



PERSONNEL AND
READINESS

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

JUN - 6 2016

The Honorable Thad Cochran
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 114-63, Page 208, to accompany S.1588, the Department of Defense (DoD) Appropriations Bill, 2016, which requested the Secretary of Defense to submit a report on Speech Disorder Healthcare Services under TRICARE. This report describes the number of Active Duty Service members (ADSMs) diagnosed with neurogenic stuttering related to traumatic brain injury (TBI) and other speech conditions, and utilization of available speech and language pathology (SLP) services. A description of the number of non-ADSMs referred for SLP services and the type, availability, and utilization of SLP services are also included. The report provides an overview of DoD SLP services for ADSMs and non-ADSMs with neurogenic stuttering due to TBI and other speech disorders, in Fiscal Year 2015. SLP benefits under the TRICARE Basic Program, the Supplemental Health Care Program for ADSMs seeking SLP services outside of military treatment facilities, and the Extended Care Health Option supplemental SLP services for Active Duty Family Members are also described.

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,

A handwritten signature in black ink, appearing to read "Peter Levine". The signature is stylized and somewhat abstract, with a long horizontal line extending to the right.

Peter Levine
Acting

Enclosure:
As stated

cc:
The Honorable Richard J. Durbin
Vice Chairman



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4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

JUN - 6 2016

The Honorable Rodney P. Frelinghuysen
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 114-63, Page 208, to accompany S.1588, the Department of Defense (DoD) Appropriations Bill, 2016, which requested the Secretary of Defense to submit a report on Speech Disorder Healthcare Services under TRICARE. This report describes the number of Active Duty Service members (ADSMs) diagnosed with neurogenic stuttering related to traumatic brain injury (TBI) and other speech conditions, and utilization of available speech and language pathology (SLP) services. A description of the number of non-ADSMs referred for SLP services and the type, availability, and utilization of SLP services are also included. The report provides an overview of DoD SLP services for ADSMs and non-ADSMs with neurogenic stuttering due to TBI and other speech disorders, in Fiscal Year 2015. SLP benefits under the TRICARE Basic Program, the Supplemental Health Care Program for ADSMs seeking SLP services outside of military treatment facilities, and the Extended Care Health Option supplemental SLP services for Active Duty Family Members are also described.

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Sincerely,

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Peter Levine
Acting

Enclosure:
As stated

cc:
The Honorable Peter J. Visclosky
Ranking Member



PERSONNEL AND
READINESS

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

JUN - 6 2016

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 114-63, Page 208, to accompany S.1588, the Department of Defense (DoD) Appropriations Bill, 2016, which requested the Secretary of Defense to submit a report on Speech Disorder Healthcare Services under TRICARE. This report describes the number of Active Duty Service members (ADSMs) diagnosed with neurogenic stuttering related to traumatic brain injury (TBI) and other speech conditions, and utilization of available speech and language pathology (SLP) services. A description of the number of non-ADSMs referred for SLP services and the type, availability, and utilization of SLP services are also included. The report provides an overview of DoD SLP services for ADSMs and non-ADSMs with neurogenic stuttering due to TBI and other speech disorders, in Fiscal Year 2015. SLP benefits under the TRICARE Basic Program, the Supplemental Health Care Program for ADSMs seeking SLP services outside of military treatment facilities, and the Extended Care Health Option supplemental SLP services for Active Duty Family Members are also described.

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Sincerely,

A handwritten signature in black ink, appearing to read "Peter Levine", with a large, sweeping flourish extending to the right.

Peter Levine
Acting

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



PERSONNEL AND
READINESS

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

JUN - 6 2016

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

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 114-63, Page 208, to accompany S.1588, the Department of Defense (DoD) Appropriations Bill, 2016, which requested the Secretary of Defense to submit a report on Speech Disorder Healthcare Services under TRICARE. This report describes the number of Active Duty Service members (ADSMs) diagnosed with neurogenic stuttering related to traumatic brain injury (TBI) and other speech conditions, and utilization of available speech and language pathology (SLP) services. A description of the number of non-ADSMs referred for SLP services and the type, availability, and utilization of SLP services are also included. The report provides an overview of DoD SLP services for ADSMs and non-ADSMs with neurogenic stuttering due to TBI and other speech disorders, in Fiscal Year 2015. SLP benefits under the TRICARE Basic Program, the Supplemental Health Care Program for ADSMs seeking SLP services outside of military treatment facilities, and the Extended Care Health Option supplemental SLP services for Active Duty Family Members are also described.

