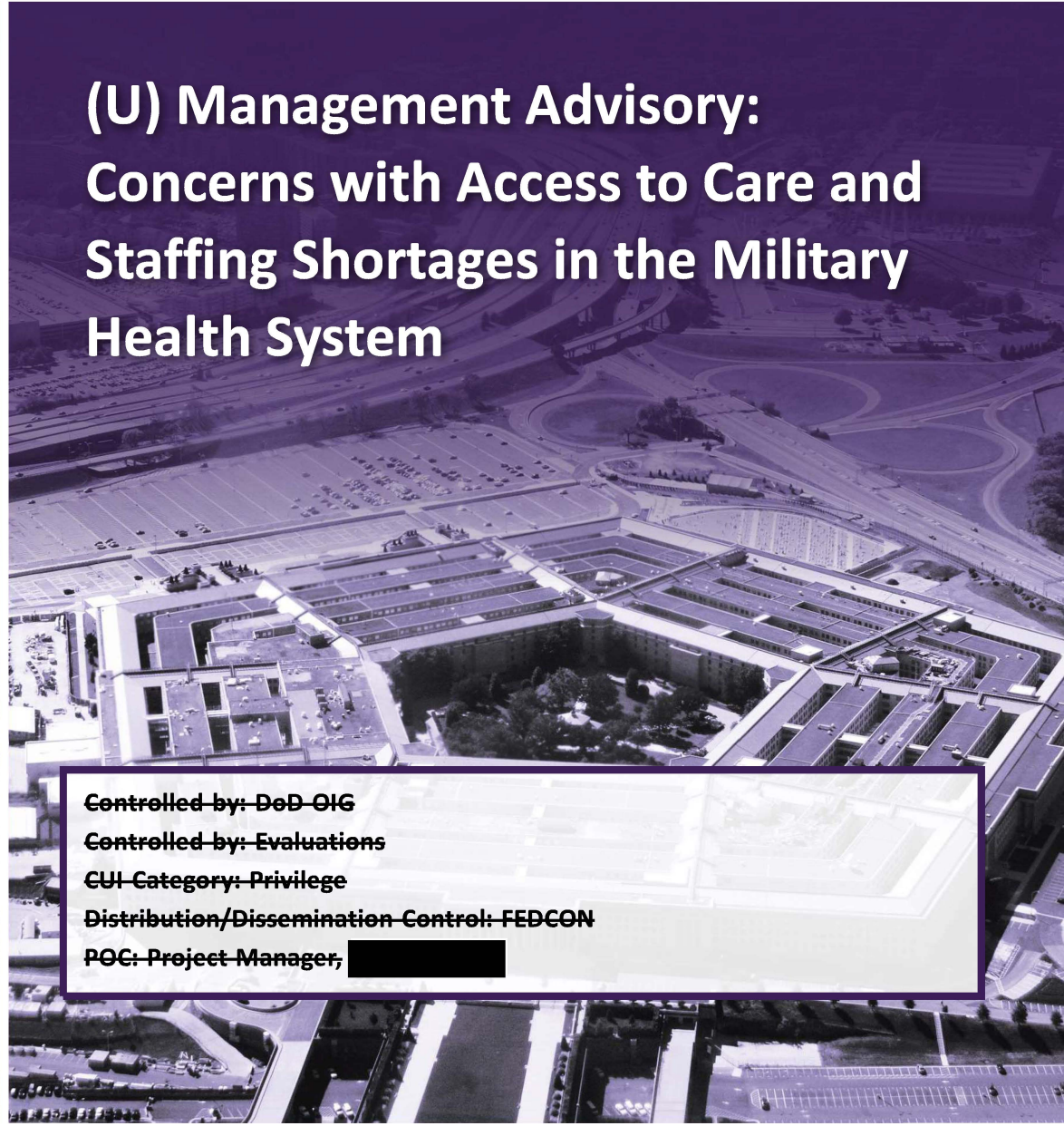


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INSPECTOR GENERAL

U.S. Department of Defense

NOVEMBER 29, 2023



(U) Management Advisory: Concerns with Access to Care and Staffing Shortages in the Military Health System

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OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500

November 29, 2023

MEMORANDUM FOR DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: (U) Management Advisory: Concerns with Access to Care and Staffing Shortages
in the Military Health System (Report No. DODIG-2024-033)

(U) This management advisory provides DoD leadership with a summary of the Service Inspectors General, Service Audit Agencies, and DoD Office of Inspector General (OIG) concerns related to access to care in the Military Health System. We previously provided copies of the draft advisory and requested written comments on the recommendations.

