

The seal of the Defense Health Board is a circular emblem. It features a central globe with a microscope superimposed over it. The globe is light blue and green, and the microscope is dark grey. The words "DEFENSE" and "HEALTH BOARD" are written in a light blue, serif font along the top and bottom inner edges of the seal, respectively. Two small stars are positioned on the left and right sides of the seal, separating the top and bottom text.

Health Care Delivery and Neurological/Behavioral Health Subcommittees

Pediatric Health Care Services

February 9, 2017

Defense Health Board



Overview

- Membership
- Tasking
- Meetings
- Areas of Interest
- Way Forward



Membership

Health Care Delivery (HCD) Subcommittee

- There are nine members of the HCD Subcommittee.



Membership

Neurological/Behavioral Health (NBH) Subcommittee

- There are eight members of the NBH Subcommittee.



Tasking

(1 of 4)

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- On July 26, 2016, the Acting Assistant Secretary of Defense for Health Affairs (ASD(HA)) requested the Defense Health Board (DHB) **“examine opportunities to improve the overall provision of health care and related services for children of members of the Armed Forces.”**
 - This request replaced the October 21, 2015 request regarding pediatric clinical preventive services.



Tasking

(2 of 4)

Specifically, the ASD(HA) asked the DHB to address the following:

- Identify the extent to which children receive developmentally appropriate and age appropriate health care services, including clinical preventive services, in both the direct care and purchased care components.
- Identify the degree to which the MHS delivers clinical preventive services that align with standards, guidelines, and recommendations established by the Patient Protection and Affordable Care Act; the Early and Periodic Screening, Diagnosis, and Treatment program; and organizations that specialize in pediatrics, such as the American Academy of Pediatrics and the American Pediatric Surgical Association.



Tasking

(2 of 4)

- Determine what policies, practices, and capabilities the Department of Defense (DoD) should implement to improve monitoring of compliance with pediatric clinical preventive services and immunizations in military dependents; and
- Determine what approaches DoD should take to increase compliance with recommended pediatric clinical preventive services and immunizations in military dependents.
- Evaluate whether children have ready access to primary and specialty pediatric care.



Tasking

(3 of 4)

- Address any issues associated with the TRICARE definition of "medical necessity" as it might specifically pertain to children and determine if the requirement for TRICARE to comply with Medicare standards disadvantages children from receiving needed health care.
- Measure the impact of permanent changes of station and other service-related relocations on the continuity of health care services received by children who have special medical or behavioral health needs.



Tasking

(4 of 4)

- Assess certification requirements for residential treatment centers of the Department to expand the access of children of members of the Armed Forces to services at such centers.
- Evaluate the quality of and access to behavioral health care under the TRICARE program for children, including intensive outpatient and partial hospitalization services.
- Assess other issues related to the evaluation and general improvement of health care for children within the MHS, including:
 - Data collection, data utilization, and data analysis that could improve pediatric care and related services, including the availability and maturity of pediatric specific outcome measures.
 - Best practices for coordination of pediatric care.



Meetings Since Last Board Meeting

The HCD and NBH Subcommittees have worked to gather information through the following in-person briefings and teleconferences:

- December 9, 2016 – NBH Teleconference
 - Discussed Terms of Reference and timeline of the tasking
- December 13-14, 2016 – HCD Meeting
 - Received primary and specialty care briefings
 - Held open session to receive public comments
- January 23, 2017 – NBH Meeting
 - Received behavioral health care briefings
- January 30, 2017 – HCD Teleconferences
 - Received additional primary and specialty care briefings
 - Reviewed draft sections of report



Areas of Interest

- Difficulties monitoring the provision of pediatric services due to data limitations and challenges tracking TRICARE Standard beneficiary care.
- TRICARE Managed Care Support Contractor reporting requirements.
- Emerging issues in pediatric medicine, such as the provision of care for transgender beneficiaries and the impact of vaccine exemptions & refusals.
- Coordination of care and the importance of the military family.
- Vision of how pediatric beneficiaries should experience care in the Military Health System.



Way Forward

- Continue teleconferences and meetings to receive briefings and review draft report sections
- Begin combined HCD-NBH Subcommittee meetings in April 2017
- Gather information through spring 2017
- Develop and refine findings and recommendations through summer 2017
- Present draft report at August 2017 Board meeting



Questions?