



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

SEP 13 2016

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

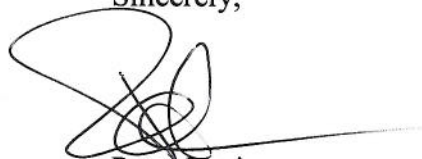
Dear Mr. Chairman:

This letter is a final response to section 729 of the National Defense Authorization Act for Fiscal Year 2016 (Public Law 114-92), "Plan for Development of Procedures to Measure Data on Mental Health Care Provided by the Department of Defense." Section 729 requires the Secretary of Defense (SecDef) to submit a plan for the Department of Defense (DoD) to develop procedures to compile and assess data relating to: (1) outcomes for mental health care provided by the DoD; (2) variations in such outcomes among different military treatment facilities; and (3) barriers, if any, to the implementation by DoD mental health care providers of the clinical practice guidelines and other evidence-based treatments and approaches recommended for such providers by the SecDef.

Our plan to address the requirements set forth in section 729 is enclosed. Per direction of the Acting Assistant Secretary of Defense for Health Affairs, the Services are in the process of implementing the Behavioral Health Data Portal (BHDP) as the primary means to collect baseline and follow-up mental health symptom measures for those engaged in mental health treatment. Full implementation of the BHDP by the Services is expected by March 2017.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the House Armed Services Committee.

Sincerely,



Peter Levine
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

SEP 13 2016

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Sincerely,

A handwritten signature in black ink, appearing to be "Peter Levine", written over a horizontal line.

Peter Levine
Acting

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

**REPORT TO ARMED SERVICES
COMMITTEES OF THE SENATE AND
HOUSE OF REPRESENTATIVES**



**Section 729 of the National Defense Authorization Act
for Fiscal Year 2016 (Public Law 114-92)**

**Plan for Development of Procedures to Measure
Data on Mental Health Care Provided by the
Department of Defense**

September 2016

The estimated cost of report or study for the Department of Defense (DoD) is approximately \$4,000 for the 2016 Fiscal Year. This includes \$4,000 in expenses and is DoD labor. Generated on September 30, 2016. RefID: 4-7BFC84B

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EXECUTIVE SUMMARY

The Department of Defense (DoD) developed a plan to address the requirements in section 729 of the National Defense Authorization Act for Fiscal Year 2016 (Public Law 114-92) to compile data relating to outcomes for mental health care, assess variations in such outcomes, and to identify barriers to the implementation of evidence-based treatment (EBT) by mental health care providers of the Department. This plan was built upon the 2013 Assistant Secretary of Defense for Health Affairs memorandum that required Department-wide implementation of the Behavioral Health Data Portal (BHDP) to collect and analyze mental health treatment outcome data.

The BHDP is a DoD internet-based application that serves as a primary means to collect baseline and follow-up symptom measurement for common mental health conditions. The plan identifies the core set of screening and outcome measures used for specific mental health conditions; the frequency for administration of these measures by diagnosis; the type of mental health treatment used; and, data analysis and reporting requirements. By requiring the use of these validated measures using standardized frequencies and procedures, and through empirical analyses of these data, the DoD will be able to further establish metrics pertaining to implementation, utilization, episodes of care, remission, and clinical responses to the implementation of evidence-based treatments, and identify outlier clinics that are either excelling or consistently underperforming at producing treatment outcomes that reduce mental health symptoms.

INTRODUCTION

Section 729 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2016 (Public Law 114-92) requires that, “Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a plan for the Department of Defense (DoD) to develop procedures to compile and assess data relating to the following:

- 1) Outcomes for mental health care provided by the Department.
- 2) Variations in such outcomes among different medical facilities of the Department.
- 3) Barriers, if any, to the implementation by mental health care providers of the Department of the clinical practice guidelines and other evidence-based treatments (EBTs) and approaches recommended for such providers by the Secretary.”

