

Pediatric Health Care Services in the Military Healthcare System (MHS)

Defense Health Board
30 OCTOBER 18



Background

- The Defense Health Board (DHB) published the report, “Pediatric Health Care Services” on 18 DEC 17
- The four overarching recommendations made by the DHB report focused on:
 - 1. Improving patient and family experience
 - 2. Advancing measurement, collection and reporting of pediatric data
 - 3. Standardizing and adopting best practices and;
 - 4. Improving care coordination for pediatric beneficiaries
- The Department of Defense (DoD) provided a response to these recommendations, which were summarized in a Report to Congress (RTC) submitted on 02 SEP 18



DHB Recommendations:

- **Recommendation 1:** The MHS should commit to assuring a positive patient and family experience and high-quality, coordinated care for all pediatric beneficiaries, irrespective of geographic location, age, sex, sexual orientation, gender identity, race, health status, socioeconomic status, or Service status of the sponsor
- **Recommendation 2:** The MHS should commit to accurate and consistent tracking and reporting of metrics across the system to ensure delivery of cost effective, quality care to all pediatric beneficiaries
- **Recommendation 3:** The MHS should commit to standardizing care and adopting accepted best practices to provide patient- and family-centered, timely, efficient, and equitable care to all of its pediatric beneficiaries, whether in the direct or purchased care components
- **Recommendation 4:** The MHS should commit to tracking and consistently providing patient and family-centered care coordination that assures delivery of integrated and continuous care for all pediatric beneficiaries



DoD Response: Improving Patient Care and Family Experience

- The DoD remains committed to providing developmentally and age appropriate care health care services for all pediatric beneficiaries, and ensuring a positive patient and family experience
- Currently, there are twelve surveys that monitor MHS patient experience and satisfaction. Some examples include:
 - Health Care Survey of DoD Beneficiaries
 - Joint Outpatient Experience Survey (JOES)
 - JOES and Consumer Assessment of Healthcare Providers and Systems
 - TRICARE Inpatient Satisfaction Survey (TRISS)
 - TRICARE Managed Care Support Contractor (MCSC)
 - Survey of Civilian Provider Acceptance of TRICARE



DoD Response: Improving Patient Care and Family Experience

- Implementation of the Global Nurse Advice Line, completed in March 2018, directly benefits both the adult and pediatric beneficiary population
- Access-to-care and timely referral management are monitored by a newly established Patient Centered Care Operations Board (PCCOB), and the Tri-Service Patient Experience Working Group has established Patient Family Partnership Councils to promote a positive patient experience for all beneficiaries
- DoD remains committed to accountability between families and MHS providers. Medical Treatment Facilities have already achieved recognition as a patient centered medical home (PCMH), and DoD will seek new opportunities to broaden this model to ensure a more effective and mutually accountable partnership



DoD Response: Improving Patient Care and Family Experience

- Any regulatory changes related to the TRICARE benefit are now posted to the Office of the Federal Register, and communication is made to pediatric patients and families through many other multi-modal sources
- DoD currently offers access to personal health information to patients through the TRICARE Online (TOL) Patient Portal, which will eventually be replaced by the MHS GENESIS Patient Portal



DoD Response: Advancing Measurement, Collection and Reporting of Pediatric Data

- The Defense Health Agency (DHA) has approved thirty measures for the Pediatric Quality Dashboard. The measures fall into the domains of:
 1. Better health,
 2. Better care; and
 3. Better value
- DoD continues to seek opportunities to improve monitoring and compliance of pediatric immunizations and other clinical preventive services, with much of the focus on the capabilities of MHS GENESIS
- As per NDAA 2017, Section 701, beginning January 1, 2018, if TRICARE Prime or TRICARE Select coverage is desired, beneficiaries are required to enroll during an annual open enrollment period or when a qualifying life event occurs



DoD Response: Standardizing and Adopting Best Practices

- The DoD continually monitors best practice recommendation from the CDC, AAP/Bright Futures, and others, to help inform MHS best practices
- DoD also demonstrates commitment to evidence-based practices through robust clinical practice guideline (CPG) development. There are thirty currently published VA/DoD CPGs.
- Several pilots, including telemedicine, expansion of urgent care access, development of a pediatric hospice benefit, and expanded provisions to specialty care are being assessed for future spread and scale of best practices
- DoD continues to monitor mental health treatment developments and to update and expand benefits to provide safe and effective mental health care for our beneficiaries. New benefit coverage provided by TRICARE authorized individual providers was added for treatment of opioid use disorder



DoD Response: Improving Care Coordination

- The MHS is committed to patient and family centered care coordination:
 - An All Cause Readmission Defense Health Agency Procedural Instruction (DHA-PI) is under development to support common discharge planning and transition of care;
 - A Case Management Accountability for Transitions of Care and Business Rules DHA-PI is also under development which will mitigate transition of care disruptions for beneficiaries, including all pediatrics
- The Army's Child and Family Behavioral Health in Primary Care Services (CAFBHS) program provides an example of optimal integration of behavioral healthcare services and primary care for both pediatric



DoD Response: Improving Care Coordination

- Since July 2017, the use of Telehealth (TH) services in the MHS have been incorporated throughout direct and purchased care, positively impacting all pediatric beneficiaries and their families

- TH enhancements include mobile health applications to:
 - (a) improve access to primary, urgent, behavioral, and specialty health care
 - (b) perform health assessments
 - (c) provide diagnoses, interventions, and supervision
 - (d) monitor individual health outcomes of covered beneficiaries with chronic diseases or conditions
 - (e) improve communication between health care providers and patients; and
 - (f) reduce health care costs for covered beneficiaries and the DoD



Questions

