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

PERSONNEL AND READINESS

SEP - 7 2018

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

Dear Mr. Chairman:

Please find enclosed the Department's interim report in response to House Report 115–219, pages 287–288, to accompany H.R. 3219, the Department of Defense Appropriations Bill, 2018, concerning Technology Solutions for Psychological Health. The House Report directs the Department to provide a report that details a strategy for delivering tele-behavioral health (TBH) services to Service members.

While mental health is the top synchronous (i.e., "real-time") telehealth clinical service in the Military Health System (MHS), it cannot yet be considered to be universally accessible for MHS beneficiaries across the enterprise. Expanding the availability of TBH is integral to achieving the strategic goals and objectives of the MHS Virtual Health (VH) Strategic Plan. This strategic framework will help guide the growth and development of current and future TBH and telemedicine initiatives. The MHS VH Strategic Plan will also set the stage for continued TBH growth through a focus on shared and coordinated acquisition processes and workflows, a consistent approach to beneficiary education regarding available services, and other relevant shared processes. A final report will be submitted in December 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 other congressional defense committees.

Sincerely,

Stephanie Barna
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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

PERSONNEL AND READINESS

SEP - 7 2018

The Honorable Kay Granger
Chairwoman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

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Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Peter J. Visclosky
Ranking Member

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

PERSONNEL AND READINESS

SEP - 7 2018

The Honorable Richard C. Shelby
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Stephanie Barna
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Richard J. Durbin
Vice Chairman

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

PERSONNEL AND READINESS

SEP - 7 2018

The Honorable James Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Please find enclosed the Department's interim report in response to House Report 115–219, pages 287–288, to accompany H.R. 3219, the Department of Defense Appropriations Bill, 2018, concerning Technology Solutions for Psychological Health. The House Report requests the Department to provide a report that details a strategy for delivering tele-behavioral health (TBH) services to Service members.

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Sincerely,

Stephanie Barna
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

Interim Report in Response to House Report 115–219 Pages 287–289 to Accompany H.R. 3219, the Department of Defense Appropriations Bill, 2018

Technology Solutions for Psychological Health

The estimated cost of this report or study for the Department of Defense is approximately $14,000.00 for the 2018 Fiscal Year. This includes $4,690.00 in expenses and $9,700.00 in DoD labor.

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Table of Contents

TECHNOLOGY SOLUTIONS FOR PSYCHOLOGICAL HEALTH

This interim report is in response to the House Report 115–219, pages 287–289, to accompany H.R. 3219, the Department of Defense (DoD) Appropriations Bill, 2018:

> *The Committee is encouraged by the Department's investment in technology that allows service members access to behavioral health services, including videoconferencing platforms that can be delivered in both garrison and deployed locations. However, it is imperative that all service members are aware of the resources available to them and how to readily gain access to assistance when needed. The Committee directs the Assistant Secretary of Defense (Health Affairs) to provide a report to the congressional defense committees not later than 90 days after the enactment of this Act that details a strategy for delivering tele-behavioral health services to service members.*

With the incorporation of the Defense appropriations into the $1.3T omnibus spending bill signed on March 23, 2018, this report is an interim response to the House Appropriation Committee's request. The Military Health System (MHS)/DoD will deliver a final report with recent data and the tele-behavioral health (TBH) strategy to the congressional defense committees in December 2018.

INTRODUCTION, BACKGROUND, AND CURRENT STATE

Providing improved access to behavioral-health services is a key priority of the MHS, its beneficiaries, and its stakeholders. The MHS seeks effective strategies for delivering behavioral health care for our Nation's Warriors and their families. For the past 20 years, telehealth has been a useful care-delivery tool, enabling the MHS to meet spikes in demand for services and to facilitate access for beneficiaries who are distant from the particular services that are required. The MHS uses TBH services for assessment, for the provision of ongoing one-on-one behavioral health treatment, and, on a surge basis, to meet the demand for pre- and post-deployment evaluations. However, the availability of TBH services varies by geography, Service Component, and whether the beneficiary seeks services through the Direct Care (medical treatment facility (MTF)-based) or Purchased Care (community provider-based) networks.

The 2017 Government Accountability Office report (GAO-18-108R: Published Nov. 14, 2017) entitled "Department of Defense: Telehealth Use in Fiscal Year 2016," notes that TBH is the most frequently offered synchronous (i.e., "real time") telehealth service across all MHS components (page 8, Table 3).

