the TRICARE Comprehensive Autism Care Demonstration is mandated in the 2017 NDAA and may help refine the optimal delivery of ABA services.

Way Forward

- Develop and refine findings and recommendations through summer 2017
- Present draft report at August 2017 Board meeting

Questions?