



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

OCT - 5 2011

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

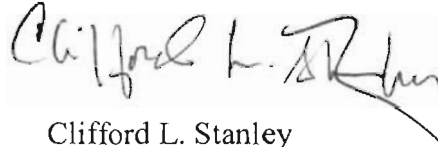
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Efforts to assess and meet the mental health needs of our Service members and their families have led to endeavors that are intended to authorize Licensed Mental Health Counselors (LMHCs) as independent providers under TRICARE. The recognition of LMHCs as authorized TRICARE providers, along with already recognized TRICARE mental health professionals (social workers, psychologists, psychiatric nurses and psychiatrists), is expected to improve access to mental health care and maintain high quality services.

DoD has initiatives described under each of the six strategic objectives which address IOM's (2010) second recommendation for a comprehensive quality management system for mental health professionals. Efforts to improve the quality management system for mental health professionals are ongoing and reflect our commitment to providing quality services to our Armed Forces and their families.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in black ink that reads "Clifford L. Stanley". The signature is written in a cursive style with a large, stylized initial "C".

Clifford L. Stanley

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



PERSONNEL AND
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WASHINGTON, DC 20301-4000

OCT -5 2011

The Honorable Jim Webb
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

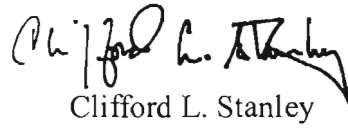
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Sincerely,



Clifford L. Stanley

Enclosure:

As stated

cc:

The Honorable Lindsey Graham
Ranking Member



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OCT -5 2011

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

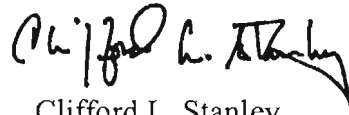
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Clifford L. Stanley

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cc:
The Honorable Adam Smith
Ranking Member



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OCT - 5 2011

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

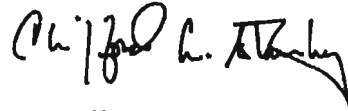
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Clifford L. Stanley

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cc:

The Honorable Susan A. Davis
Ranking Member



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OCT -5 2011

The Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

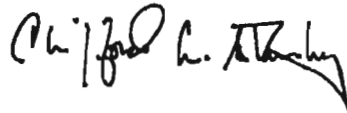
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cc:

The Honorable Thad Cochran
Vice Chairman



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Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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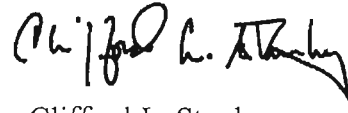
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The Honorable Thad Cochran

Vice Chairman



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OCT - 5 2011

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

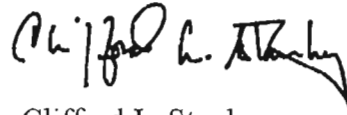
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Clifford L. Stanley

Enclosure:

As stated

cc:

The Honorable Norman D. Dicks
Ranking Member



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UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

OCT - 5 2011

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

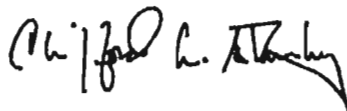
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Ranking Member



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OCT -5 2011

The Honorable Claire McCaskill
Chairwoman
Subcommittee on
Readiness and Management Support
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Madame Chairwoman:

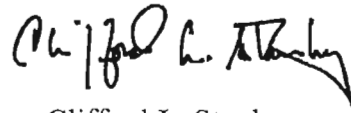
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cc:
The Honorable Kelly Ayotte
Ranking Member



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OCT -5 2011

The Honorable J. Randy Forbes
Chairman
Subcommittee on Readiness
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

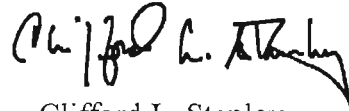
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Clifford L. Stanley

Enclosure:
As stated

cc:
The Honorable Madeleine Z. Bordallo
Ranking Member

**Senate Report 111-201 (page 147) to accompany S. 3454, the
National Defense Authorization Act for Fiscal Year 2011**

**Department of Defense Report on the Implementation of the
Recommendations Cited in the 2010 Institute of Medicine Report,
Provision of Mental Health Counseling Under TRICARE
September 2011**



