OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY - 3 2010

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

As required by Section 712 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009, the enclosed report provides an update on the status of the Department of Defense's demonstration program to evaluate the efficacy of providing eligible beneficiaries with incentives to encourage healthy behaviors. The demonstration project, which will be implemented by July 2010 and will end on February 28, 2012, required implementation in at least three geographical locations, referred to as demonstration project service areas. The three demonstration project service areas selected by the Department encompass the National Naval Medical Center, Medical Home Program, Bethesda, Maryland; the Designated Provider Program at Martin's Point, Portland, Maine; and the Designated Provider Program at CHRISTUS Health, Houston, Texas.

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TRICARE Management Activity will monitor the demonstration throughout its duration to evaluate its effectiveness. The Department will review the final outcomes and submit recommendations to Congress regarding the future utility of this program in its final report due not later than ninety days following termination of this demonstration project.

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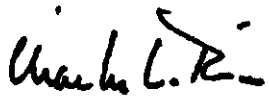
Sincerely,



Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY - 3 2010

HEALTH AFFAIRS

The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY - 3 2010

HEALTH AFFAIRS

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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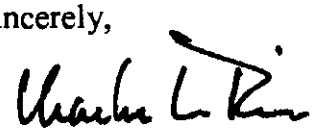

Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Howard P. "Buck" McKeon
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY - 3 2010

HEALTH AFFAIRS

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

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Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY - 3 2010

HEALTH AFFAIRS

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

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President, Uniformed Services University of the Health Sciences
Performing the Duties of the Assistant Secretary of Defense (Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY - 3 2010

HEALTH AFFAIRS

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Committee on Appropriations
United States Senate
Washington, DC 20510

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Enclosure:
As stated

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The Honorable Thad Cochran
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY - 3 2010

HEALTH AFFAIRS

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

MAY - 3 2010

HEALTH AFFAIRS

The Honorable Norm Dicks
Chairman, Subcommittee on Defense
U.S. House of Representatives
Committee on Appropriations
Washington, DC 20515

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Charles L. Rice, M.D.
President, Uniformed Services University of the Health Sciences
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Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member

DEPARTMENT OF DEFENSE

MILITARY HEALTH RISK MANAGEMENT DEMONSTRATION PROJECT

A report to Congress on the status of a demonstration project for non-Medicare eligible retired personnel and their family members under TRICARE Prime

TRICARE Military Health Risk Management Demonstration Project

---

Section 712 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 requires the Department of Defense to implement a Military Health Risk Management demonstration project designed to evaluate the efficacy of providing monetary and/or non-monetary incentives to encourage healthy behaviors on the part of non-Medicare eligible retired beneficiaries and their family members.

The Health Risk Management demonstration shall include the following:

- Self-reported health risk assessment
- Physiological and biometrics, including at least
    - Blood pressure
    - Glucose level
    - Lipids
    - Nicotine Use
    - Weight

Section 712 further stipulates that the demonstration project shall be conducted in at least three geographic areas within the United States where TRICARE Prime is offered to eligible beneficiaries.

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3. *Development of the Health Assessment Review Tool (HART)*

EXECUTIVE SUMMARY

Current research studies have indicated that the prevalence of multiple risk factors in a population significantly increases the likelihood of developing chronic health conditions and higher health care costs. Encouraging and sustaining healthy behavior change is a key factor in improving population health, productivity, and managing health care costs. Health behavior research has shown that assisting people to identify threats to their health facilitates the process of healthy behavior change. Therefore, introducing a comprehensive health risk assessment process to TRICARE beneficiaries should lead to a reduction in risk and an overall improvement in health for this population.

INTRODUCTION

In 1994, the Air Force Office of Prevention and Health Service Assessment (OPHSA) developed the Health Evaluation Assessment Review (HEAR) to facilitate population health management initiatives and project resource utilization. With ongoing process improvement, the tool evolved from a paper-based questionnaire to an automated assessment survey. During this evolutionary process, inefficiencies with the tool, disparities in data collection and invalid questions were identified and appropriately addressed, resulting in a valuable instrument for health assessment.