The DoD uses the Behavioral Health Data Portal (BHDP), an enterprise-wide internet-based application, to administer standardized behavioral health assessments and to optimize outcome tracking in behavioral health clinics. Treatment, assessment measure, and current status data are entered into the BHDP, which is then reviewed as part of the treatment process. Enterprise-wide deployment of the BHDP was mandated by DoD policy (Assistant Secretary of Defense for Health Affairs (ASD(HA)), 2013) that specified outcome measures for initial evaluation and periodically thereafter until the termination of treatment in behavioral health treatment settings for patients diagnosed with major depressive disorder (MDD), generalized anxiety disorder (GAD), and posttraumatic stress disorder (PTSD). A 2014 Cross-Agency Priority Goal on Service Members and Veterans Mental Health (White House, 2014a) and a 2014 Executive Action (White House, 2014b) further directed Department-wide implementation of the BHDP to advance progress on interagency goals for measurement-based care and assessment of mental health outcomes.

The DoD is currently developing a Defense Health Agency Procedural Instruction (DHA-PI) to establish specific requirements for military treatment facilities (MTFs) and mental health clinics to collect, report, and analyze mental health treatment and outcome data through BHDP. DHA-PIs are procedural instructions that DHA uses to implement higher-level policy. The DHA-PI will advance and further specify previous guidance from the ASD(HA) and section 729 of the NDAA for FY 2016. By requiring the use of these validated measures using standardized frequencies and procedures, and through empirical analyses of these data, the DoD will be able to further establish metrics pertaining to implementation, utilization, episodes of care, and remissions. As well, this standardization in data collection and procedures will allow the DoD to establish methods for monitoring variations between MTFs, the degree to which clinicians employ EBTs as defined in the clinical practice guidelines (CPGs) that are drafted jointly by the DoD and the Department of Veterans Affairs (VA); the relationship between treatment outcomes and use of EBTs as well as other patient and provider factors; and, to identify clinics that consistently underperform regarding mental health outcomes and provide guidance on use of EBTs and other barriers to care.

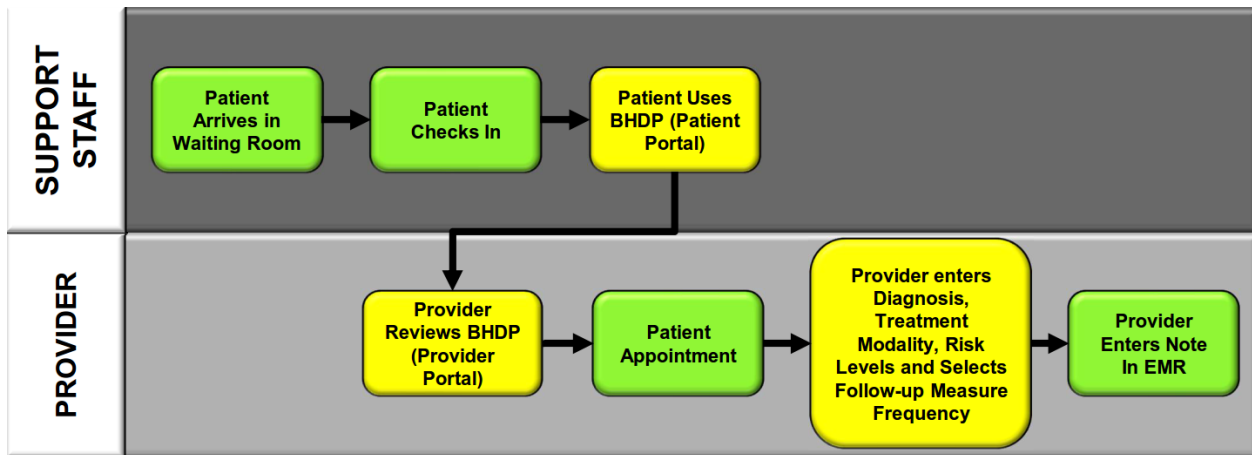
BEHAVIORAL HEALTH DATA PORTAL

The BHDP is an enterprise-wide, internet-based application that serves as a primary means to collect baseline and follow-up mental health symptom measurement. It augments the Military Health System's existing electronic health record system by efficiently tracking, sorting, and filtering information about mental health treatment and outcomes. The BHDP allows for real-time graphing of outcome measures for clinical care, consolidation of data from multiple sources into one clinician dashboard, and aggregation of data for meaningful program evaluation.

