



Significant Findings in Report to Congressional

Defense Committees:

Study on Health Care and Related Support for Children of Members of the Armed Forces

Office of the Secretary of Defense July 2014

Element 1: A comprehensive review of the policies of the Secretary and the TRICARE program with respect to providing pediatric care.

1. Review processes for evaluating emerging technology in use in the general community but not supported by the hierarchy of evidence required for the TRICARE purchased care program.
2. Review regulatory provisions for TRICARE program cost-sharing of care that appears to have gained acceptance in the larger medical community but does not meet the TRICARE-specific definition applicable to the purchased care component.
3. Analyze use of health care benefits by children ages 6 to 21 years to assess if developmental- and age-appropriate care is being delivered as compared to AAP-recommended periodicity schedules and guidelines, the 2010 Patient Protection and Affordable Care Act, or Medicaid's Early and Periodic Screening, Diagnosis and Treatment benefit.
4. Determine the extent of use of special metabolic formulas by children with complex metabolic or digestive disease to maintain essential nutrition and medical food.
5. Assess the benefit of nutritional counseling and management when provided by nutritionists and/or registered dietitians as authorized providers for children with complex medical and metabolic medical conditions.
6. Determine if the current benefit of habilitative care authorized under ECHO only for ADFMs promotes age-appropriate and developmental support for children along with skill attainment and sustainment that is distinct from rehabilitative care, and whether legislative changes to remove the current statutory exclusion of habilitative care from the Basic program would be appropriate.
7. Usage of compounded medication for pediatric beneficiaries and review the impact of the DHA decision on coverage for compounded medications in compliance with Public Law 113-54, Drug Quality and Security Act, once the FDA provides direction on implementation of the new law.
8. Reimbursement policies and their flexibility for safe and effective care of the pediatric beneficiary as pediatric health delivery models change.

Element 2: An assessment of access to pediatric health care by dependent children in appropriate settings.

9. Future assessments should focus on more finely tuned access metrics, including wait times and referrals, reasons for higher rates of non-network ER use, and availability of providers. Evaluate currently available metrics and data sources to assess if they effectively address adequacy of access for pediatric beneficiaries.
10. Specific analyses of the pediatric population in the annual Evaluation of TRICARE Programs: Access, Cost and Quality would provide a comprehensive review of adult and pediatric ER utilization rates in the MHS.

11. Strategies are needed to accurately differentiate between utilization of freestanding versus hospital-based ER utilization and cost differences, which could inform assessment of access of services.
12. Potential recapture of pediatric ER visits through review of diagnoses and acuity of visits would inform access of services.
13. Study of regional contractor required reports to evaluate the need for contract modifications to have data available for finely tuned access metrics, including wait times and referrals, reasons for higher rates of non-network ER use, and availability of providers.
14. Evaluate the need for contract modifications to develop NARs that would reflect availability of providers on a monthly basis.

Element 3: An assessment of access to specialty care by dependent children, including care for children with special health care needs.

15. Potential methods for coding that will more easily identify pediatric specialty or subspecialty providers, or allow for dual (adult and pediatric) coding.
16. Further define diagnosis for high-utilization specialty providers and access standards between referrals and appointments.
17. Collecting data on pediatric access and provider specialty in the annual MHS TRICARE survey could be a useful tool for tracking pediatric access and satisfaction, including use of specific questions on CAHPS to assess family satisfaction specific to pediatric care.
18. Determine the components of a consistent NAR for direct and purchased care component that identifies for referrals and consultations the participating pediatric subspecialty providers.
19. Regional contract requirements for NARs to include network adequacy as measured by utilization of pediatric subspecialty providers.
20. Consider the inclusion of the pediatric population in the annual Evaluation of TRICARE Programs: Access, Cost and Quality report to provide a comprehensive review of adult and pediatric care in the MHS.

Element 4: A comprehensive review and analysis of reimbursement under the TRICARE program for pediatric care.

21. Periodically review reimbursement policies in order to collaborate on innovative processes needed to continue to meet the unique health care needs of children as health care delivery models change.

Element 5: An assessment of the adequacy of the ECHO Program in meeting the needs of dependent children with extraordinary health care needs.

22. Review data regarding EFMP family members eligible for ECHO enrollment, current ECHO-enrolled beneficiaries who continue to be eligible for services, and current ECHO-enrolled beneficiaries who due to changes in condition are no longer eligible for ECHO services. Collaborate with the MHS Beneficiary Education and Support Division, the Military Departments, TROs, the Office of Special Needs, and contractor partners to provide information to all eligible families and track ECHO enrollment and utilization.
23. Develop satisfaction or outcome measurements for all ECHO programs with regard to impact on beneficiaries and family readiness.

Element 6: An assessment of the adequacy of care management for dependent children with special health care needs.

24. DoD collaborative review to establish a formal family-focused process to evaluate the adequacy of care and case management in meeting complex individual health needs and promoting quality cost-effective outcomes.

25. Develop a formal collaborative process in and between direct and purchased care to define and review outcomes for appropriate care/case management of pediatric beneficiaries and their families.
26. Develop outcome/efficacy metrics for the impact of case management in direct and purchased care for beneficiaries with significant medical/behavioral health issues.
27. Future longitudinal study on the impact of PCMH on pediatric beneficiaries in the MTF setting.

Element 7: An assessment of the support provided through other Department of Defense or military department programs and policies that support the physical and behavioral health of dependent children, including children with special health care needs.

28. Develop a common core of programs/benefits that support families available at all installations with criteria for evaluating effectiveness of programs and outcomes.
29. Evaluate a process for a “one-stop-shopping system” to support families in evaluating the multitude of services available in the Military Departments, DoD, and community to meet their needs.

Element 8: Mechanisms for linking dependent children with special health care needs with State and local community resources, including children’s hospitals and providers of pediatric specialty care.

30. Future study to develop and test consistent processes of communication and collaboration between nonclinical and clinical support for the family’s network of needs.

Element 9: Strategies to mitigate the impact of frequent relocations related to military service on the continuity of health care services for dependent children, including children with special health and behavioral health care needs.

31. Formalized collaboration of EFMP Military Department medical and regional contractors in determination of availability of medical resources in complex medical case prior to relocation.

