DRAFT NEEDS & RECOMMENDATIONS

TO:	SSMCP Steering Committee	**DATE:**	November 12, 2021
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SUBJECT:	Health Care Needs & Recommendations		

Health Care

This memo summarizes the Health Care needs and recommendations for Steering Committee consideration for the 2022 Joint Base Lewis-McChord (JBLM) Growth Coordination Plan Update.

1.0 Introduction

In the Health Care breakout session held at the Steering Committee Retreat on September 10, 2021, a summary of the current and emerging needs was discussed and some conclusions were reached. The conclusions are summarized as follows:

- Behavioral health and TRICARE remain top SSMCP priorities.
- Medium and lower-level priorities are areas that the SSMCP may be involved with as a stakeholder or supporter, but SSMCP will not lead those action items.

2.0 Needs and Recommendations

2.1 Determine SSMCP's level of advocacy for representing JBLM and the region in national discussions about TRICARE issues.

Though TRICARE network providers nationally have increased since 2015, stakeholders noted a continued shortage of network providers locally, largely due to low reimbursement rates and a cumbersome credentialing process, as detailed in the 2010 Growth Coordination Plan.

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. Focus on collecting regional data that can be used to advocate for the region during higher-level, national discussions about TRICARE issues.

Because TRICARE issues are not unique to the JBLM region and broad changes to TRICARE credentialing and reimbursements would need to occur at a national policy level, the SSMCP should focus on ensuring that the region is adequately represented during higher-level, national discussions about TRICARE issues. This may include advocacy and representation related to TRICARE requirements that impact the provision of services (such as a TRICARE requirement for a Licensed Mental Health Counselor to be supervised by a medical doctor despite the fact that they practice independently in Washington State – limiting the number of local providers who meet this TRICARE requirement.) SSMCP has an opportunity to collect regional data that can be used to ensure the JBLM region is advocated for and represented. Such activities could include:

- Quantifying and documenting the average lengths of time service members and their families spend on TRICARE provider waitlists due to provider shortages.
- Briefing JBLM leadership on findings related to TRICARE provider shortages.
- Monitoring implications of future Department of Defense Health Directorate reorganization and potential opportunities for advocacy.

The SSMCP may look to other organizations working in the TRICARE advocacy space for ideas on how to approach advocacy and/or opportunities to contribute to existing advocacy. For example, the American Psychological Association (APA) has led a multi-pronged, intense advocacy effort to shift the Department of Defense's management and oversight of its TRICARE program. Recent efforts have included a survey of all practicing APA members, which found that psychologists raised concern over factors such as confusing contract negotiations or lack of any negotiations and criteria by which contractors would be renewed or selected in the next round. An example at the regional level includes the Northeast Arkansas Military Officers of America (MOAA) Chapter, which publishes a monthly newsletter with the latest information on events affecting members, including TRICARE updates.

2.2 Continue educating civilian medical providers on TRICARE benefits and advocate for their participation as a TRICARE provider.

Services for TRICARE beneficiaries provided at Madigan Army Medical Center (MAMC) occur on a priority and availability basis, with active duty service members having first priority, followed by family members, retirees, and retiree dependents. For specialty services not provided at MAMC, beneficiaries are referred to community services. Stakeholders noted a continued need to help civilian providers understand the TRICARE system and military culture to help improve referral follow-through and access.

A 2016 Health Care Forum hosted by the SSMCP brought together civilian and Army doctors to discuss expanding access to TRICARE providers. Participants in the forum reiterated that TRICARE reimbursement rates are comparatively low and TRICARE requirements do not provide sufficient incentives for civilian providers. A Behavioral Health Care Forum was hosted by SSMCP in October 2021. The discussions and outcomes of that forum helped to drive the recommendations outlined below.

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. Help civilian providers gain new cultural competency by understanding the TRICARE system, process of transition, issues with TRICARE, and military culture.

One of the sessions during the Behavioral Health Care Forum focused on common myths about serving the military community. Stakeholders indicated that many civilian providers feel that if they do not have a military background or experience treating conditions like Post Traumatic Stress Disorder (PTSD), they are not equipped to treat service members or their families; however, many of the issues experienced by service members and their families are universal and share commonalities with civilians. Open discussion spaces that bring together military and civilian providers, like the Behavioral Health Care Forum, provide a space for such misconceptions to be corrected.

The SSMCP should consider hosting a series of focused, educational forums in which military and civilian providers can come together to discuss specific topics, such as TRICARE or military culture. The Health Care Working Group's expertise can be leveraged to determine the most effective format and scope for the series and should consider broadening participation to include leaders of organizations and also individuals within those organizations who may benefit from gaining additional cultural competency.

B. Identify and address significant gaps in care and related access barriers for active military personnel and their families, active military and their families transitioning from active service, and military youth.

Please refer to Recommendation 2.4 in the Social Services Recommendation memo.

2.3 Leveraging the expertise of the Health Care Working Group and local planning expertise within the SSMCP, assist Pierce and Thurston Counties in evaluating adoption of the Washington State's Behavioral Health Model Ordinance.

