



PERSONNEL AND
READINESS

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

MAY 18 2017

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

Dear Mr. Chairman:

The enclosed report is in response to the House Report 114-537, page 172, accompanying H.R. 4909, the National Defense Authorization Act for Fiscal Year 2017, which requests the Department to assess the feasibility of personal health navigators for Military Health System (MHS) beneficiaries.

In recent years, the Department invested in our beneficiaries' ability to navigate the MHS and data show this investment is achieving impressive results. MHS initiatives supporting healthcare navigation goals have exceeded those achieved by the 40 best national pilots as demonstrated by the national Patient Centered Primary Care Collaborative. Consequently, while the use of healthcare navigators could complement the wide-range of capabilities the Department currently employs to achieve the same goals, it is unlikely that a broad, system-wide use of navigators would be of great benefit. However, it is possible that the targeted use of healthcare navigators, for example, for patients with complex medical conditions, could be of value. Therefore, the Department will continue exploring how incorporating healthcare navigators into the MHS could best benefit our patients.

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 Chairman of the House Armed Services Committee.

Sincerely,

A handwritten signature in blue ink that reads "A M Kurta".

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



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

MAY 18 2017

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

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A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

**House Report 114–537, Page 172, Accompanying H.R. 4909, the National Defense
Authorization Act for Fiscal Year 2017,
Improving Beneficiary Experience and Outcomes**



Feasibility of Incorporating the use of Healthcare Navigators into the Military Health System

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$1,500.00 for the FY 2017. This includes \$0.0 in expenses and \$1,500.00 in DoD labor.

Improving Beneficiary Experience and Outcomes:

Feasibility of Incorporating the Use of Healthcare Navigators into the Military Health System

INTRODUCTION

This report is in response to House Report 114–537, Page 172, accompanying H.R. 4909, of the National Defense Authorization Act for Fiscal Year 2017, which requests “the Secretary of Defense to determine the feasibility of incorporating the use of healthcare navigators into the Military Health System (MHS) to improve beneficiary experience and outcomes. The Secretary was asked to submit the results to the Committees on Armed Services of the Senate and the House of Representatives by April 1, 2017.”

GOALS OF HEALTHCARE NAVIGATORS

As identified in House Report 114–537, the goal of health navigators includes assisting families with understanding and utilizing their health benefits, supporting beneficiaries in accessing and navigating the healthcare delivery system, and providing beneficiaries with information so they can make informed decisions in collaboration with their care providers.

FEASIBILITY OF INCORPORATING HEALTHCARE NAVIGATORS IN THE MHS

The MHS has successfully implemented multiple initiatives to help beneficiaries understand and utilize their health benefits, obtain information on and assistance with accessing and navigating the health care system, and make informed decisions in collaboration with their care providers. This is a result of a substantial investment in these types of services in recent years. The Department is proud to report we use licensed healthcare providers and Registered Nurses (RNs) to provide medical advice and triage and direct beneficiaries to the most clinically appropriate level of care. Our patients have access to their provider or provider teams through applications like Secure Messaging, Patient Portals, and other applications and venues. Consequently, the Department has determined that while the use of healthcare navigators could complement the wide-range of capabilities the Department currently employs to achieve the same goals, it is unlikely that a broad, system-wide use of navigators would generate a positive return on investment. However, it is possible that the targeted use of healthcare navigators, for example for patients with complex medical conditions, could offer an enhanced experience for the patient and good value for the Department. Therefore, the Department will continue exploring how incorporating healthcare navigators into the MHS could benefit our patients and provide good value.

MHS INITIATIVES SUPPORTING GOALS OF HEALTHCARE NAVIGATION

The MHS has successfully implemented multiple healthcare navigation initiatives for TRICARE Prime beneficiaries. We use healthcare industry leading practices to accomplish the three goals of healthcare navigators as identified in House Report 114–537:

1. Assist families with understanding and utilizing their health benefits:

- a. MHS beneficiaries have access to TRICARE.mil and TRICARE Managed Care Support Contractor (MCSC) websites, which provide detailed information on health benefits, instructions on how to navigate the health care system and personalized beneficiary information. Each MCSC also operates toll-free call centers, which allow beneficiaries to speak personally to and receive guidance from a health benefits and healthcare navigation

expert Monday-Friday as well as providing access to health benefits experts who offer provider locator assistance 24 hours a day, seven days a week.