**Department of Defense
TRICARE Management Activity**

The estimated total cost to produce this report was \$ 11,364.00

The enclosed report is in response to the Senate Report No. 111-201 (page 147), to accompany S. 3454, the National Defense Authorization Act for Fiscal Year 2011, request for a Department of Defense (DoD) update on the implementation of the two recommendations cited in the 2010 Institute of Medicine (IOM) Report, *Provision of Mental Health Counselors Under TRICARE*.

IOM Report Recommendation # 1: Suggests criteria for the independent practice of mental health counselors under TRICARE. The term “Mental health counselors” refers here to the provider category of licensed mental health counselors (LMHCs).

Section 724 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010 directs the Secretary of Defense to prescribe regulations for the independent practice of Licensed Mental Health Counselors (LMHC) under TRICARE based on recommendations of the 2010 IOM report, *Provision of Mental Health Counselors Under TRICARE*. This report, prepared in accordance with the requirements of section 717 of the NDAA for FY 2008, required IOM to conduct an independent study into the credentials, preparation and training of individuals practicing as mental health counselors, and make recommendations for permitting licensed mental health counselors to practice independently under the TRICARE program. An analysis of the number of mental health counselors that would meet those requirements revealed that a large number of current counselors would not meet them. Therefore, a more detailed analysis of the implementation of IOM's recommendations was undertaken. Its goal was to gain insight into the most efficient means of implementing the recommendations while preserving, to the extent practicable, patient access to providers. That analysis has been completed and reviewed by DoD subject matter experts (SMEs). Based on this analysis and subsequent review, draft regulatory language has been developed and is being reviewed in the Department.

IOM Report Recommendation # 2: The second recommendation of the 2010 IOM Report advises DoD to implement a comprehensive quality management system for all mental health professionals providing care in the Military Health System (MHS). IOM outlined six strategic objectives for meeting that goal which are described in each of the six sections below. The IOM objectives are consistent with the Department’s already established clinical quality goals, policies and practices.

Strategic Objective 1: A comprehensive quality management system for all mental health professionals should include well-defined scopes of practice and clinical privileging of all mental health-care providers in the direct- and purchased-care systems that are consistent with professional education, training, and experience, where these scopes are not already present.

DoD has well defined scopes of practice for behavioral health providers as part of the existing privileging processes at military treatment facilities (MTFs). The privileging process reviews provider credentials (per licensure, relevant training and experience, current competence, health status, judgment, and peer and department head recommendations), and grants privileges only after thorough review, verification and approval by the credentialing body. Clinical privileges define the scope and limits of practice for individual providers.

While the MHS has a robust privileging procedure; several current initiatives to improve the quality of the privileging process in the MTFs are ongoing, such as:

- The DoD Centralized Credentials Committee, with representation from the Services, is seeking to standardize the credentials review and privileging process across all service branches, which will facilitate transfer of providers between the Services.
- Incorporating scope of practice information for individual providers into DoD's electronic Centralized Credentials & Quality Assurance System (CCQAS) across the Services.
- DoD and the Department of Veterans Affairs (VA) are developing a unified process for privileging providers between the DoD and VA systems to permit sharing of clinical staff.

In the Purchased Care (PC) system, TRICARE purchases civilian provider and health care facility services for beneficiaries. There are currently three regional TRICARE Managed Care Support Contractors (MCSCs), each responsible for administering the civilian network for its region. The MCSCs adhere to civilian standards for scopes of practice which are delineated by State law and licensure requirements. Outpatient TRICARE civilian network providers are credentialed, but not privileged, as the granting of privileges is a hospital process not applicable to outpatient private practice settings. Non-network civilian providers become authorized providers under TRICARE through the certification process which verifies state licensure or certification, and scope of practice.

Strategic Objective 2: A comprehensive quality management system for all mental health professionals should include promotion of evidence-based practices for treatment of conditions and monitoring of results.