Washington State's Behavioral Health Model Ordinance Project Communications Toolkit was developed as a resource to support jurisdictions and providers in siting community-based behavioral health facilities. The toolkit and ordinance were developed in accordance with Revised Code of Washington (RCW) 71.24, Community Behavioral Health Services Act. Stakeholders indicated that Pierce and Thurston Counties have yet to determine if the model ordinance will be adopted.

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. Convene a forum to discuss potential adoption of the Behavioral Health Model Ordinance.

The SSMCP could leverage the expertise of, for example, the Health Care Working Group to help guide Pierce and Thurston Counties through an evaluation of whether adopting the model ordinance would help the region achieve behavioral health goals. Per the ordinance's toolkit, jurisdictions are not required to adopt the model ordinance, but are encouraged to consider the following questions when evaluating adoption:

- Does the community already have processes and codes that allow for behavioral health facilities?
- Are there already behavioral health treatment facilities in the community?
- Where do community members who need treatment go for help?
- Has the county or city passed the sales and use tax for chemical dependency or mental health treatment services or therapeutic courts?

These questions are intended to assist jurisdictions in evaluating which components of the model ordinance may benefit their communities. The SSMCP could facilitate this discussion to help Pierce and Thurston Counties determine the best path forward and whether there are considerations that impact both counties that could be addressed through coordination.

2.4 Determine if a Behavioral Health Care Forum should be an annual event to share information and improve access to care for all service members and their families.

A 2016 Health Care Forum hosted by the SSMCP brought together civilian and Army doctors to discuss expanding access to TRICARE providers. Another forum was held on October 29, 2021. The SSMCP should evaluate the need for annual forums.

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. Evaluate feedback from the October 2021 Behavioral Healthcare Forum.

Following the October 2021 Behavioral Healthcare Forum, the SSMCP distributed a survey to all participants in the forum. Attendees of the forum represented a wide range of stakeholders, including those representing civilian providers and those representing JBLM. In addition to feedback provided in real-time during the forum—which largely included participants noting that opportunities like the forum are helpful—the survey feedback will provide context for evaluating how frequently the Behavioral Health

Care Forum should be convened. Notably, participants in the October 2021 forum indicated that they feel much more comfortable providing referrals when they are familiar with the organization they are referring to and indicated that opportunities, like the Behavioral Healthcare Forum, provide a venue within which providers on and off of JBLM can meet one another. In its role convening regional organizations and initiatives, the SSMCP is uniquely positioned to continue facilitating helpful discussions among civilian providers and JBLM.

2.5 Continue advocacy for Enhanced Spousal Occupational Licensure Portability in the health care sector.

To ease the process of occupational licensure for military spouses moving to the State of Washington following a Permanent Change of Station to JBLM and increase the number of providers in the region generally, the SSMCP should continue advocating advocate for legislation related to Enhanced Spousal Occupational Licensure Portability.

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. The SSMCP should support advocacy that encourages the State to engage in immediate actions to fully implement military spouse licensure laws, near-term actions to attain a baseline of allowing military spouses to obtain a license with minimal documentation within 30 days of a Permanent Change of Station to JBLM, reciprocity agreements, and long-term solutions for reciprocity through compacts.

Because enhanced spouse licensure is not occupation-specific, the Health Care Working Group should focus on supporting the SSMCP's overall legislative advocacy in this space. Stakeholders with health care-related subject matter expertise can contribute to the SSMCP's advocacy approach and provide subject matter expertise related to the health care sector as needed.

2.6 Continue to track medium and lower-priority needs, assist other organizations where it makes sense, and consider those needs for potential action as other recommendations are completed or require less intensive organizational focus and resources.

The listed high priority needs are those which SSMCP can address most effectively and make the highest impact due to the organization's unique resources and perspective. Medium and lower-level priority needs, while still important for the region, are areas that the SSMCP may be a stakeholder or supporter in, but not a lead in action. Those may also be considered for future action as other recommendations are completed or become less resource-intensive ongoing action items.

Recommendations

The following are potential work plan action items for SSMCP to address the described needs:

A. Maintain awareness of other needs and, as appropriate, provide support or participation in efforts focused on addressing these needs.

The SSMCP should maintain awareness of other health care needs in the region and, as appropriate, provide support or participation in efforts focused on addressing these needs. There may also be opportunities for the SSMCP to work with partners who are championing these needs a venue to advocate for those needs (e.g., in the context of a community forum). Additionally, as the SSMCP makes strides in addressing the highest priority needs, there may be an opportunity to evaluate if medium or lower-priority needs should be elevated as focus areas. These needs may include:

- Collaboration between the VA and community behavioral health services.

- Supporting county community health improvement plans.
- Supporting regional health equity initiatives.
- Educating Veterans on the full spectrum of benefits for which they are eligible.
- Educating JBLM health care providers on community-based behavioral health services.
- Educating civilian providers about installation services.
- Supporting oral health initiatives.

Note that many of the needs related to education will likely be addressed as an inherent benefit of the coordination and discussions that will occur while addressing higher priority needs.