Among the Military Services, Army clinicians and facilities have provided the largest proportion of synchronous TBH encounters within the MHS, through the use of three strategically located TBH provider hubs. The maturity of the Army TBH system has permitted it to "surge" TBH services to remote locations as needed; for example, when an entire unit of Service members is undergoing post-deployment behavioral health evaluation. The use of TBH to perform a large number of mandated or procedurally directed clinical assessments has contributed to more efficient utilization of local in-person face-to-face clinical capacity. The Army has also offered TBH services in Iraq and Afghanistan, reducing the need for clinicians and Service Members to travel from forward deployed settings for purposes of delivering behavioral health care.

Recently, both Air Force and Navy have expanded their TBH efforts. Air Force has developed a regional "hub-and-spoke" model for TBH care. Navy is expanding access to Tele-Psychiatry (i.e., psychiatric services delivered via telehealth) and is engaging in pilots of ship-board access to TBH care.

TBH is provided both synchronously and asynchronously within the MHS. Synchronous TBH, or the use of real-time, live videoconferencing between beneficiaries and providers, is the most frequent TBH modality and is used for evaluations, treatment, and provider-to-provider consultations. Provider-to-patient synchronous TBH has historically been provided on a clinic-to-clinic basis, though, as will be described below, the settings that beneficiaries will be able to access TBH services are growing.

Asynchronous, or "store-and-forward" technology, is also used to extend the reach of provider-to-provider behavioral health consultations. Asynchronous consultation portals enable behavioral health specialists from throughout the MHS enterprise to support care delivered by front line clinical staff. Asynchronous TBH consultations are usually provided to front-line clinicians within 24–72 hours of the request.

The MHS Virtual Health (VH) Work Group recently conducted an internal analysis of TBH services in the MHS Direct Care network (i.e., services provided by MHS Uniform and Civilian clinicians), resulting in the following "Top 10" list of behavioral health diagnoses assessed or treated by synchronous TBH for fiscal year (FY) 2017 (Table 1):

TABLE 1: TOP 10 MHS TELE-BEHAVIORAL HEALTH DIAGNOSES BY ENCOUNTER FREQUENCY

	FY17 TBH Encounters				
Diagnosis Grouping	**Army**	**Air Force**	**Navy**	**NCR**	**TOTAL**
Adjustment Disorder/Anxiety	4,324	207	20	59	**4,610**
Post-Traumatic Stress Disorder (PTSD)	4,560	158	26	33	**4,777**
Depression	3,717	285	49	149	**4,200**
Anxiety	2,478	133	36	107	**2,754**
Attention Deficit Hyperactivity Disorder (ADHD)	1,468	64		57	**1,589**
Mood Disorder	1,104	84	4	44	**1,236**
Bi-Polar	796	47			**843**
Insomnia	806	33	60	10	**909**
Relationship Problems	392	24			**416**
Problem of Adjustment, Life-Cycle Transition	290	8		6	**304**

Note: NCR = National Capital Region
Note: Encounter counts for diagnoses are not mutually exclusive. Some encounters may be associated with more than one of the listed diagnoses.
Note: Army-specific special assessment encounters not listed to maintain comparability between components.

As Table 1 illustrates, the MHS provides a substantial amount of telehealth care for behavioral health diagnoses. However, as indicated above, the full range of TBH services is not yet universally accessible for MHS beneficiaries across the entire Direct Care and Purchased Care networks. Detailed information on the variability of current (i.e., FY 2017) services will be included in the final version of this report.

In addition to using technology to provide real-time assessment and treatment of behavioral health conditions, the MHS currently provides behavioral health information and access to resources via websites and mobile applications. These mobile health (mHealth) apps have been created utilizing evidence-based principles. They are designed to help service members and their families build resiliency, self-manage minor symptoms, learn about treatment, monitor and manage clinical symptoms as part of ongoing treatment, and find emergency help. Many of the mHealth apps released by MHS Components focus on behavioral health concerns.

As described above, Army has provided TBH services in forward operational settings in Iraq and Afghanistan, and Navy is currently piloting efforts to provide TBH shipboard services. However, the DoD has not yet incorporated TBH, or other telehealth services, into its overall planning for deployed health care.

There have been some efforts to improve beneficiary access and referrals to TBH services, where they exist, via clinician education and beneficiary marketing. However, a consistent and sustained enterprise approach to inform MHS beneficiaries of the availability of TBH services, and how to access them, has yet to be developed. As MHS TBH capability increases, such an approach, including visibility of TBH services on MHS-wide, MTF-specific, and TRICARE-focused websites and portals, will be required.