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Sincerely,

A handwritten signature in black ink, appearing to be "Peter Levine", written over a large, loopy scribble.

Peter Levine
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

REPORT TO THE CONGRESSIONAL DEFENSE COMMITTEES



SPEECH DISORDER HEALTHCARE SERVICES

Requested by: Senate Report 114-63, Page 208; to Accompany S.1588,
Department of Defense Appropriations Bill, 2016

The estimated cost of report for the
Department of Defense is approximately
\$ 12,400 for the 2016 Fiscal Year. This
includes \$10,000 in expenses and \$2,400 in
DoD labor.

SPEECH DISORDER HEALTHCARE SERVICES

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EXECUTIVE SUMMARY

This report fulfills the request of the Senate Report 114-63, Page 208, to accompany S.1588, Department of Defense Appropriations Bill, 2016 on Speech Disorder Healthcare Services under TRICARE. The report addresses the request for the availability of evidence-based speech language health services to treat stuttering, including the number of affected members of the military and dependents served, the type and frequency of services provided, the level of coverage provided for these services under TRICARE plans, the number of available providers by region, and whether the reimbursement levels are sufficient to retain qualified providers and to provide sufficient accessibility in the TRICARE network. All TRICARE beneficiaries are offered robust speech and language pathology (SLP) benefits. The TRICARE Basic Program for dependent beneficiaries, governed by title 10, chapter 55, section 1079, covers all medically necessary SLP services without limit. Health care for Active Duty Service members (ADSMs) falls under the authority of title 10, chapter 55, section 1074, which includes medical care comparable to that provided under section 1079 (the TRICARE Basic Program) and also provides the Supplemental Health Care Program (SHCP) for ADSMs, which allows a waiver process to cover treatments outside of the TRICARE Basic Program, in order to ensure Military readiness (see §1074 (c)).

TRICARE's Basic Program SLP benefit (TRICARE Policy Manual Chapter 7, Section 7.1) covers all medically necessary SLP treatment without limit when ordered by a physician, physician's assistant under supervision of a physician, or a nurse practitioner. Referring provider oversight throughout the course of treatment is required. Supplemental SLP services for Active Duty family members (ADFMs) with a qualifying chronic disabling condition are covered under the Extended Care Health Option (ECHO) program (see TRICARE Policy Manual, Chapter 9). Both SLP treatment services and speech devices are covered under ECHO. ADSMs request TRICARE authorization for treatment outside of the Military Treatment Facilities (MTFs) through the SHCP.

The Department commissioned an independent research firm to perform an analysis of the administrative claims data for Fiscal Year (FY) 2015 in the direct care (DC) and purchased care (PC) systems to answer the questions posed by the Senate Appropriations Committee (SAC) for this report (Senate Report for FY 2016, 114-63, page 208). The independent research study found that 75,361 beneficiaries received non-stuttering SLP services and 1471 beneficiaries received stuttering SLP services in FY 2015. Of the 1471 who received stuttering SLP services, 84 percent of services were provided in PC for non-Active Duty family members (NADFM), of which 76 percent were children and adolescents. Only 217 of the 1471 were ADSMs. Sixty-four percent of the ADSMs received SLP services in the DC system. Three ADSMs and two non-Active Duty Service members (NADSMs), with claims for SLP services, had a secondary diagnosis of traumatic brain injury. There were no ADSM and one NADSM with a claim for stuttering SLP services and a primary or secondary diagnosis of Parkinson's disease. Three

ADSMs had a secondary diagnosis of stroke and 16 NADFMs who received SLP services had a primary or secondary diagnosis of stroke on the claim.

Analysis provided by the independent research firm reveals a total of 776 PC system speech pathologists were available to treat the 1242 unique beneficiaries (of the total 1471) who received SLP services in FY 2015. This affords a ratio of 1.6 beneficiary patients for each SLP. Eighty-four percent of these PC providers are network providers. High network participation indicates that most PC system speech pathologists find TRICARE reimbursement rates attractive. For ADSMs, 64 percent received SLP services in the DC system, 15 percent received SLP services in the PC system, and the rest received care at either one of the Department of Veterans Affairs (VA) Polytrauma Centers, at one of the 23 VA Polytrauma Network Sites through Memorandum of Understanding, or at one intensive short-term speech therapy program. Overall, the TRICARE SLP benefits, and the DC and PC systems, are robust. TRICARE meets the SLP needs of all beneficiaries requiring SLP services.