(U) This management advisory contains recommendations that are considered unresolved because the Defense Health Agency Director did not provide a response to the report. We did not receive a response to the recommendations from the Defense Health Agency Director by the time of publication, despite providing an extension of our original deadline for the Director to respond. Therefore, we are publishing the report without the Director's response.

(U) Therefore, the recommendations remain open. We will track these recommendations until management has agreed to take actions that we determine to be sufficient to meet the intent of the recommendations and management officials submit adequate documentation showing that all agreed-upon actions are completed.

(U) DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, please provide us within 30 days your response concerning specific actions in process or alternative corrective actions proposed on the recommendations. Send your response to either [REDACTED] if unclassified or [REDACTED] if classified SECRET.

(U) If you have any questions, please contact [REDACTED] at [REDACTED]

FOR THE INSPECTOR GENERAL:

A handwritten signature in black ink that reads "Bryan Clark".

Bryan Clark
Acting Assistant Inspector General for Evaluations
Programs, Combatant Commands, and Overseas
Contingency Operations



(U) Background

(U) On March 6, 2023, the DoD Inspector General (IG) met with the four Service IGs to discuss recent concerns identified by the DoD OIG and the Service IGs regarding the provision of military health care. As a result of this and subsequent discussion and inquiry into the situation, the DoD IG decided to publish a management advisory detailing these concerns. This advisory consists of information provided by the Service IGs, Service Audit Agencies, and the Defense Health Agency (DHA) IG to the DoD Office of Inspector General (OIG), and includes findings from the DoD OIG based on our published work and received through hotline complaints. The DoD OIG did not independently verify the information provided by the Services.

(U) The Military Health System (MHS) provides health care to 9.6 million beneficiaries, including active duty Service members and their families, military retirees and their dependents, and in some instances DoD civilians and contractors. The MHS consists of a direct care system, where beneficiaries obtain care at military treatment facilities (MTFs), and a purchased care system, where beneficiaries obtain care from private sector providers administered by TRICARE network contracts.

(U) The National Defense Authorization Act of FY 2017 required the director of the DHA to assume responsibility for administering all MTFs. The Act stated that the commander of each MTF is responsible for ensuring the readiness of the armed forces at the facility and supplying the health care and medical treatment provided at the facility. In February 2022, the MHS completed the transition of authority, direction, and control of all continental United States (CONUS) and outside the continental United States (OCONUS) MTFs from the Military Departments to the DHA.

(U) Concerns with Access to Health Care in the Military Health System

(U) The DoD OIG has identified issues with the ability of beneficiaries to receive access to timely health care in prior published reports related to mental health and care provided during the COVID-19 pandemic.¹ During visits to the INDOPACOM Area of Responsibility in May and June 2023 the DoD IG was repeatedly informed by senior military and civilian officials of challenges with accessing health care, including challenges with access to mental health care.

¹ (U) Report No. DODIG 2020-112, Evaluation of Access to Mental Health Care in the Department of Defense, August 10, 2020.

(U) Report No. DODIG 2022-081, Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021, April, 5, 2022.

(U) “Review of Personnel Shortages in Federal Health Care Programs During the COVID-19 Pandemic.” Pandemic Response Accountability Committee, September 2023.

(U) The DoD OIG has received at least seven hotline complaints over the last year from MHS beneficiaries and MHS providers highlighting concerns with the ability to access care at MTFs, ability to access care in the TRICARE network, and staffing shortages at the MTFs.