In accordance with a memorandum of agreement between the DHA and the United States Army Office of the Surgeon General, all data collected in the BHDP goes to a central data warehouse, where de-identified data can be analyzed to track outcomes across clinics, the Services, and the Department. On a systems level, the BHDP allows for systematic collection of data that can be used to evaluate treatment approaches and other variables related to mental health care. On the patient level, the BHDP supports implementation of EBTs and improved mental health outcomes by allowing clinicians and patients to track progress at every clinic visit together. There is scientific evidence that such monitoring-and-feedback approaches themselves improve patient outcomes (Lambert, Harmon, Slade, Whipple, & Hawkins, 2005).

BHDP Process. Both patients and providers enter data into the BHDP (Figure 1). Patients complete clinical and treatment satisfaction measures upon check-in, using identification card barcode scan technology at private BHDP kiosks. The intake questionnaire requires 15-20 minutes of patient time, and follow-up sessions take less than 10 minutes. The BHDP software is preloaded with the Department-approved screening and outcome measures for various disorders and conditions, to include MDD, PTSD, GAD, suicide risk, alcohol misuse, physical pain, and general distress. Clinicians access the patient data in real time for review prior to and during treatment sessions through a dashboard, which clinicians can view with their patients as part of the treatment process. Patients' answers are scored and color-coded based on risk, so clinicians can easily identify significant clinical changes and areas of concern to guide treatment planning, risk assessment, and therapy course modifications. After each treatment session, the provider enters the patient diagnoses, treatment modalities, risk levels, follow-up measure frequency, and the clinical note. The BHDP also allows clinicians to flag patients when they transition from one installation to another, which alerts the gaining installation and ensure continuity of care. Other advantages of the BHDP are the potential to minimize provider/clinic time costs, reliance on patients' self-report on treatment outcomes, standardization of data collection and reporting methods across the Services, and ease of use for providers.

Figure 1: BHDP Process

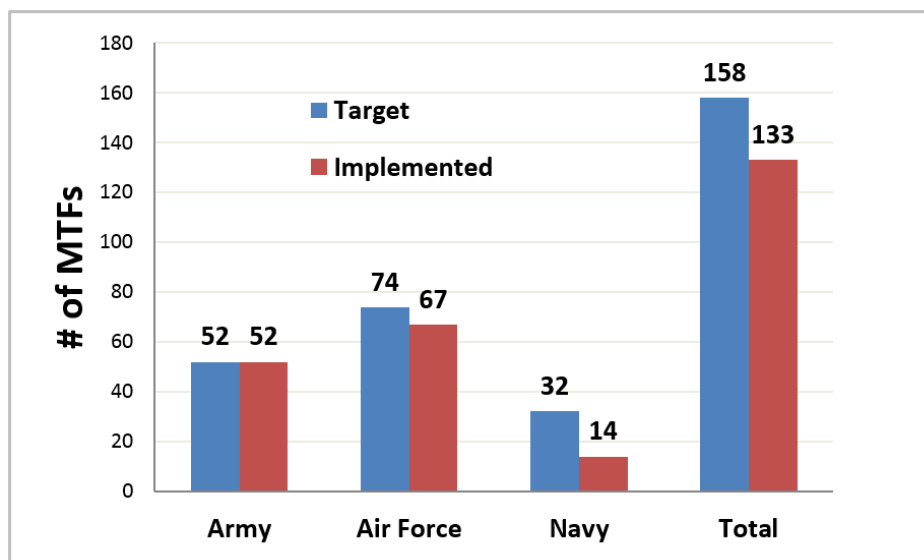


Note: BHDP = Behavioral Health Data Portal; EMR = Electronic Medical Record.

BHDP Deployment. The Army developed and launched implementation of the BHDP in Army MTF behavioral health clinics in April 2012, and the BHDP was fully implemented in all Army outpatient clinics by late 2013. As of May 2016, the BHDP was used in over 50,000 Army mental health visits every month with a total of over 1.75 million surveys collected to date. This represents the largest known collection of mental health clinical outcome data in the United States.

The Air Force began implementation of the BHDP in the Fall of 2014, and Navy in the Spring of 2015. As of May 2016, the BHDP was fully operational in 100 percent of Army, 91 percent of Air Force, and 44 percent of Navy outpatient behavioral health facilities (Figure 2). All Services plan to have the BHDP fully implemented by March 2017.