INTRODUCTION

The SAC requested the Secretary of Defense submit a report (Senate Report for FY 2016, 114-63, page 208) on Speech Disorder Healthcare Services under TRICARE no later than 180 days after enactment of the Department of Defense Appropriations Act, 2016 (signed January 6, 2016). The report addresses the number of ADSMs who suffer from neurogenic stuttering related to traumatic brain injury (TBI), and the type, availability, and utilization of SLP services available, the number of dependent beneficiaries referred for SLP services, and the type, availability, and utilization of SLP services. The report shall also contain the type and frequency of SLP services provided, the level of coverage provided for these services under TRICARE plans, the number of available providers by region, and whether reimbursement levels are sufficient to retain qualified providers and provide sufficient accessibility of services in the TRICARE network

SPEECH AND LANGUAGE PATHOLOGY HEALTH CARE SERVICES

TRICARE Benefits

The TRICARE Basic Program (the medical benefit) offers comprehensive coverage of medically necessary SLP services from TRICARE authorized speech pathologists. Covered SLP services provide evaluation, treatment, habilitation, and rehabilitation for communication disorders resulting from congenital anomalies, disease, injury, hearing loss, pervasive developmental disorders or a therapeutic process, or other conditions (such as pragmatic language impairment) that prevent or diminish an individual's ability to communicate. The goal of covered SLP services is to improve, restore, or maintain functioning, or to minimize or prevent deterioration of functioning. Referral and supervision of the SLP services from a physician or a certified Physician Assistant working under the supervision of a physician, or certified Nurse Practitioner is required (see TRICARE Policy Manual Chapter 7, Section 7.1).

Supplemental SLP services are also available to ADFMs with a qualifying disabling condition under the ECHO program. The ECHO program provides ADFMs additional services (medical and non-medical) outside of the TRICARE Basic Program for qualifying chronic and disabling conditions such as cerebral palsy and developmental disabilities, to include autism spectrum disorder (see TRICARE Policy Manual, Chapter 9, Sections 2.1-2.4).

Types of Speech and Language Disorders

Speech pathologists provide treatment for all causes of stuttering and other speech and swallowing diagnoses. Interventions are tailored to effectively treat each diagnostic etiology. According to the American Psychological Association (2013), there are two categories of stuttering: developmental and acquired. Developmental stuttering begins in childhood and is known as Childhood-Onset Fluency Disorder (Stuttering) in the Diagnostic and Statistical

Manual of Mental Disorders, Fifth Edition (DSM-5, 2013). Developmental stuttering is the most common type of stuttering. Acquired stuttering, called Adult-Onset Fluency Disorder in the DSM-5, has two etiologies: neurogenic, which may result from neurological changes caused by injury, disease, or medication; or psychogenic, which is typically a reaction to psychosocial stressors.

Childhood-Onset Fluency Disorder has a prevalence rate of five percent of all children. Stuttering can persist in one percent of these individuals. Seventy-five to eighty percent of Childhood-Onset Fluency Disorders remit spontaneously after 12-24 months. Children with stuttering that persists longer than six months may benefit from SLP services.

Adult-Onset Fluency Disorder is an acquired communication disorder that can follow neurological diseases such as stroke, TBI, neurodegenerative disorders such as Parkinson's disease, and other neurological causes. Stroke is the most common neurological condition associated with stuttering. In a stroke episode, there is a 5.3 percent incidence rate of stuttering which resolves in 50 percent of the individuals after six months.

Adult-Onset Fluency Disorder can also have a psychogenic cause that can be successfully treated with SLP services. Psychogenic Adult-Onset Fluency Disorder often responds to treatment more quickly than an acquired neurogenic Adult-Onset Fluency Disorder.

Prevalence and Services Offered for SLP

SLP services are available in the MTFs of the DC system and the PC system. Of the almost 9.5 million TRICARE beneficiaries, 75,361 received non-stuttering SLP services and 1471 beneficiaries received stuttering SLP services in FY 2015. SLP services for stuttering were provided to 0.0015 percent of all TRICARE beneficiaries in FY 2015. Of those who received SLP services for stuttering, about 16 percent received SLP services in MTFs in the DC system, while 84 percent received SLP services from the PC system. Most beneficiaries receiving SLP services in the PC system were ADFMs and NADFM (approximately 85 percent), while 15 percent were ADSMs (217 patients). Seventy-six percent were children under 18 years of age, and 24 percent were adults age 18 or older. The number of beneficiaries who received SLP in FY 2015 for stuttering is small because the incidence and prevalence rates of stuttering by etiology are low.