(U) The Service IGs also provided correspondence, documentation, and information papers to the DoD OIG in April and May 2023 expressing concerns with the ability of beneficiaries to access health care services across the MHS. The Service IGs specifically highlighted concerns with:

1. (U) the ability of government civilian and contractor employees to access health care services overseas,
2. (U) access to care at smaller MTFs,
3. (U) staffing shortages in CONUS and OCONUS MTFs, and
4. (U) the impacts of DHA policies and processes on the ability of beneficiaries to access care.

(U) The TRICARE Policy for Access to Care stipulates that enrolled beneficiaries should receive an appointment for an acute condition within 24 hours of requesting an appointment and within 30 minutes' travel time of the beneficiary's residence. Beneficiaries who require a specialty appointment must be offered an appointment with a provider within 28 days and within 60 minutes' travel time from the beneficiary's residence. If an MTF does not have the capability to provide the needed specialty care or cannot provide the care within the required access standards, the care is referred to the TRICARE provider network.

(U) Access to Care Challenges for Military Health System Beneficiaries

(U) The Service IGs highlighted concerns about beneficiary access to health services at MTFs and from TRICARE network providers, both in CONUS and OCONUS settings. As part of their requirement to conduct area risk assessments and assess the quality of life for Sailors, the Naval IG conducted focus groups in 2023 at CONUS and OCONUS installations and consistently found medical care to be among the top reasons that service members are dissatisfied.² The Naval IG provided focus group comments from Service members expressing dissatisfaction with their access to care and wait times for various health services, including routine primary care and mental health care. Further research by the Naval IG identified particular challenges with beneficiary access to care in locations that are either small, remote, or recently downsized from a hospital to a clinic. For example, the Navy identified access to care challenges in Pearl Harbor, Hawaii; Lemoore, California; Oak Harbor, Washington; and Pensacola, Florida, often due to a shortage of MTF and local network providers. According to the Naval IG, small MTFs often only serve active duty Service members and send all other beneficiaries, such as family members and retirees, to the TRICARE provider network.

² (U) According to the Naval IG, focus groups are conducted as a regular part of their command inspection process and are composed of military (officer and enlisted) and civilian personnel.

(U) However, the Service IGs provided data showing that some TRICARE networks are not robust or adequate to meet this need and beneficiaries may have difficulty obtaining network care. For example, Naval Health Clinic Pearl Harbor in Hawaii provides limited specialty care and is currently only enrolling active duty Service members. Beneficiaries must use a network in Hawaii that only has one level 1 trauma center (compared to San Diego which has three) and exceeds the 28 day DoD access to care standards for some specialties, such as gastroenterology (49 days average wait time for an appointment), psychiatry (52 days average wait time for an appointment), and urology (67 days average wait time for an appointment).

(U) The Naval IG also provided data showing that Naval Hospital Lemoore and Naval Health Clinic Fallon, Nevada, both in remote locations, have seen a 34 percent increase in referrals to the network over the last 3 years, while the average days it took patients to receive an appointment in the network (36 days) remained outside of the DoD specialty care access standard (28 days). The Air Force IG provided information from Air Mobility Command MTFs stating that most complaints about access to network services are in small markets. Both the Air Force and Naval IGs attribute network access issues within some local healthcare networks to gaps in the network of specialty providers and a lack of network providers willing to accept TRICARE.

(U) The DoD OIG and the Service IGs also identified challenges with beneficiary access to health care overseas. The Marine Corps IG provided an information paper written by Marine Corps Installations Pacific (MCIPAC) titled "Capacity Problems at United States Hospital Okinawa," February 16, 2023. MCIPAC reported that some specialty care services are not available at U.S. Naval Hospital Okinawa (USNHO), Japan, and that access to care issues exist at the MTF for specialties such as obstetrics and physical therapy. On June 7, 2023, the chief medical officer at Kadena's 18th Medical Group in Japan issued a memorandum requiring all patients who are enrolled at the Kadena health clinic, and due to deliver a child from August to December, to use a Japanese medical facility or be flown to a CONUS MTF, due to staffing shortages at USNHO. The chief medical officer described the adjustment to services as temporary and anticipated that the staffing shortages would be resolved by the end of the year. To assist women in deciding where to deliver, the memorandum highlighted some of the differences in obstetric care in Japan relative to the United States, such as differences in how Japanese facilities provide pain management during delivery. The Marine Corps found that epidurals are not available at most hospitals in Japan and only one network hospital in Okinawa provides them. A 2019 World Health Organization medical journal found that only 6.1 percent of pregnant women are offered pain relief during delivery in Japan, compared to 73.1 percent in the United States.³ In a social media posting on June 8, 2023, the DHA stated that through a collaborative effort between the DHA and the Military Service medical departments, USNHO would continue to provide full