In summary, the current state of TBH within the MHS can be characterized as follows:

- TBH represents a significant portion of current synchronous telehealth effort.
- Among the Military Services, Army has a mature TBH capability. Air Force and Navy are building their TBH capabilities.
- TBH also occurs in the form of asynchronous clinician-to-clinician consultation.
- MHS care teams use TBH most frequently to assess and treat such conditions as:
  - Adjustment Disorder
  - PTSD
  - Depression
  - Anxiety
  - ADHD
  - Mood Disorder
- Behavioral health focused mobile applications and websites supplement clinical TBH services.
- TBH is available in a number of settings, but is not yet a universally accessible resource within the MHS enterprise.
- TBH has been provided in operational settings, but greater incorporation into overall DoD deployed health care planning is required.

- As its TBH capability increases, the MHS will require a consistent and sustained enterprise approach to help beneficiaries learn about TBH services and how to access them.

GROWING TELE-BEHAVIORAL HEALTH IN THE DoD

The DoD is committed to growing the use of telehealth as a key health care technology within the MHS. Support for behavioral health services has featured prominently in the report to the congressional defense committees directed by section 702(b) of the National Defense Authorization Act (NDAA) for FY 2014 (Public Law 113–66), titled "Use of Telemedicine to Improve the Diagnosis and Treatment of Posttraumatic Stress Disorder, Traumatic Brain Injuries, and Mental Health Conditions," October 7, 2014).

In 2015, the MHS chartered a telehealth workgroup to coordinate and move telehealth forward at the MHS enterprise level. The workgroup was renamed the "MHS Virtual Health Workgroup" in 2018 to reflect the current MHS consensus term describing the umbrella of technology tools associated with remote care. Terms such as "telehealth," "telemedicine," and "tele-care" are synonymous with VH. Other terms, such as "tele-behavioral health," "tele-mental health," "tele-psychiatry," "tele-radiology," "tele-ICU," "tele-cardiology," etc., describe specialty services that are subsumed within the more general umbrella of VH. For the remainder of this report, VH will be used to describe the broad domain of technology-mediated remote care services, while TBH will refer to the cluster of VH services used to assess, treat, and support self-care for behavioral health issues.

Congress has continued to take a strong interest in the robust growth of VH as an MHS health care capability, most notably through section 718 of the NDAA for FY 2017 (Public Law 114–328), the report to Congress on "Enhancement of Use of Telehealth Services in the Military Health System," October 7, 2017.

In response to its charter, the NDAA for FY 2017, and further guidance from MHS leadership, the MHS VH Workgroup drafted a VH Strategic Plan for the MHS. This plan, which is currently in MHS governance coordination, outlines a series of strategic goals, supporting objectives, and implementing initiatives that align VH growth efforts with overall MHS strategic goals and congressional guidance. This strategic framework will guide the growth and development of current and future TBH and other VH initiatives. The MHS VH Strategic Plan will also set the stage for continued TBH growth through a focus on shared and coordinated acquisition processes and workflows, full integration of TBH and VH, generally, into IT infrastructure planning, and other shared processes.

Table 2 outlines the four draft MHS VH Strategic Goals, their relationship to the MHS Quadruple Aims, and a summary of their implications for TBH.

TABLE 2: MHS VIRTUAL HEALTH STRATEGIC GOALS (Draft)			
Goal	**Description**	**Corresponding MHS Quadruple Aim**	**Behavioral Health Implications (not directly listed in the current Strategic Plan draft)**
1	Develop VH support for the warfighter	Increased Readiness	Promote behavioral resiliency and support for service members, and other beneficiaries, through early intervention and self-help mobile and web tools, deployed TBH care, behavioral health care for wounded warriors, and stigma reduction through alternative care access locations.
2	Support the MHS Clinical Communities	Better Care	MHS is in the process of standing up a series of "Clinical Communities" based upon frequently treated conditions and/or populations. Behavioral Health was the first of these communities to be organized. Align VH capabilities with Behavioral Health community requirements. Work to train clinicians on use of VH technologies.
3	Use VH to improve access to quality care for MHS beneficiaries	Better Health	Utilize TBH to improve access to evidence-based behavioral health care throughout Direct Care and Purchased Care networks.
4	Manage costs through and within VH	Lower Cost	Improve access and value of behavioral health care for a growing number of beneficiaries, while maximizing efficiencies.