Norman et al (2013) described the prevalence of fluency disorders in Iraq and Afghanistan war veterans. The subset of fluency disorders that manifest as neurogenic or psychogenic stuttering was not specifically described. Out of a large cohort (313,716 veterans), the odds ratio for developing any of the fluency disorders for those with TBI was 3.58-10.41 compared to 0.7 per 1000 for veterans without TBI. Those with mild TBI were more likely than those with a moderate to severe TBI to have a fluency disorder. This study provides the odds ratio for fluency disorders associated with and without TBI generally, rather than stuttering specifically. It is noteworthy that for ADSMs with TBI, the actual number of claims for SLP services for the

treatment for neurogenic stuttering associated with TBI is very low. For FY 2015, three ADSMs and two NADSMs had claims for stuttering with a primary or secondary diagnosis of TBI.

SLP services are provided in all branches of the Military in the DC system, although the clinics where speech pathologists are assigned may differ. Historically speech pathologists are placed in the department of otolaryngology (Ears, Nose & Throat [ENT]). Speech pathologists are also members of the TBI teams that provide TBI care to wounded warriors with TBI and to ADSMs with non-combat related TBI. The Navy also assigns speech pathologists to the Department of Pediatrics.

All three Military Departments have speech pathologists on the multidisciplinary educational and developmental intervention services (EDIS) teams, where they provide assessments for young children up to age three. EDIS focuses on assessment and diagnosis for young children up to age three so that these young children can be referred for early intervention services, after which the children are referred to the schools for early intervention. Public Law 94-142 requires the schools to provide services to those who qualify beginning at 3 years of age. The EDIS team speech pathologists are assigned to the Department of Pediatrics in the Department of the Navy and to the Exceptional Family Member Program (EFMP) in the Departments of the Army and the Air Force.

A child of an ADSM who presents with speech and language problems in the presence of global delays or disordered development (e.g., Intellectual Disability, Autism Spectrum Disorder) must enroll in the EFMP. EFMP is the Military personnel program that ensures ADSMs with a special needs child are assigned to locations where services are available to meet the needs of the child, except under certain circumstances such as divorce or when the beneficiary child does not reside with the ADSM sponsor. Enrollment in EFMP is required for ADFM participation in the ECHO program for supplemental SLP treatment and speech devices.

Speech pathologists assigned to ENT clinics primarily focus on outpatient adults with throat problems; for example: vocal cord nodules, polyps, cysts, scarring from vocal misuse, and cancer leading to laryngectomy requiring voice retraining. Pulmonology commonly refers beneficiaries for SLP services with paradoxical vocal fold motion, also known as vocal cord dysfunction, which impacts an ADSM's ability to breathe during activity. Swallowing disorders that can result from organic or neurologic problems, as well as aging, are also addressed by SLP services. The speech pathologists assigned to the department of ENT also provide services to in-patient settings with acute neurologic disorders such as strokes, tumors, and brain injuries who present with communication (aphasia, dysarthria, apraxia of speech, etc.) and swallowing problems. General medicine and surgery patients with post-operative weakness causing swallowing problems are also provided SLP services in the DC system.

DoD/VA Collaboration on SLP Services

The Departments of Defense (DoD) and VA responded to the increased need for SLP services for ADSMs returning from Operation IRAQI FREEDOM (OIF) and Operation ENDURING FREEDOM (OEF) with TBI by significantly increasing the hiring of civilian and contract speech pathologists to focus entirely on evaluating and treating ADSM with combat related trauma, including TBI with co-morbidities (e.g., Post-Traumatic Stress Disorder, depression, sleep deprivation, pain, headache, dizziness, and other problems to include neurogenic stuttering). The MTFs in the DC system have access to the full range of neurological specialties and subspecialties through referral to providers either at the MTFs (depending on the size), or through referral to providers at the larger medical centers, or if in a location without these services, referral and authorization to a specialist in the PC system. Supplementary TBI clinical support is provided at the MTFs through the Defense and Veteran's Brain Injury clinical programs at select MTF locations (Camp Lejeune, Camp Pendleton, Fort Belvoir, VA, Fort Bragg, NC, Fort Carson, CO, Ford Hood, TX, Joint Base Elmendorf-Richardson, AK, Naval Medical Center San Diego, CA, San Antonio, TX, National Military Medical Center, MD and Landstuhl, Germany).

