

Interagency Autism Coordinating Committee

TRICARE Autism Care Demonstration

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Overview



- Military Health System (MHS) Introduction
- TRICARE Benefit
- Hierarchy of Reliable Evidence
- History of Applied Behavior Analysis (ABA) services under TRICARE
- Autism Care Demonstration (ACD) – Information
- Outcome Measures
- ACD initiatives
- Future of the ACD
- Questions

The Military Health System (MHS)



The MHS is an integrated, world-wide system of care that ensures the health and readiness of America's service members to go anywhere, at anytime.

It delivers and coordinates care for 9.4 million Americans – which include service member families, as well as military retirees and their families, by operating 55 hospitals and 373 clinics and managing a global health benefit through the TRICARE program.



The Defense Health Agency

Priorities & Goals



Combat Support Agency: enables the Army, Navy, and Air Force medical services to provide a medically ready force and ready medical force to Combatant Commands in both peacetime and wartime.

Enterprise Approach: drives greater integration of clinical and business processes across the Military Health System, to include managing the TRICARE program.

Priorities and Goals:

- Optimize operations across the MHS
- Co-create optimal outcomes for health, well-being, and readiness
- Deliver solutions to Combatant Commands



TRICARE

Fulfilling the promise



TRICARE remains one of the most comprehensive health benefits available in this country at exceptionally low costs – a benefit that is commensurate with the sacrifice of those who it serves.

“Medically Ready Force...Ready Medical Force”

The TRICARE Benefit



- The TRICARE Program supports the physical and mental health of 9.4 million beneficiaries worldwide.
- TRICARE is not health insurance, but rather a health benefit entitlement program governed by statute under Title 10, Armed Forces, Subtitle A General Military Law, Part II, Personnel, Chapter 55, Medical and Dental Care
 - § 1076 and § 1079 - govern dependent beneficiary care
 - § 1074 and § 1086 - govern benefits for certain members and former members of the Armed Forces
- Of the approximately 9.4 million beneficiaries covered, approximately one-fifth of beneficiaries are children (ages newborn to age 21).

TRICARE Basic Program



- The TRICARE Basic Program is the medical (healthcare) benefit.
- “Medically or psychologically necessary” treatments are covered under the Basic Program.
- Medically or psychologically necessary treatments defined as:

“The frequency, extent, and types of medical services or supplies which represent appropriate medical care and that are generally accepted by qualified professionals to be reasonable and adequate for the diagnosis and treatment of illness, injury, pregnancy, and mental disorders or that are reasonable and adequate for well-baby care.”

- (32 Code of Federal Regulations (CFR), Definitions)

Covered Services for Autism Spectrum Disorder (ASD)



■ TRICARE Basic Benefit covers medically necessary services:

- Occupational therapy
- Physical therapy
- Speech and language therapy
- Primary Care Services
- Psychological services and testing
- Prescription drugs
- Respite Care (under Extended Care Health Option (ECHO) for Active Duty Family members (ADFMs))

Hierarchy of Reliable Evidence



- In order to be considered a medically or psychologically necessary treatment under the TRICARE Basic Program, a treatment or procedure must be determined to meet the reliable evidence standard for coverage.
- As used in CFR 199.4(g)(15), the term reliable evidence means only:
 - ❑ Well controlled studies of clinically meaningful endpoints, published in refereed medical literature.
 - ❑ Published formal technology assessments.
 - ❑ The published reports of national professional medical associations.
 - ❑ Published national medical policy organization positions; and
 - ❑ The published reports of national expert opinion organizations.
- Meeting this standard means that a given treatment is deemed safe and effective, proven medical care.

DoD Medical Benefit Determination

June 28, 2013



Dr. Jonathan Woodson, Assistant Secretary of Defense for Health Affairs, signed an interim medical benefit determination regarding ABA treatment of ASD:

- ABA as delivered by ABA practitioners does not meet the TRICARE definition of “medical” as defined in 32 CFR §199.2;
- ABA has not been shown by reliable evidence to meet the requirements of 32 C.F.R. §199.4(g)(15) to be proven as medically or psychologically necessary or as appropriate medical care for ASD;
- The reliable evidence standard for cost-sharing required by 32 § C.F.R. 199.4(g)(15) has not been met;
- Final decision pending reassessment based on experience providing ABA under the Department’s Demonstration authority.

DoD Medical Benefit Determination

June 28, 2013



The findings of the studies reviewed:

- a) do not consistently present or characterize the ABA interventions provided, which vary widely in terms of provider, setting, and targeted age range of the recipient;
- b) are generally not well-controlled, with comparatively few randomized clinical trials;
- c) generally study very small sample sizes which limits generalization of findings to the clinical population of interest; and,
- d) present conflicting findings across studies or fail to demonstrate clinically meaningful outcomes.