- b. The 3.5 million TRICARE Prime beneficiaries enrolled to military treatment facilities (MTFs) receive comprehensive primary care at National Committee for Quality Assurance (NCQA)-recognized Patient Centered Medical Homes (PCMHs). MHS PCMHs are evaluated based on industry standards for care coordination, patient-provider collaboration processes and health care navigation support. MHS PCMHs have achieved the highest overall scores of any healthcare system seeking NCQA PCMH recognition.
 - MHS policy requires MTF PCMHs to provide beneficiaries with information on the scope of their benefits and how to navigate the health system for primary, specialty, and behavioral health care.
 - MHS PCMH clinical teams are required to address the full scope of beneficiaries' health needs. Each beneficiary receives annual evidence-based health literacy screening to assess whether the beneficiary understands and can navigate the health care system and to identify which beneficiaries may require additional assistance.

2. Support families in accessing and navigating the healthcare delivery system:

- a. Each PCMH team includes RNs, who provide personalized health navigation services and triage to beneficiaries, as requested. PCMHs provide beneficiaries with written and electronic instructions on how to understand and utilize health benefits and information on how to contact personal healthcare teams by telephone, appointment, or virtually through secure messaging (SM).
- b. Beneficiaries can use SM to contact their providers and RNs 24 hours a day, seven days a week to ask healthcare questions, obtain assistance in health care system navigation, and inquire about health benefits including specialty referrals. The required response time to beneficiary messages is the same business day.
- c. The MHS Nurse Advice Line (NAL) provides professional medical advice, healthcare navigation assistance, and care coordination from RNs 24 hours a day, seven days a week.
 - NAL RNs use industry-standard health care algorithms, which are approved by national physician experts, to assess beneficiaries' medical conditions and offer advice on the most clinically appropriate level of care based on the beneficiaries' symptoms. The NAL assists beneficiaries in arranging health care in the most appropriate setting, if needed.
 - The NAL interfaces electronically with MTFs in real-time with PCMHs to alert team members if a beneficiary requires additional assistance in care coordination and health care navigation.
- d. The MHS TRICARE OnLine Patient Portal provides many industry-standard features to beneficiaries. Beneficiaries are able to schedule PCMH appointments on-line 24 hours a

day, seven days a week as well as view and download current health information and set automatic text and/or email appointment reminders.

3. Provide families with information so they can make informed decisions in collaboration with their health care providers:

- a. Primary Care Providers (PCPs), the PCMH teams and beneficiaries collaborate to develop personalized care plans using shared/informed decision-making. PCMHs document beneficiary care plans and health care choices in the electronic health record for full transparency with and action by the combined care team.
- b. PCMH teams include additional RN Case, Disease, and Utilization Managers who coordinate care; provide health care information on how to navigate to the appropriate level of acute, preventive, chronic, and specialty care; manage health conditions; avoid unnecessary Urgent Care (UC) and Emergency Room (ER) visits; and treat self-limiting minor illness at home.
- c. Embedded specialists in PCMH help beneficiaries to make informed decisions in collaboration with the PCPs. Embedded clinical pharmacists assist beneficiaries with multiple complex medical problems to improve health outcomes and reduce hospital admissions. Embedded Behavioral Health (BH) providers and BH care coordinators in PCMH provide a convenient way for beneficiaries to receive assistance and coaching in dealing with common life stressors, depression, anxiety, adjustment disorders, and other issues, which often result from the unique challenges of military life.
- d. To date, the MHS has successfully implemented multiple healthcare navigation initiatives and has collaborated with multiple industry leaders including the national Patient Centered Primary Care Collaborative (PCPCC), the Agency for Healthcare Research and Quality and major healthcare systems to inform its MHS healthcare navigation services.

CONCLUSION

Data clearly suggest that the Department's investment in healthcare navigation is achieving impressive results. MHS initiatives supporting healthcare navigation goals have exceeded those achieved by the 40 best national pilots as demonstrated by the PCPCC.¹ Since 2012, inpatient admissions have decreased 19 percent; UC visits in the purchased care sector decreased 12 percent and avoidable, low-acuity ER visits decreased 27 percent. In 2016, less than one percent of all MTF Prime enrollees' private sector care costs were for UC or avoidable ER care. The Department continues to seek ways to improve the healthcare outcomes and experience for our military beneficiaries in support of the MHS quadruple aim of better care, better health, increased readiness, and lower costs.

¹ <https://www.pcpcc.org/resource/patient-centered-medical-homes-impact-cost-and-quality-2014-2015>; accessed 5 Feb 17; briefed to MOG 2016