ADSMs are also referred to the VA Polytrauma Centers (VAPCs) for TBI and comorbidity care through a Memorandum of Understanding (MOU) with the VA. The five regional VAPCs are located in Richmond, VA, Boston, MA, Tampa, FL, Minneapolis, MN, and Paolo Alto, CA. VAPCs provide comprehensive TBI rehabilitation to ADSMs and veterans in the sub-acute inpatient rehabilitation setting. Cognitive Rehabilitation Therapy (CRT) is one component of VAPC individualized care. CRT is an umbrella term for a broad array of cognitive techniques used in the treatment of cognitive deficits associated with TBI. Speech pathologists commonly deliver CRT in the VAPC programs. ADSMs with TBI receiving CRT in a VAPC, who also suffer from neurogenic stuttering, also receive SLP services for stuttering. For FY 2015, six ADSMs received CRT services at the Tampa VAPC. Of the six, three also received SLP services for neurogenic stuttering. One additional ADSM received TBI care at the San Diego VAPC, but this individual did not also receive SLP services for neurogenic stuttering.

The VA also has 23 Polytrauma Network Sites (PNS) that provide TBI care to both ADSMs and veterans. Each VA PNS has a multidisciplinary team that includes a physiatrist (rehabilitation doctor), social work case manager, nurse case manager, physical therapist, occupational therapist, recreation therapist, rehabilitation nursing, speech pathologist, rehabilitation psychologist, neuropsychologist, Military liaison, blind rehabilitation specialist, certified prosthetist/orthotist, and other consultative services as needed (e.g., ophthalmology/optometry, orthopedics, neurology, psychiatry, surgery, and vocational rehabilitation). Each specialty is consulted based on the individual treatment needs of each beneficiary patient.

In the event the SLP needs of an individual ADSM could not be met through the DC system or through the VAPCs/PNSs, under the authority of the SHCP program for ADSMs (32 Code of

Federal Regulations 199.16), DoD can authorize SLP services in the PC system through the SHCP waiver process in order to meet Military readiness. For FY 2015, eight ADSMs received intensive SLP care reimbursed by TRICARE at Hollins Communications Research Institute (HCRI) in Roanoke, VA. HCRI is one of six centers listed by the Stuttering Foundation that provide short-term intensive six to eight hours per day (two-three week), non-traditional speech therapy programming that is generally not covered by commercial insurance or Medicare. TRICARE is required by statute and regulation to follow Medicare rules where practicable. Therefore, the TRICARE Basic Program also does not cover these intensive programs that provide multiple hours of consecutive SLP services per day, multiple days per week. The reason these intensive programs are not covered is that they violate the Medicare rule against billing for the same service, by the same professional discipline, more than once each treatment day. However, TRICARE reimbursed care for these eight ADSMs at HCRI in FY 2015. These eight ADSMs may have been referred to HCRI by the VAPC at Richmond, VA, as these facilities are in close proximity to each other and a VAPC speech pathologist subject matter expert reported that ADSMs who do not achieve significant improvement from SLP services at the Richmond, VA VAPC are referred to HCRI.

Use of SLP Services

The independent research study provided a report in which they analyzed claims data and direct care encounter administrative data to answer each of the questions posed by the SAC for this report. There were a total of 1471 TRICARE beneficiaries with claims for the diagnosis and treatment of all causes of stuttering in the DC and PC systems in FY 2015. Most beneficiaries (84 percent) received SLP services in PC. Sixty-four percent of ADSMs received care in the DC system. Of the 1471 total beneficiaries, 24 percent were adults age 18 or older, and 86 percent were children/adolescents under age 18. There were only three ADSMs and two NADSMs who received SLP services with a diagnosis of TBI on the claim. There were no claims for SLP services for ADSMs who had a diagnosis of Parkinson's disease and one claim for an NADFM with a primary or secondary diagnosis of Parkinson's disease, another neurological condition in which co-morbid neurogenic stuttering may occur. Only three ADSMs and 16 non-ADSMs who had a diagnosis of stroke had claims for SLP for stuttering.