Figure 2: BHDP Deployment as of May 2016



DoD PLAN TO COLLECT BEHAVIORAL HEALTH TREATMENT AND OUTCOME DATA

The DoD plans to collect data across the Department through enterprise-wide BHDP implementation and utilization, to include the establishment of:

- Requirements for provider documentation of treatment modality;
- Standardized outcome data collection intervals;
- Routine outcome data reporting requirements; and,
- Procedures to assess and intervene with clinics and MTFs that routinely underperform in achieving favorable mental health patient outcomes.

The DoD also plans to assign responsibilities across the DHA and the Surgeons General of the Military Departments to:

- Train clinicians and support staff in BHDP utilization;
- Acquire and maintain the BHDP hardware and software;
- Transmit BHDP data to a central Health Services Data Warehouse;
- Analyze outcome data; and,
- Track utilization rates, EBT use, and outcome measures.

Outcomes for Mental Health Care. While the 2013 ASD(HA) mental health outcome measures memorandum specified measures to track patient outcomes and required data collection through the BHDP, it did not include specific frequency or other criteria to standardize outcome measurement. The DoD plans to further specify the administration requirements for each measure for the purposes of screening and tracking outcomes for specific diagnoses, such as frequency requirements, how to define an episode of care, and methods for tracking treatment response and remission.

Variations in Treatment Outcomes. The DoD plans to require periodic reports to DoD leadership to include a facility-by-facility comparison in patient outcome data. These periodic reports can specify rates of partial treatment response and full remission by MTFs. This reporting and level of analysis made possible by the BHDP can facilitate identification of outlier clinics that are either excelling or consistently underperforming at producing treatment outcomes that reduce mental health symptoms. Analysis of outcome data can include relationships of outcomes to other types of data that may help inform potential site-specific or system-wide impediments to positive treatment outcomes.

Barriers to Implementation of EBTs. Data analyses can include an examination of demographic, process, and treatment satisfaction data in relation to provider intervention with EBTs recommended by VA/DoD CPGs. The DoD plans to identify facilities that consistently underutilize VA/DoD CPGs to determine site-specific barriers to EBT implementation, as well as facilities that consistently excel at CPG utilization to collect lessons learned for dissemination across clinics.

Timeline for Execution of this Plan. The DHA-PI to implement and further expand upon the 2013 ASD(HA) guidance and section 729 of the NDAA for FY 2016 requirements is anticipated to be signed by the end of Quarter 1 (Q1) of FY 2017. Implementation of the BHDP in all MTF clinics will be achieved by the end of Q2 of FY 2017. The first full report using BHDP data to analyze mental health outcomes, variation in outcomes, and barriers to implementation of EBT will be based on data from the last two quarters of FY 2017 and will be completed by the end of calendar year 2017.

CONCLUSION

The DoD has implemented a number of initiatives to improve mental health access and quality. Analyses of treatment outcomes across MTFs will allow the DoD to evaluate the impact of healthcare improvement initiatives and will identify further steps to optimize mental health care for all beneficiaries. Through full implementation and utilization of the BHDP in accordance with forthcoming policy, the DoD will have the capacity to collect and analyze treatment outcome data from all MTFs and take action to optimize care across the enterprise.

REFERENCES

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Lambert, M.J., Harmon, C., Slade, K., Whipple, J.L., & Hawkins, E.J. (2005). Providing feedback to psychotherapists on their patients' progress: Clinical results and practice suggestions. *Journal of Clinical Psychology, 61*(2), 165-74.

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ACRONYMS

<u>Acronym</u>	<u>Term</u>
ASD(HA)	Assistant Secretary of Defense for Health Affairs
BHDP	Behavioral Health Data Portal
CPG	Clinical Practice Guideline
DHA	Defense Health Agency
DHA-PI	Defense Health Agency Procedural Instruction
DoD	Department of Defense
EBT	Evidence-based Treatment
EMR	Electronic Medical Record
FY	Fiscal Year
GAD	Generalized Anxiety Disorder
MDD	Major Depressive Disorder
MTF	Military Treatment Facility
NDAA	National Defense Authorization Act
PTSD	Posttraumatic Stress Disorder
VA	Department of Veterans Affairs