DoD has a longstanding commitment to the promotion of evidenced-based practices in the care of its beneficiary populations. Several initiatives that target evidence-based practice are in place including clinical practice guideline development, behavioral health in primary care, and establishment of new centers of excellence that guide research into best practices for mental health conditions and brain injury.

- Clinical Practice Guidelines (CPG) - Guidelines for evidence-based care are established by a VA and DoD collaborative effort and include clinical guidance on several key behavioral health disorders, such as: Major Depressive Disorder, mild Traumatic Brain Injury (TBI), Posttraumatic Stress, Substance Use Disorder, and several other conditions. VA/DoD also develops "toolkits" for each CPG in order to make adopting the guidelines easier. These CPGs and toolkits are updated at regular intervals.
- Population Health Navigator (PHN) - The DoD utilizes a Tri-Service, web-based tool that allows both MTFs and headquarter-level users to track quality metrics based on national benchmarks. This tool allows DoD to choose from metrics that 90 percent of America's health insurance plans use to measure performance on important dimensions of health care. The PHN recently added metrics regarding treatment for depression.
- Behavioral health in primary care - Embedding behavioral health providers into the Services primary care clinics is an initiative proven to improve not only quality of behavioral health

care, but also access to care, as patients are more likely to seek care in primary care as it lacks the stigma associated with behavioral health clinics.

Strategic Objective 3: A comprehensive quality management system for all mental health professionals should include focused training in the particular mental and related general medical conditions that are present in the TRICARE beneficiary population and in military cultural competency.¹

The MHS has developed numerous behavioral health training initiatives and training opportunities that specifically target the mental and physical disorders most relevant to the TRICARE population. These include:

- The DoD Center for Deployment Psychology (CDP) has provided training to MHS military and civilian behavioral health professionals since opening in 2006. The CDP focuses on evidence-based treatments for deployment-related behavioral health conditions that include: PTSD, sleep disorder associated with deployment, deployment-related depression, psychological trauma and resiliency, suicidal behavior, TBI, military cultural competency, and the impact of deployments on families and children.
- MHS Learn is a centralized, web-based training platform that provides the military medical workforce and beneficiary population with a single source for medically-related learning. MHS Learn also offers over 60 online courses on topics such as PTSD, TBI, resiliency, sexual trauma and suicide risk assessment. Many courses offer continuing education credit for physicians, nurses, psychologists and social workers.
- The Army Medical Department Center and School at Fort Sam Houston offers training courses for Active Duty and government civilian employees on PTSD, TBI, resiliency, suicide risk assessment and management, sexual assault, domestic violence and substance use disorders.
- The VA and DoD provide training on the most up-to-date research and clinical findings on several key conditions at annual conferences.

Strategic Objective 4: A comprehensive quality management system for all mental health professionals should include a systematic process for continued professional education and training to ensure continuing improvement in the clinical evidence base and accommodation of the changing needs of the TRICARE population.²

DoD ensures its providers have access to continued professional education and training in evidence-based care through offering multiple trainings tailored to the current needs of the TRICARE population. Training opportunities include:

- Web-based training is being used to provide training and education throughout the MHS. The platforms provide the means for providers to complete annual mandatory training

¹ IOM recommends focused training for all providers delivering behavioral health care in the MHS

² IOM uses the term here “clinical evidence-base” synonymously with term “evidenced-based practices”

requirements in addition to online courses for continuing education credit for physicians, nurses, social workers and psychologists.