The ability of VH to provide care in non-traditional locations, such as the service member's home, vehicle, or other location of choice, has important implications for the expansion of MHS TBH services. In addition to improving access (including reducing the need to travel to an MTF, park, wait in a waiting room, etc.), for many beneficiaries, TBH appears to reduce the stigma that is often associated with going to a "bricks and mortar" facility associated with behavioral health care.

The ability to provide TBH, and other VH care, in non-clinical locations was clarified legislatively in section 713 of the NDAA for FY 2012 (Public Law 112-81), , and promulgated in DoD policy by an Assistant Secretary of Defense for Health Affairs memorandum in February 3, 2016, which was later incorporated into formal DoD policy in DoD Manual 6025.13. However, technical, procedural, and workflow challenges have limited TBH to patient location initiatives to local, regional, or component-level pilot efforts. Because of the non-structured care delivery setting of TBH to patient location initiatives, particular attention must be paid to developing appropriate safety and risk management protocols.

These challenges will be addressed as part of "Virtual Video Visits (V3) to the Patient's Location," one of the key implementing initiatives that will be contained within the MHS VH Strategic Plan. Under V3, the MHS will acquire an enterprise-wide technical solution that will enable secure clinical video and audio connections between MHS Direct Care providers and beneficiaries located in the community. Beneficiaries will be able to use consumer-grade equipment and network resources to connect directly with the members of their care team. V3 will include an enterprise approach to requesting, scheduling, and documenting these virtual encounters. Although care teams may use V3 to assess and treat a wide variety of health care issues, V3 will be particularly useful for behavioral health care, as it may mitigate stigma associated with receiving treatment at a physical location identified with behavioral health services.

TBH services will also grow within the community-based Purchased Care network. In 2017, the MHS revised the TRICARE Policy Manual (Chapter 7, Section 22.1) to encourage the greater use of TBH, and other forms of VH services, within the Purchased Care network. Key changes included:

- Coverage and payment parity between services provided in-person and via telemedicine (TM), if the provider determines that the services are medically necessary and safe to deliver via TM.
- The MHS rescinded many specific, costly, and dated technology requirements and replaced these with a general requirement that the connection be secure and Health Insurance Portability and Accountability Act-compliant.
- Previously, co-pays or cost shares were required on both ends of the TBH/TM connection. This served as a disincentive for beneficiaries to access care via TBH. The requirement for dual co-pays has been eliminated.

In order to expand the role of TBH, and other VH services, within operational health care, the draft MHS VH Strategic Plan includes an implementing initiative to work with the Joint Staff Surgeon's Office on development of a Joint Capabilities Integration and Development System

process for VH in Operational Environments. This will serve as a foundation for the integration of VH into Combatant Command planning and deployment of VH in future operational settings.

As noted, the MHS offers a number of secure, behavioral-health-focused mobile applications and websites. While well-received by their users, many of these applications and websites lack the ability to send data directly and securely to the beneficiary's health care team and/or to their Electronic Health Record (EHR), reducing the utility of these tools for real-time, or near real-time, care coordination. Providing secure connectivity from an app or website to the members of the care team and/or the beneficiary's EHR or personal health record will become an important design consideration for MHS mHealth apps.

EDUCATING SERVICE MEMBERS AND OTHER BENEFICIARIES ABOUT TBH SERVICES

As described earlier, there is a need to develop an enterprise-wide plan to educate MHS beneficiaries regarding the availability of current and future TBH (or other VH) services. As these services expand across the enterprise, MHS VH Strategic Planning will include a public awareness campaign and sustainment plan to ensure that beneficiaries are aware of which services are available and how to access them. This public awareness campaign will be enterprise in scope, to ensure consistency, and personal in nature, to ensure accessibility for beneficiaries.

CONCLUSION AND WAY AHEAD

This interim report provides an initial look at the state of TBH within the MHS, as well as plans for its future. A final report will follow, to be delivered to the congressional defense committees in December 2018. As the final report will contain a detailed TBH enterprise plan, nested within the MHS VH Strategic Plan framework, development of the TBH enterprise plan is contingent upon final MHS approval of the overall MHS VH Strategic Plan, which is anticipated to occur in the fourth quarter of FY 2018. The TBH enterprise plan will include strategic goals, supporting objectives and initiatives, evaluation metrics, and a public awareness campaign plan.