³ (U) Bulletin of the World Health Organization, "Factors affecting the provision of analgesia during childbirth, Japan," Volume 97, pages 631-636, July 2019.

(U) labor and delivery services for all beneficiaries in the INDOPACOM area of responsibility. On June 9, 2023, the 18th Medical Group memorandum was retracted, and 18th Medical Group officials called affected patients to notify them of the retraction. The DHA also stated that it intends to fill gaps caused by personnel moves at UNHO with additional military, civilian, and contracted staff so that the same level of care is available to support Service members and their families.

(U) The DoD OIG hotline has received complaints from MHS beneficiaries detailing occurrences of long wait times for appointments. For example, in 2022 an MHS beneficiary stated that wait times for appointments had increased to several months since the implementation of MHS Genesis, the MHS's electronic health record, and decided to move their child's care off-base and pay out-of-pocket for the care. Another complaint in 2022 from a beneficiary in the National Capital Region stated that they were repeatedly unable to receive an appointment with their primary care provider within access standards for follow up care and acute needs.

(U) The Service IGs also provided details about how staffing shortages at MTFs have led to issues with access to healthcare services. In June 2023, the Navy Bureau of Medicine and Surgery (BUMED) reported to the Naval IG that 65 of the 179, or more than 36 percent of the CONUS family medicine billets at MTFs on Navy bases will be vacant in summer 2023, leading some MTFs to stop enrolling family members and retirees and defer them to the civilian network. According to information provided by Navy medicine personnel placement officers and the Navy family medicine specialty leader to the Naval IG, the Navy does not have enough active duty family medicine physicians to meet current requirements due to unprecedented attrition and new operational requirements. The Naval IG stated that, depending on the location, the civilian networks are not adequate and family members have difficulty obtaining care. The Naval IG also provided data from BUMED showing that clinic staffing at many MTFs has been reduced over the last 5 years. For example, BUMED reduced clinic staffing at Naval Health Clinic Pearl Harbor by 27 percent from 682 in 2017 to 496 in calendar year 2022 alone. Due to a limited number of providers and appointments, the Naval IG found that Hawaii commands frequently did not meet the required deadlines for completion of overseas screening for Service members (30 days) and family members (60 days).

(U) In discussions with senior officials during visits to the INDOPACOM AOR in May and June, 2023 the DoD IG and his team heard of staffing shortages and challenges to obtaining health care at Japan and Korea MTFs. The DoD OIG hotline has also received complaints from MHS personnel highlighting staffing shortages across various medical departments. One complaint from 2022 stated that the allocation of General Surgeons across MTFs is unequal, leading to some MTFs having a shortage of surgeons while other facilities continuously have a surplus. The complainant stated that general surgeons at a large military medical facility with a surplus of surgeons have significantly less work than those at other facilities, and this

(U) misallocation led to understaffed MTFs not being able to provide appropriate healthcare to their beneficiaries. Another hotline complaint received by the DOD OIG in 2023 described insufficient staff, specifically nurses, within the Emergency Department at a large military medical center. The complainant stated that nurses have been leaving the MTF because they are burned out, leaving the Emergency Department 50 percent staffed.