Covered SLP services include an SLP evaluation (Current Procedural Terminology [CPT] code 92521), individual SLP treatment (CPT code 92507), and SLP group treatment (CPT 92508). For FY 2015, for the 1471 TRICARE beneficiaries who received SLP services, there were claims for 1409 evaluations and 22,873 treatments specifically for stuttering. This averages out to one evaluation and 15.5 treatments per beneficiary. Children younger than 18 years of age utilized more SLP services than adults for both evaluations and treatment sessions, averaging 19.4 treatment sessions per beneficiary, with children under age five receiving the most treatment sessions at 21.1 per beneficiary. Adults had on average 0.8 evaluations and 7.9 SLP treatment sessions.

More than 84 percent received treatment for stuttering in PC. Seventy-six percent of these were children under age 18 and 24 percent were adults age 18 or older. Eighty-five percent of those who received stuttering treatment in PC in FY 2015 were either an ADFM or non-ADFM (retiree family members or reservists/reservist family members). Fifteen percent of the 217 ADSMs treated for stuttering were sent to the PC network in FY 2015, in roughly equal numbers for each of the three regions. Three ADSMs and two non-ADSMs had claims for stuttering SLP services in association with TBI. There were no claims for stuttering SLP services in association with Parkinson's disease. There were only three claims for ADSM and 16 claims for NADSMs for stuttering SLP services in association with stroke.

Cost of SLP Services

For FY 2015, TRICARE reimbursed claims for a total of \$1.7 million for SLP services for stuttering. Ninety-one percent of these government costs went to the PC system speech pathologists. Of the total cost, \$0.2 million was spent in the DC system for SLP services for stuttering. Of the \$1.7 million in costs, less than \$0.3 million were for SLP services for adults age 18 or older. More than 70 percent of the expenditures were for ADFMs, 19 percent for non-ADFM, and 10 percent for ADSMs. Adults had expenditures that were 36 percent lower than for children needing SLP services for stuttering.

As stated previously, the SHCP program waiver process allows for coverage for services that are outside of the TRICARE Basic program on a case by case basis for ADSMs in order to maintain Military readiness.

Eight ADSMs were sent, under the authority of the MOU with the VA, to HCRI, an intensive short term SLP program in Roanoke VA, for intensive stuttering treatment in FY 2015. The government reimbursed \$9,263 for these services.

CRT, designed to improve the cognitive functioning in those with TBI, is currently on the government no pay list as a non-covered benefit because the research evidence for CRT, while promising, does not yet meet TRICARE requirements to be considered proven medical care. However, ADSMs with cognitive impairments related to TBI can receive CRT both within the MTFs and at the VA. The government reimbursed \$1,152 to the VA for CRT for six ADSMs at the Tampa VAPC. Three of these six ADSMs with TBI, who received CRT at the VAPC in Tampa, FL, also had claims for SLP services for stuttering (in addition to CRT).

As previously described, ADFMs enrolled in EFMP and registered in ECHO for a qualifying disabling disability, can receive supplemental SLP services. For FY 2015, 37 ECHO participants used ECHO SLP services, 33 received supplemental SLP services, and four received speech generating devices. 631 SLP services were used at a government cost of nearly \$ 40,000.

The independent study also examined the number of claims for non-stuttering SLP services for FY 2015. There were a total of 75,361 patients who received more than 81 percent of their care

in the PC system. Of these 75,361 patients, 33 percent were adults ages 18 and older. A total of 6,970 patients (9 percent) were ADSMs. Eighty-eight percent of the ADSMs received their care in the DC system with the rest receiving care in the VA system. Roughly 40 percent of services for non-stuttering were for children under age five. Total government expenditures for non-stuttering SLP services approached \$ 90 million for FY 2015.

Availability of SLP Providers

TRICARE has a total of 776 speech pathologists in the PC system, which is where most of the dependent beneficiaries and retirees receive SLP services. There are 1.6 TRICARE beneficiary patients for each unique speech pathologist, which includes large SLP practices with more than one provider. For FY 2015, 84 percent of speech pathologists joined the TRICARE network. Highest participation was in the West Region, where 90 percent of SLPs were in network while the lowest region was the North Region, where 75 percent of SLPs were in network.