In 2007, the Office of the Assistant Secretary of Defense (Health Affairs) (OASD (HA)) authorized a project to further enhance this self-assessment tool, and renamed it the Health Assessment Review Tool (HART). The HART Project facilitates the efficient and timely capture and analysis of self-reported health information which impacts beneficiaries across the Military Health System (MHS). The Department of Defense HART is web-based, accessible via the TRICARE Online website, and designed to identify areas where beneficiaries may be at risk for developing a variety of chronic illnesses and conditions. A comprehensive menu of reports provides all of the information and tools required to identify key population risks and follow through with appropriate health interventions and wellness programs. The Health Assessment Review Tool (HART) is the first step in developing a comprehensive health management program for TRICARE beneficiaries.

This report provides the status of the TRICARE Military Health Risk Management Demonstration Project. This project will assess the impact of providing incentives to beneficiaries on overall health status by reviewing results from annual health risk assessments and select biometric and physiologic measures. The information contained in this report describes the overall programmatic methodology and requirements preceding execution of the demonstration.

TRICARE PROGRAM IMPLEMENTATION

Comprehensive Structure

TRICARE has designed a comprehensive Military Health Risk Management Demonstration project implementation plan that fully supports the requirements as prescribed in Section 712 of the Fiscal Year 2009 National Defense Authorization Act. In addition, the program has been designed with scientific rigor, and has been approved by an Institutional Review Board (IRB) to ensure that any research is conducted in an ethical manner that protects the rights and welfare of participants in the research.

Key Elements

1. *Selection of Three Geographical Demonstration Project Service Areas*

Section 712 directs that the demonstration be conducted in three geographic areas. TRICARE Management Activity (TMA) has selected the National Naval Medical Center, Medical Home Program, Bethesda, MD, as one demonstration project service area; the Designated Provider Program at Martin's Point, Portland, ME, and the Designated Provider Program at CHRISTUS Health, Houston, TX, have been selected to encompass the other two demonstration project service areas.

2. *Beneficiary Enrollment and Tracking*

As required by Section 712, TRICARE designed a plan and methodology to determine the efficacy of providing monetary and/or non-monetary incentives to encourage healthy lifestyle behaviors among enrolled members. The plan incorporates the use of a self-reported health risk assessment survey and physiologic/biometric measures to effectively evaluate this study. Two of the demonstration sites will utilize DoD's HART survey tool, and one demonstration site will utilize a comparable commercial product. Key to the success of this demonstration, however, is the enrollment of participants and the collection of their health risk assessment survey and biometric measure data over time. Each of the demonstration project service area coordinators selected a group of non-Medicare eligible retired beneficiaries to invite for participation in the project. To effectively coordinate communication with the participants, track protected health information, ensure incentive awards are appropriately managed, and fully analyze all of the data, an administrative services contract was awarded.

Participant compliance with the requirements of this demonstration will be measured using nationally recognized standards for population health risk assessment and the *Healthy People 2010* initiatives as recommended by the Office of Disease Prevention and Health Promotion, United States Department of Health and Human Services and by review of pertinent physiological and biometric measures.

3. *Development of the Health Assessment Review Tool (HART)*

The Health Assessment Review Tool is a self-reported survey instrument designed to provide TRICARE beneficiaries' health status reports to the Military Health System regarding physical activity, overweight and obesity, tobacco and substance abuse, mental health, and other health behavior practices and risk factors. This tool is now readily available for use by participants at two of the three sites participating in this demonstration. TRICARE beneficiaries may access the automated web-based HART survey through the TRICARE Online (TOL) Web Portal. The HART data provided by a beneficiary via TOL will be sent to the Clinical Data Repository (CDR) for provider access and sent to the Clinical Data Mart (CDM) for static and ad hoc population health reporting capability. Though the third demonstration site will be utilizing a commercially developed Health Risk Assessment tool, data collected from participants at this location will be aggregated with data collected via the HART from the other two sites for statistical analysis.

Program Evaluation

Section 712 requires the Secretary of Defense to submit to Congress a report on the status of the demonstration project one year after the enactment of the Act, and subsequent reports shall be submitted for each year of the demonstration project, with the final report being submitted no later than 90 days after the termination of the demonstration project. The annual report will discuss the effectiveness of the health risk management demonstration project in motivating an enrolled cohort of TRICARE beneficiaries to develop and maintain healthy lifestyle behaviors, thus improving their health risk measures as a result of participation in the demonstration project.

This report, submitted one year following enactment of the Act, serves to summarize implementations activities to date. As stated above, TRICARE has actively begun the process of implementing this demonstration project, having selected the three geographic areas and initiated the process for enrollment of eligible beneficiaries. However, there are currently no data available to report. We do anticipate that there will be data available to report in the next annual Report to Congress in December 2010.