(U) A 2022 DoD OIG report identified the challenges faced by MTF personnel during the COVID-19 pandemic, and found that many MTF personnel experienced burnout due to staffing shortages and MTF officials faced staff resignations because personnel were experiencing burnout.⁴ The report also noted MTF officials' statements that access to care was reduced due to the staffing and manpower shortages during the pandemic. To reduce the impacts that lead to fatigue and burnout, the DoD OIG recommended that the ASD(HA) develop policy for the maximum consecutive hours to be worked by active duty civilians, nurses, and other staff at MTFs; however, that recommendation remains unresolved. In September 2023, the DoD OIG worked with our counterparts from the OIGs for the Veterans' Administration, the Department of Health and Human Services, and the Department of Justice on a report issued through the Pandemic Response Accountability Committee (PRAC) that reviewed personnel shortages in federal health care programs at all four departments during the COVID-19 pandemic. The DoD OIG found that officials from all of the 24 MTFs reviewed cited impacts to patients' access to care, satisfaction, and preventive screenings or maintenance care, as a result of health care personnel shortages during the pandemic. The DoD OIG also currently plans to publish an audit report by the end of 2023 that further highlights the DoD-specific findings in the PRAC report and makes recommendations to the DoD that address the issues identified.⁵

(U) The Air Force IG provided statements from MTF personnel indicating that the lack of contract medical personnel led to issues with beneficiary access to care. For example, personnel at the Edwards Air Force Base, California medical clinic stated that budget cuts meant some provider contracts were not exercised, limiting beneficiary access to care and increasing network referrals. The DHA OIG provided data on June 4, 2023, showing that 2,107 MTF contractor full-time equivalent positions across the MHS are unfilled. The CONUS MTFs with the most unfilled MTF personnel contractor positions are Naval Medical Center, Portsmouth, Virginia (357 unfilled), Walter Reed National Military Medical Center, Maryland (193 unfilled), David Grant Medical Center at Travis Air Force Base, California (117 unfilled), and Naval Medical Center Camp Lejeune, North Carolina (105 unfilled). The OCONUS MTFs with the most unfilled contractor positions are Naval Hospital Okinawa (20 unfilled) and Kadena Health Clinic (14 unfilled).

⁴ Report No. DODIG 2022-081, Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease–2019 (COVID-19) Pandemic in Fiscal Year 2021, April, 5, 2022.

⁵ "Review of Personnel Shortages in Federal Health Care Programs During the COVID-19 Pandemic." Pandemic Response Accountability Committee, September 2023. Joint Review conducted by the Department of Defense, Department of Justice, Department of Veterans Affairs, and Department of Health and Human Services.

(U) Access to Care for DoD Civilians and Contractors Overseas

(U) ASD(HA) Policy 11-005, February 23, 2011, based on federal regulations, established the priority for access to MTF care in six categories.

1. (U) Active duty Service members and military members not on active duty
2. (U) Active duty family members enrolled in TRICARE Prime
3. (U) Retirees and their family members enrolled in TRICARE Prime
4. (U) Active duty family members not enrolled in TRICARE Prime
5. (U) Retirees and their family members not enrolled in TRICARE Prime
6. (U) All other patient categories, including non-TRICARE-eligible patients, such as government employees and contractors overseas⁶

(U) On December 22, 2022, DHA Region Indo-Pacific (DHAR-IP) issued Administrative Instruction 6025.02 as a result of MTFs in Japan not meeting the access to care standards for active duty Service members and enrolled active duty family members, while still providing care to other patients on a space-available basis.⁷ The Instruction stated that the responsibilities of the DHAR-IP MTFs are to provide care only when excess capacity exists after meeting all DHA access to care standards for priority one through three patients, in accordance with DHA policy and federal law. The Instruction further stated that DoD civilian employees, U.S. contractors, and their family members may receive medical care when space is available in the MTFs, but only for non-recurring healthcare for sudden-onset conditions. The Instruction restricted civilians, contractors, and their families from using the MTF for continuous management of chronic health problems.

