Statement for the Record

REGARDING

THE VA MISSION ACT OF 2018

BEFORE THE

SENATE VETERANS' AFFAIRS COMMITTEE

APRIL 10, 2019

Not for publication until released by the Committee

Chairman Isakson, Ranking Member Tester, and members of the Committee, I am pleased to represent the Defense Health Agency (DHA) and share our approach to improving the patient experience in the Department of Defense (DoD), to include establishing and monitoring access to care standards for military beneficiaries. We have been fortunate to work closely with our colleagues in the Department of Veterans Affairs (VA) over the past year as they develop standards in support of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act (MISSION Act) of 2018.

While our core access standards have been in place for 25 years, we have continuously learned and adapted our approach as beneficiary expectations and needs have changed. While I recognize that the VA population is less concentrated around military installations than our own, we share some similarities in serving a dispersed beneficiary population with a mixture of medical facilities we operate, complemented by a network of contracted medical services to support locations where facilities have limited scope of services for our beneficiaries. I will provide a brief history on how we established these standards, and our experience in managing compliance with these standards both for our military hospitals and clinics and for providers in our TRICARE network.

When TRICARE was first established in 1993, patients were provided with choices in health care plans – TRICARE Prime, TRICARE Extra, and TRICARE Standard. The TRICARE Prime option functioned similar to a health maintenance organization (HMO) model. Patients were provided with a primary care manager, responsible for all of the patient's primary care needs, and would manage referrals to specialists. In 1994, DoD established access to care standards as an important incentive to attract beneficiaries to select TRICARE Prime as their health plan choice. Although the TRICARE choices were redefined to just two options in the

National Defense Authorization Act for Fiscal Year 2017 --- TRICARE Prime and TRICARE Select -- the core access standards are focused on TRICARE Prime. The TRICARE Select health option is similar to a Preferred Provider / Fee-for-Service (PPO/FFS) option in the civilian market. Beneficiaries who select this option have much greater freedom-of-choice to select any authorized provider with higher out-of-pocket expenses associated with that episode of care.

Also in 2017, with our new T-2017 next generation of TRICARE contracts, we transitioned from three net-work regions, to two regions consisting of HealthNet (West) and Humana Military (East). This provides for a simpler and more streamlined net-work of managed care providers.

The Military Health System (MHS) model is unique. The MHS is comprised of a direct care system – military-operated hospitals and clinics, staffed by uniformed or government civilian employees, and a purchased care system – civilian outpatient and inpatient, private sector providers. The purchased care system both augments the direct care system around military installations, and serves as the primary choice for care in those locations where there is no military medical presence. MHS access standards for TRICARE Prime enrollees apply in either setting. The access standards are also the same for all beneficiary categories, i.e. active duty, active duty family member and retirees.

Access standards for our beneficiares are based on both distance – the travel time to reach both primary care and specialty providers --- and timeliness of appointments. A primary care network provider should be reachable within 30 minutes drive time from an enrollee's residence, and specialty care network providers should be reachable within 60 minutes drive time from an enrollee's residence. Appointing timeliness standards are as follows: urgent care appointments must be available within 24 hours; routine primary and behavioral health care within seven

days; well-patients within 28 days; and specialty care visits within 28 days (or sooner as directed by the provider).

The premise of these access standards is simple. If our military treatment facilities (MTF) or our civilian network providers cannot provide an appointment to our TRICARE Prime enrollees within the allotted standards, our patients have the freedom to request a referral to another network provider, or a non-network provider when a network provider is unavailable.

If a provider is not available within 100 miles of patient's residence, TRICARE will cover the travel costs for the patient. TRICARE will reimburse for mileage expenses in a privately-owned vehicle according to government mileage rates, rental car coverage (if needed), and overnight lodging and meal expenses that are covered up to the approved local per diem rates. The DHA believes that these MHS-wide access standards ensure a consistent experience of care and access for beneficiaries. These standards are embedded both within our DoD regulatory and policy-making documents, and included in our TRICARE contracts.

The MHS has taken a number of steps over the last several years to further enhance the patient experience and improve access to care throughout the system. We expanded hours of operation in many military clinics to better accommodate families. We introduced a 24/7 global nurse advice line that is integrated with appointing so that patients needing a follow-on health care appointment can be accommodated during their original call. We improved access to urgent care by allowing enrollees to use urgent care centers in the TRICARE network without requiring a referral from their primary care managers. Furthermore, we established enrollment capacity and provider productivity standards, with appropriate adjustments for readiness and other training demands in our MTFs, to optimize internal clinical operations, and better support our patient care needs.

The DHA has invested resources to create a performance management system that provides leaders and staff at all levels of the MHS with insight into access, quality, satisfaction, and cost measures. Information can be viewed at the MHS, Military Department, Medical Market, MTF, and Provider level. While less granular, we also monitor performance of our civilian TRICARE network providers, largely through patient surveys that assess satisfaction with timeliness and other care delivery measures. These measures are transparent to MTF commanders and staff at other military hospitals and clinics, allowing leaders to compare their performance with their peers. Key performance measures are also shared with the public at the enterprise level through www.health.mil, and at the local level through individual MTF websites. We also provide an annual "Evaluation of the TRICARE Program" report to Congress. Going forward, we intend to further integrate these performance measures between our direct and purchased care systems to provide our beneficiaries with an even more transparent and seamless integrated health care delivery system.

To ensure transparency with other key stakeholders, the DHA meets monthly with representatives from our military and veterans service organizations to review a wide range of policy and performance matters. Often, representatives from each of our Managed Care Support Contract (MCSC) are in attendance at these meetings to receive feedback from our beneficiaries and share efforts they have made to respond to beneficiary concerns. We review our performance on issues such as network adequacy, access to care, and satisfaction. These meetings provide another opportunity for review and information that help us adjust policies and programs to meet the needs of our beneficiaries.

We recognize that population size, individual health status, family circumstances, geographic location (to include residing in medically underserved communities), and cost

considerations vary across the country – for health systems and for patients. Different health systems must adapt standards that meet the unique needs of the patients they serve. The specific standards we selected are perhaps not as important as the fact that the standards exist. We evaluate ourselves against the standards we set. And we share our performance with the people we serve.

I hope this brief overview of our approach to patient experience and access to care is helpful to your deliberations. Our DHA staff is committed to sharing our lessons learned and performance management approaches with our VA partners, and continue to meet regularly with them to assist in any manner that is helpful. I welcome the opportunity to provide any additional detail the Committee may require. Thank you for allowing me to share this information with you.