The evidence overall is not reliable, and there have been no comparative effectiveness studies of ABA to TRICARE cost-shared treatments such as speech and language pathology or occupational therapy.

Gaps in Research



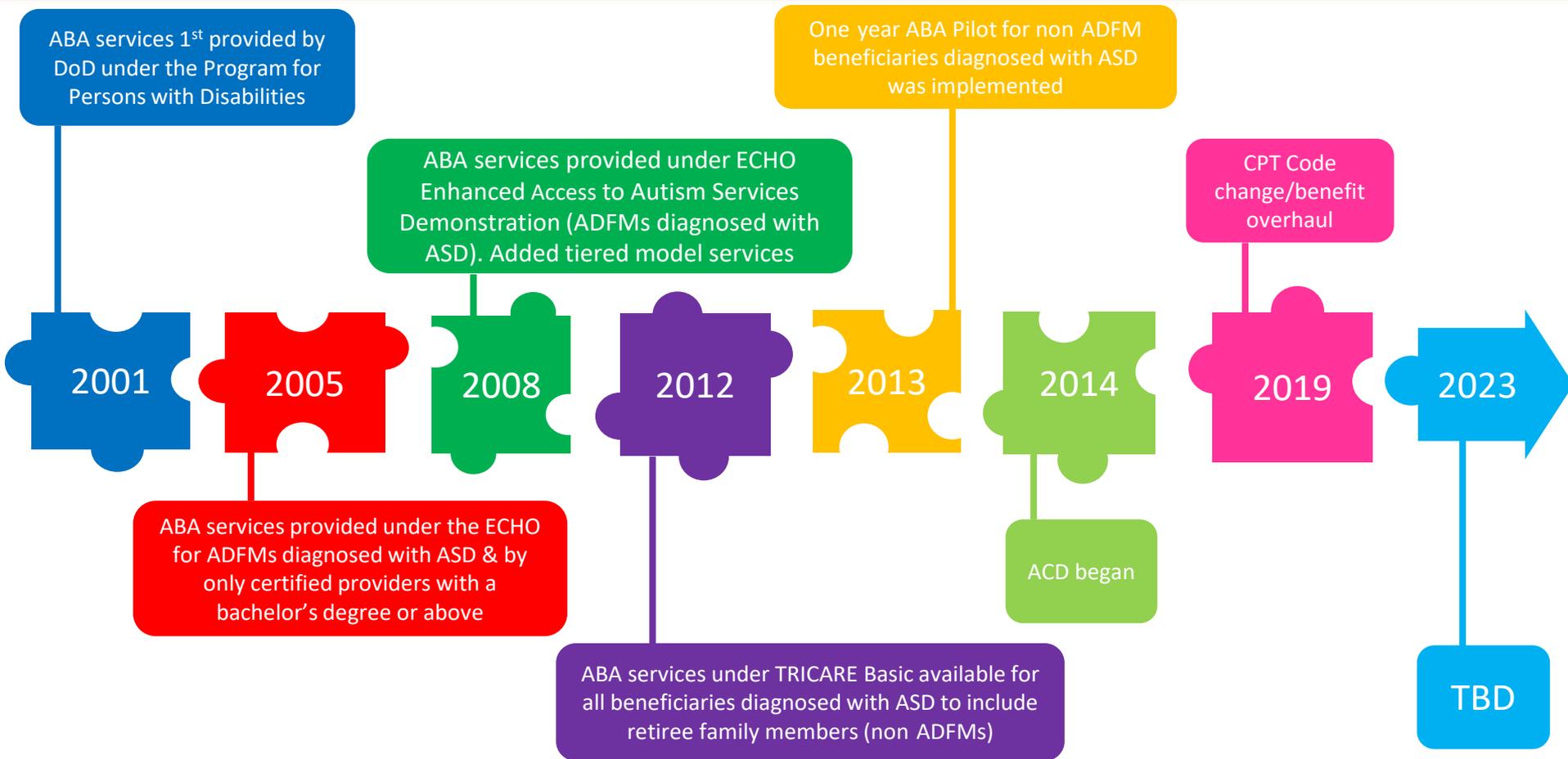
- Multiple reviews and meta-analyses have noted persistent gaps in ABA research, such as:
 - ❑ knowledge regarding specific ABA interventions; lack of comparative effectiveness studies
 - ❑ intensity, duration, level of treatment fidelity
 - ❑ therapist experience and/or training necessary to achieve optimal outcomes
 - ❑ patient-specific predictors of outcome
 - ❑ small sample sizes; lack of participant matching
 - ❑ heterogeneity in outcome measures used and interventions applied

What is the ACD?