For the DC system, although the exact number of speech pathologists for each of the Services is not known, the Services significantly increased hiring speech pathologists in order to meet the needs of ADSMs with TBI returning home from OIF/OEF, as speech pathologists treat cognitive deficits, fluency challenges, and swallowing problems. They are integral members of the TBI treatment team. They were already assigned to the ENT clinics and EDIS teams assessing children up to age three for SLP service needs. Most speech pathologists employed by the Military Health System (MHS) are civilian or contractors as the Services no longer have Active Duty speech pathologists as a Military career field. The Air Force is the last Service to civilianize speech pathology positions, and has four ADSM SLPs who are nearing retirement, after which all Air Force speech pathologists will be civilian employees or contractor employees. There are a limited number of Public Health Service speech pathologists assigned to DoD non-clinical positions and to the Indian Health Service.

Reimbursement rates appear more than sufficient to retain qualified speech pathologists in the network as evidenced by the large number of TRICARE authorized speech pathologists and the fact that 84 percent of speech pathologists are TRICARE network providers. Furthermore, there were 1.6 TRICARE beneficiaries for each treating speech pathologist in FY 2015. This number is actually an underestimate, since it includes large SLP practices as one unique provider. Another measure of whether there are a sufficient number of PC SLPs to meet the needs of TRICARE patients is to examine the length of time from initial referral to appointment. Time from referral to appointment was examined for the DC system by matching initial referral to the first DC system encounter (patient visit). For 465 patients in FY 2014 and 2015 in the DC system, there was a median of 23 days between referral and appointment for actual treatment (this was an improvement in FY 2015 over the 27 day median in FY 2014). This exceeds the TRICARE 28 day access standard for routine specialty care referral.

CONCLUSION

In conclusion, the MHS offers a comprehensive SLP benefit that covers the needs of all beneficiaries through the TRICARE Basic Program, the ECHO Program for ADFMs with a qualifying chronic disabling condition, and SHCP for ADSMs. For FY 2015, total government expenditures for stuttering SLP services were \$1.7 million. Of the 1471 claims for stuttering SLP services in FY 2015, only three claims were for ADSM, who had both a primary or secondary diagnosis of TBI and stuttering, and only two claims were for NADFM with both a diagnosis for TBI and stuttering on the claim. A total of six ADSMs received treatment at the VAPCs through a DoD/VA MOU in FY 2015. Eight ASDMs received non-traditional, intensive short-term speech therapy program services at HCRI, one of the six short-term intensive speech therapy programs identified by the Stuttering Foundation. A total of 75,361 patients received non-stuttering SLP services in FY 2015, with 81 percent of the care received in PC at a cost of nearly \$90 million to the government. All TRICARE beneficiaries referred for SLP services for the treatment of stuttering and non-stuttering speech disorders were provided the medically necessary care requested, without limit, for the comprehensive treatment of their speech and language condition.

REFERENCES

Kennell and Associates, Inc. (2016), Evaluation of Reimbursement for Stuttering and Non-Stuttering Speech and Language Pathology Services: Follow-up to Task Order 1402-069 (Task Order 1502-032)

Norman, R.S., Jaramillo, C.A., Amuan, M., Wells, M.A., Eapen, B.C., & Pugh, M.J. (2013). Traumatic brain injury in veterans of the wars in Iraq and Afghanistan: Communication disorders stratified by severity of brain injury, *Brain Injury*, 27(13-14), 1623-1630.

ACRONYM LIST

ADFM – Active Duty family member

ADSM – Active Duty Service member

CPT – Current Procedural Terminology

CRT – Cognitive Rehabilitation Therapy

DC – direct care

DoD – Department of Defense

DSM-5 – Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

ECHO – Extended Care Health Option

EDIS – educational and developmental intervention services

EFMP – Exceptional Family Member Program

ENT – Ears, Nose and Throat

FY – Fiscal Year

HCRI – Hollins Communications Research Institute

MHS – Military Health System

MOU – Memorandum of Understanding

MTF – Military Treatment Facility

NADFM – non-Active Duty family member

NADSM – non-Active Duty Service member

OEF – Operation ENDURING FREEDOM

OIF – Operation IRAQI FREEDOM

PC – purchased care

PNS – Polytrauma Network Site

SAC – Senate Appropriations Committee

SHCP – Supplemental Health Care Program

SLP – speech and language pathology

TBI – Traumatic Brain Injury

VA – Department of Veterans Affairs

VAPC – VA Polytrauma Center