OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
SKYLINE FIVE, SUITE 810, 5111 LEESBURG PIKE
FALLS CHURCH, VIRGINIA 22041-3206

TRICARE
MANAGEMENT
ACTIVITY

ACTION MEMO

FOR: ELLEN P. EMBREY, PERFORMING THE DUTIES OF THE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

FROM: Deputy Director, TRICARE Management Activity 8/4

SUBJECT: Report to Congress on Access to Mental Health Care

- Section 708 of the National Defense Authorization Act for Fiscal Year 2008 requires a report be sent to Congress on the access to mental health care (TAB C).
- An interim report was sent to Congress on June 9, 2009 promising the final report by August 2009.
- The report is at TAB B.

RECOMMENDATION: That Ms. Embrey sign the transmittal letters at TAB A.

COORDINATION: TAB D

Attachments:
As stated

Prepared by: Ms. Kathleen Larkin, TMA/Policy and Operations, (703) 681-0039, Livelink # 169164, 169454

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

HEALTH AFFAIRS

SEP - 9 2009

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

Dear Mr. Chairman:

The enclosed report is submitted in response to Section 708 of the National Defense Authorization Act for Fiscal Year 2008, which requires the Department to provide a report on access to mental health care.

The information included in the report reveals areas of excellence, as well as opportunities for improvement. We are dedicated to constantly improving the availability of mental health care provided to all of our beneficiaries. During the timeframe of the report, the Military Health System has continued to provide high quality inpatient and outpatient mental health services to Department of Defense beneficiaries in the United States and overseas, while providing the most effective combat medical operations in history.

Thank you for your continued support of the Military Health System.

Sincerely,

Ellen P. Embrey

Ellen P. Embrey
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
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

HEALTH AFFAIRS

SEP - 9 2009

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

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

HEALTH AFFAIRS

SEP - 9 2009

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

Dear Mr. Chairman:

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(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

HEALTH AFFAIRS

SEP - 9 2009

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

Dear Madame Chairwoman:

The enclosed report is submitted in response to Section 708 of the National Defense Authorization Act for Fiscal Year 2008, which requires the Department to provide a report on access to mental health care.

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(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Joe Wilson
Ranking Member

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

HEALTH AFFAIRS

SEP - 9 2009

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

Dear Mr. Chairman:

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(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

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

HEALTH AFFAIRS

SEP - 9 2008

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

Dear Mr. Chairman:

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(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

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

HEALTH AFFAIRS

SEP - 9 2008

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

Dear Mr. Chairman:

The enclosed report is submitted in response to Section 708 of the National Defense Authorization Act for Fiscal Year 2008, which requires the Department to provide a report on access to mental health care.

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(Force Health Protection & Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

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

HEALTH AFFAIRS

SEP - 9 2008

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

Dear Mr. Chairman:

The enclosed report is submitted in response to Section 708 of the National Defense Authorization Act for Fiscal Year 2008, which requires the Department to provide a report on access to mental health care.

The information included in the report reveals areas of excellence as well as opportunities for improvement. We are dedicated to constantly improving the availability of mental health care provided to all of our beneficiaries. During the timeframe of the report, the Military Health System has continued to provide high quality inpatient and outpatient mental health services to Department of Defense beneficiaries in the United States and overseas, while providing the most effective combat medical operations in history.

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(Health Affairs)

Enclosure:
As stated

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

Report to Congress

Access to Mental Health Services

Executive Summary

Section 708(b) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 requires the Department of Defense (DoD) to submit a report on the adequacy of access to mental health services under the TRICARE Program, including in the geographic areas where surveys on the continued viability of TRICARE Standard and TRICARE Extra are conducted, as required by Section 711 of NDAA for FY 2008. The Department provides a robust program of mental health services ranging from education and counseling through Military OneSource to mental health treatment through direct care in military treatment facilities (MTFs), and care through the TRICARE network of providers. In addition, TRICARE is developing two new avenues for beneficiaries to access mental health care. Based on our successful provision of a dramatic increase in both inpatient and outpatient mental health care in 2008, we believe access to mental health care is adequate. However, provider surveys in 40 geographic areas show that, among all physicians, psychiatrists were least likely to accept TRICARE Standard. A lack of awareness of TRICARE was the most commonly cited reason for not accepting TRICARE beneficiaries.

Survey

To meet the requirements of Section 711, two surveys were fielded in the same 40 geographical areas to the extent practicable: a provider survey and a Military Health System (MHS) beneficiary survey. The beneficiary survey used TRICARE Regional Office (TRO) identified Prime Service Areas (PSAs) for locations where TRICARE Prime is offered and also created comparable "non-PSAs" from remaining geographical areas in the United States. Twenty of each location were randomly selected for the first year of the surveys.