- The Autism Care Demonstration (ACD) is:
 - ❑ A demonstration benefit that provides ABA services to TRICARE eligible beneficiaries diagnosed with ASD
 - ❑ Purchased care benefit administered by the regional Managed Care Support Contractors (MCSC) (Health Net Federal Services and Humana Government Business) and U.S. Family Health Plan contractors
 - ❑ One component of a comprehensive ASD care plan
 - ❑ Goals of the ACD is to determine how to best provide services to beneficiaries diagnosed with ASD

History of ABA Services under TRICARE



“Medically Ready Force...Ready Medical Force”

ACD – Information



- Update of ACD statistics (for Fiscal Year 2017):
 - ACD participants: 15,454
 - ABA providers: Almost 25,000
 - Cost: \$268M/year (estimated to increase to over \$400 M/year by 2023)

Covered ABA Services



- The following ABA services are covered under the ACD:
 - ABA assessment
 - Treatment plan development
 - 1:1 ABA services
 - Guidance for parents, and other caregivers

- The ACD has no treatment limits:
 - No minimum/maximum age limits
 - No caps on numbers of hours per week
 - No caps on duration of ABA services
 - No caps on reimbursement.

- Medically necessary services

Outcome Measures



- Currently, the ACD implements the following measures:
 - At baseline and every 2 years of services
 - Vineland Adaptive Behavior Scales, Third Edition
 - Social Responsiveness Scale, Second Edition
 - At baseline and every 6 months of services
 - Pervasive Developmental Disabilities Behavior Inventory
- Diagnostic measures are inconsistently used and often not reported to DHA
- Are there other measures we could/should use?

ACD Initiatives



- 16 Provider Information Meetings/Stakeholder Round Tables since 2014
- Presentations at ABA conferences
- ACD email-box
- GovDelivery – proactive messaging platform
- Parent/Caregiver surveys
- TRICARE Quality Management audits
- Industry Day regarding best practices for ABA services

ACD Initiatives cont.



■ Military Treatment Facility Initiatives:

- FBCH and WRNMMC, Autism Resource Center (ARC) program
- JBLM Center for Autism Resources, Education and Services (CARES), Madigan Army Medical Center
- WPAFB P.L.A.Y. Project

■ DoD Office of the Inspector General (OIG) North and South Audit reports published

■ Congressionally Directed Medical Research Program (CDMRP) – study awarded Sept 2018

■ South Audit: *The Defense Health Agency Improperly Paid for Autism-Related Services to Selected Companies in the TRICARE South Region*

- ❑ Published: 10 MAR 2017 <https://media.defense.gov/2017/Dec/19/2001858335/-1/-1/1/DODIG-2017-064.PDF>
- ❑ Determined that many payments were improper

■ North Audit: *TRICARE North Region Payments for Applied Behavior Analysis Services for the Treatment of Autism Spectrum Disorder*

- ❑ Published: 16 MAR 2018 <https://media.defense.gov/2018/Mar/22/2001893494/-1/-1/1/DODIG-2018-084.PDF>
- ❑ Determined that 2/3 (\$80M of \$120M) of payments for ABA services were improper, mostly due to missing or inadequate documentation

CDMRP Study



- Title: *Comparative Effectiveness of EIBI and Adaptive ABA for Children with Autism*
- Public abstract available at: <https://cdmrp.army.mil/search.aspx> (Proposal Number: PT170183)
- Early intensive behavioral intervention (EIBI), (20+ hours/week) vs “Adaptive” ABA (< 20 hours/week)
- Study to address 4 key questions:
 - 1) Do children improve more in an EIBI or in an adaptive ABA intervention on core features of ASD?
 - 2) What is the impact of EIBI and adaptive ABA on families?
 - 3) What factors predict whether children and families will benefit more from EIBI or from adaptive ABA?
 - 4) What factors would help or hinder agencies from continuing to implement EIBI or adaptive ABA in the future?

CDMRP Study cont.



■ Findings could benefit the larger community

- 1) Knowing how EIBI compares to adaptive ABA gives families a basis for choosing an intervention approach with confidence.
- 2) Knowing that ABA interventions work well in children who are covered by TRICARE justifies insurance funding for these interventions.
- 3) If we could know in advance whether EIBI or adaptive ABA is likely to be more effective, families could more easily select an ABA intervention for their child.
- 4) If the adaptive intervention is found to be as effective as EIBI for many children with ASD, it may be possible to lower costs and increase access to effective services.
- 5) Knowing what helps or hinders agencies from implementing EIBI and adaptive ABA could guide future efforts to make these interventions more available to children with ASD and their families.

Future of the ACD



- To truly to a comprehensive benefit, the ACD will include:
- Larger parental/family component
- More holistic, beneficiary-centered approach
- Respite care
- Case management/Care coordination
- Case consultation
- Utilization management
- Quality oversight
- Value-based care

Questions DHA is Attempting to Find



- Is there any research underway addressing “dose response”?
- Are there other outcome measures we could/should use?
- Are medical necessity criteria developed? If so, what might those be?

Questions