Overview

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Membership

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The Military Health System (MHS) ensures that America’s military personnel are healthy and ready to support all aspects of military operations.

The MHS provides medical benefits through TRICARE to ~9.5 million beneficiaries, including 1.3 million active-duty Service members.

TRICARE is comprised of 51 military hospitals and 424 military medical clinics (“Direct Care”), supplemented by programs to enable beneficiaries to seek care in the private sector (“Purchased Care”).
• Congress mandates periodic changes to TRICARE as a health system through the National Defense Authorization Acts (NDAAs)

• Currently, TRICARE is based on a “fee-for-service” model with defined benefits

• Section 705 of NDAA 2017 required DoD to incorporate 13 elements into the TRICARE contracts, including best practices in **value-based health care**, improved benefits design, and health plan management
The Defense Health Agency has partially implemented 6 of 13 elements specified in NDAA 2017.

There are opportunities to expand and implement NDAA 2017 provisions to meet the MHS’s Quadruple Aim of increased readiness, better care, better health, and lower cost.
On July 24, 2020, the Assistant Secretary of Defense for Health Affairs, directed the Defense Health Board (“the Board”) to **develop criteria to assess and prioritize commercial health care innovations and provide advice and recommendations on how DoD might best develop and implement them within TRICARE.**
• Criteria should consider statutory requirements and the magnitude of impact on the MHS Quadruple Aim

• This may include an overall value-based healthcare vision that combines some or all of these innovations into a concerted strategy with optimal impact on readiness, cost, quality and access
Innovations include:

- Virtual Value Providers
- Centers of Excellence
- Standard Telehealth
- Optimized Telehealth
- Targeted Utilization Review
- Automatic Authorizations
- Care Collaboration
- Care Management
- Advanced Care Management
- Provider Recognition
- Provider Reward
- Wellness Pilots
- Wellness and Disease Management Pilots
- Advanced Primary Care
- Access to Care Standards
- Central Enrollment
- Accountable Care Organizations
- Clinically Integrated Networks
- At-Risk Centers of Excellence
- Utilization Management
- Artificial Intelligence
- Any other innovations identified by the Board
## Summary of Activities to Date

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>July 28, 2020</td>
<td>Kick off meeting, video teleconference:</td>
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<td>- Member introduction and expertise</td>
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<td>- Discussed the Terms of Reference</td>
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<td>- Provided ideas on potential briefings and useful resources</td>
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<td>- Agreed on frequency of meetings</td>
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Way Ahead

• Video teleconferences scheduled weekly with planned briefings by subject matter experts on:
  • TRICARE billing
  • TRICARE beneficiaries
  • TRICARE cost structure
  • Value-based care

• Planned decision brief at November 2020 Board meeting
Questions ?