

Submitted by Megan O'Day, EFMP Systems Navigator, Joint Base Lewis-McChord, to the June 16, 2016 meeting of the Military Family Readiness Council

IMLM-MWA

Exceptional Family Member Program, Joint Base Lewis McChord

MEMORANDUM for Office of the Deputy Assistant Secretary of Defense Military Community & Family Policy, Military Family Readiness Council

SUBJECT: Submission for Comments (Suspense 6 JUN 2016) to Military Family Readiness Council proposed in the Federal Register/Vol. 81 No. 96, 2016-11736

PURPOSE: To identify focus items for FY2016 with respect to agenda item: TRICARE for Kids. TRICARE for Kids works to develop and encourage health care practices designed to address the specific health care needs of military children.

Current Problem & Impact: What processes drive high utilization rates (military more than doubles usage compared to civilians with HMOs) vs NDAA's proposal to increase Tricare fees

Considerations:

1. Accountability of contracted healthcare administrators:

Improve audit review on evaluating current contracts for inaccuracies, noncompliance. Monitor processes linked to policy, automated workflows, spend/performance analytics. Effective audit reviews would likely result in 2% cost savings in the operating margin of the annual budget, general figure for civilian healthcare contract administrators. A simple example on how contracts are currently being audited that has a direct impact to utilization is "Find a Provider" TRICARE online tool often presents incorrect contact information and/or population served or the health care provider is not currently taking new patients and/or is longer a provider for TRICARE.

2. Foster provider collaboration/medical home model by developing/monitoring processes:

Increase the time with PCM for developmental screening or specialty care referrals related to medical home model rather than requiring patient to schedule additional appointment(s).

Develop 5 minute mandatory webinars for PCMs re provider referrals, early intervention services, behavioral health, Exceptional Family Member Program (EFMP), installation family services i.e. Army Community Service, etc.

Incentives to providers to use instant messaging among co-workers/providers.

Standardize job descriptions for nurse case managers/care coordinators.

Eliminate requirement for new referral from PCM for specialty care at every duty station/PCS. Rather, maintain referrals as valid for a specific timeframe (6/12 months).

Flag EFMP patients in ALHTA to alert appointment schedulers the possible need for acute or timely access to care.

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