MHS beneficiaries who rely on Standard or Extra indicate no significant difference in ratings of access by those residing in a PSA from those who do not, but those who live in a non-PSA report better access. Specifically, looking at access to behavioral health services, the survey included differences between Standard/Extra and other health plans; that is, beneficiaries who used their TRICARE Standard benefits or those who used other sources of health care, such as employer-sponsored health plans, the Department of Veterans Affairs, etc. These two groups are similar in their ratings for timely access to behavioral health care providers, but beneficiaries who get most of their care from Standard and Extra report more problems with finding behavioral health providers than do similar beneficiaries who rely on other sources of coverage.

Almost all physicians are accepting new patients and almost two-thirds of those physicians are accepting new TRICARE Standard patients. Psychiatrists have the lowest acceptance rates for any new patient, and any new Medicare patient, as well as any new TRICARE patient in the locations surveyed.

The reasons most cited by mental health providers, including psychiatrists, for not accepting new TRICARE Standard patients varied. The reasons most commonly cited from greatest to lowest were: Not Aware of TRICARE, Reimbursement, and Don't Know.

In response to the provider survey results, the TRICARE Management Activity convened a working group to develop an action plan to address the concerns raised in the survey. TRICARE Standard information will be disseminated to mental health providers in selected locations to increase awareness of TRICARE Standard. In addition, the Department has asked the TROs and the Managed Care Support Contractors (MCSC) to expand their outreach efforts to assist in recruiting TRICARE-authorized providers in locations currently underserved.

Access to Mental Health Care Services

Demand for both inpatient and outpatient mental health services continues to rise across all beneficiary categories. Both inpatient and outpatient mental health workload increased from FY 2007 to FY 2008 for Active Duty Service members (ADSMs) and their families. This marked a continuation of the increasing trend from 2006 to 2007.

Inpatient mental health days increased by 20 percent for ADSMs and families and by 14 percent for the Guard and Reserve. The majority of our inpatient mental health care is provided in the TRICARE network, so adequate access is imperative. The fact that we were able to provide over 540,000 bed days in the TRICARE network reflects that adequacy. Purchased care inpatient mental health days increased by 30 percent for ADSMs and by 20 to 22 percent for their families and the Guard and Reserve. From FY 2007 to 2008 the number of inpatient mental health days in the direct care system increased by 6 percent for ADSMs and by 4 percent for the Guard and Reserve. Understandably, there were fewer inpatient mental health days in the direct care system for families.

Outpatient services increased by 25 percent for ADSMs, by 27 percent for the Guard and Reserve and by 14 to 18 percent for their family members. For ADSMs and the Guard/Reserve, outpatient mental health services increased by 27 to 35 percent in purchased care and by 22 to 27 percent for direct care. The increases for family members of the ADSMs and the Guard and Reserve were primarily in the purchased care sector: 14 to 22 percent increases in purchased care versus declines of one to four percent in the direct care system. Once again, access to outpatient mental health care is vital and the handling of this dramatic increase reflects network adequacy.

The Department has taken many steps to ensure that access to mental health providers is adequate. It has added 1,952 new mental health providers to the direct care system from May 2007 to May 2009, and added 10,220 additional mental health

providers to the TRICARE civilian network during the same time frame. We recognize that there may be areas in which access to mental health care is inadequate and, when we encounter them, we work to provide or arrange for this needed care.

In addition to strengthening the TRICARE network with mental health care providers, the Department is fielding two new mental health initiatives this summer. The first is offering the TRICARE Assistance Program, which provides video chat-based short-term professional counseling, similar to employee assistance counseling, 24 hours a day, seven days a week. It provides unlimited access for ADSMs, their families, those enrolled in TRICARE Reserve Select, and those in the Transitional Assistance Management Program in the continental United States. It is a demonstration project and outcomes and satisfaction levels will help determine if it will become a permanent benefit.

The Department is also establishing a network of telemedicine mental health care for all beneficiaries by requiring MCSCs to establish civilian "originating sites" where beneficiaries go to obtain care and a network of distant providers who provide telemedical mental health care. The requirement is for one civilian originating site in each Prime Service Area (PSA) since that is where the majority of ADSMs and their families live and work. In addition, we are requiring one originating site per region to be developed where there are significant numbers of TRICARE Prime Remote and/or TRICARE Reserve Select enrollees. If successful, we plan to expand further the number of originating site locations.

Conclusion

The Department is committed to providing adequate access to mental health care. We are expanding our outreach efforts to potential TRICARE Standard providers, have added resources in the direct care system, and expanded the TRICARE network of providers. In addition, we are implementing telemedicine mental health care to expand access and are offering the TRICARE Assistance Program to provide short-term counseling. Provider educational efforts continue to be ongoing.

TAB C