- DoD professional training and education conferences are frequent and are provided through several DoD agencies and the Services. Representative conferences are highlighted here:
 - Military Suicide Prevention Conference - DoD and VA jointly host an annual conference to disseminate practical tools and innovative research to their behavioral health professionals.
 - Armed Forces Public Health Conference – This 2011 joint Army and Navy conference offered sessions on PTSD, TBI, resiliency, suicide, the psychological impact of combat on women, substance use disorders, mind/body therapies and alternative medicine therapies.
 - Defense and Veterans Brain Injury Center TBI Conference - The annual conference, disseminates to DoD and VA providers the latest evidence-based practices for providing optimal care to patients and families.
 - MHS Conference - The 2011 conference, attended by 4000 MHS providers, included sessions on resilience, suicide, mental health staffing, behavioral health providers in primary care, evidence-based practices, behavioral health clinical quality, healthy behaviors and an integrated strategy for DoD and VA behavioral health.
- The Center for Deployment Psychology (CDP) offers online training modules, online certificate courses, and one and two week conferences for psychiatrists, psychologists and social workers. CDP training opportunities are available to all providers in the MHS.

The DoD and VA initiatives listed above represent examples of the ongoing commitment to improve quality at all levels of care. Training requirements naturally evolve over time and training curricula are updated in response to clinical developments, new scientific evidence and to the behavioral health needs of our Service members and their families.

Strategic Objective 5: A comprehensive quality management system for all mental health professionals should include development and application of quality measures to assess the performance of providers.

The development and application of quality behavioral health measures to assess performance of providers is well developed in the MHS. DoD has a mature clinical quality management system that combines the efforts of the clinical quality offices of the Army, Navy and Air Force with that of the Assistant Secretary of Defense for Health Affairs to coordinate DoD quality measurement to assess performance of providers. Initiatives and programs include:

- Patient satisfaction metrics - Surveys of patient satisfaction with care are given at multiple time points. Individual MTFs develop and regularly distribute patient satisfaction surveys and share the survey results with providers at the MTFs. TRICARE mails out a satisfaction survey to beneficiaries annually.
- Provider peer review – The Services MTFs routinely employ the standard of provider peer review of clinical work. This process of having providers critically assess each other's

performance according to pre-established guidelines is a critical element in systematically measuring performance for DoD providers.

- Behavioral health metrics - The MHS added two Healthcare Effectiveness Data Information Set (HEDIS) behavioral health metrics to their portfolio of health care and service measures. The first relates to the performance of providers in treating Major Depressive Disorder while the second relates to follow-up appointments after discharge from inpatient psychiatric hospitalization.
- Common outcome measures - The DoD and VA are currently working to identify common behavioral health clinical outcome measures. This work will ensure that the selected measures are the best ones for our Service members, Veterans, retirees and their families.
- Purchased Care (PC) Quality Advisory Panel - This committee was formed to coordinate scientific studies on the quality of care provided in PC and for care shared between the PC and DoD.

Strategic Objective 6: A comprehensive quality management system for all mental health professionals should include systematic monitoring of the process and outcomes of care at all levels of the health care system and the application of effective quality improvement strategies.

DoD and the Services have long-standing policies governing clinical quality to include monitoring of the process and outcomes of care at all levels of care. The DoD policy is overarching, while the Services' policies provide Service specific guidance in conformance with DoD policy. The current policies include:

- DoDI 6025.13, *Clinical Quality Assurance (CQA) in the Military Health System* (February, 2011) and DOD 6025.13-R *Military Health System (MHS) Clinical Quality Assurance (CDQ) Program Regulation* (June, 2004);
- Army Regulation 40-68, *Clinical Quality Management* (May, 2009);
- Air Force Instruction 44-119, *Medical Quality Operations* (September, 2007); and
- Navy Bureau of Medicine and Surgery Instructions 6010.13, *Quality Assurance Program* (August, 1991)

For Purchased Care (PC), each of the Managed Care Support Contractors is required to design and administer a clinical quality management program in accordance with their TRICARE contract and TRICARE policy. A recently implemented quality initiative established the PC Quality Advisory Panel to promote coordination of scientific study and quality measurement selection across the MHS for beneficiaries referred to PC and those shared between DoD and PC.

DoD continues to systematically implement behavioral health clinical quality initiatives and to explore opportunities for improvement in each of the areas identified by IOM. DoD's success in implementing clinical quality oversight and improvement across the MHS has only heightened the Department's commitment to provide the best quality of care possible, when and where needed, to our Service members, retirees and their families.