(U) A letter from a U.S. Senator on January 23, 2023, to the Acting Assistant Secretary of Defense (Health Affairs) (ASD[HA]) highlighted several concerns with the DHA decision to stop providing some types of care to DoD contractors and civilians on a space-available basis. These concerns included the DHA providing inadequate notice for the changes in access to MTF care, language barriers in the local Japanese provider network, denials of care in the Japanese provider network, and the financial hardship for civilians to pay up-front for medical care received from host-nation providers. The Marine Corps IG (IGMC) found that access to care challenges have increased for the 3,800 civilians linked to the military's mission in Okinawa. These include fire and emergency services personnel, teachers, and family housing managers. The IGMC identified significant challenges associated with civilians using off-base medical care, including language barriers, differences in how medical care

⁶ (U) Assistant Secretary of Defense (Health Affairs), TRICARE Policy for Access to Care, February 23, 2011.

⁷ (U) Administrative Instruction 6025.02, "Space Available Medical Care in Military Medical Treatment Facilities within the DHAR-IP," December 22, 2022.

(U) is provided overseas compared to the United States, and the lack of availability for some U.S. prescription medications in Japan. The IGMC provided several examples of challenges that civilians and other beneficiaries face when going off base for medical care.

- (U) Epidurals are not available at most hospitals and clinics in Japan.
- (U) Japanese medical facilities routinely and lawfully turn away patients when limited by medical staff, translation support, or when advanced payment cannot be secured, resulting in denial of care.
- (U) Many attention-deficit/hyperactivity disorder medicines are not available at most hospitals and clinics in Japan.
- (U) U.S. insurance is often not compatible with the Japanese medical system, and the Japanese medical system requires up-front payment, which is cost prohibitive for some civilians.

(U) The IGMC provided a survey conducted by the Japan Civilian Medical Advocacy Group between January 30, 2023, and March 3, 2023, that found that the biggest challenges facing U.S government employees stationed in Japan was confusion about their eligibility for appointments and pharmacy services at Japanese MTFs and medical care being terminated without a referral or support to find replacement care.⁸ The most significant impacts faced by survey respondents were increased anxiety and stress and having to forego recommended physicals, screenings, and follow-up care.

(U) Among survey respondents in the Japan Civilian Medical Advocacy Group Survey:

- (U) 42 percent reported that they are actively in the process of finding a new job in order to access healthcare, and
- (U) 60 percent reported that they are considering changing jobs or turning down an extension in order to access healthcare.

(CUI) [REDACTED]

[REDACTED] Additionally, in June 2023, Air Force officials in Japan reported that in the last 6 months eight civilian employees have requested a curtailment of their tour due to concerns with access to medical care; three have declined a job offer citing

⁸ (U) The Japan Civilian Medical Advocacy Group was created in 2022 with a stated mission “to regain improved access to quality healthcare for all members of the DoD serving abroad, to uphold the standards of practices set forth by the Joint Commission, and to protect the personnel that support the mission of the U.S. Armed Forces and national defense strategy of the United States of America.” (U) Survey results are from the “Japan Defense Medical Crisis Survey: Initial Results and Challenges,” which contained an analysis of 414 responses from January 30, 2023, through March 2023. Documentation of the survey results states that the Japan Civilian Medical Advocacy Group created an anonymous survey to better understand the types and frequency of hardships that limited health care access for U.S. government employees stationed in Japan.

~~(CUI)~~ concerns about access to medical care on base; and two have chosen to depart the island due to lack of obstetrics care for their pregnant spouses. Officials at the OASD(HA) Manpower and Reserve Affairs stated that the lack of health care access is creating significant risk to the DoD Education Activity's mission in Japan. The officials stated that since the start of the 2022-2023 school year 15 DoD Education Activity educators have resigned, citing access to care as a reason, which was previously not a notable reason for resignation. This has resulted in significant negative impacts to school operations at multiple locations in Japan.

(U) In February 2023, the Under Secretary of Defense for Personnel and Readiness and the Acting ASD(HA) traveled to Japan where they held several town hall meetings, including one at Camp Foster where there were many testimonials and questions regarding health care at the MTF. According to a transcript of the town hall meeting, one of the two child clinical psychologists in Okinawa gave testimony illustrating the impact of limited access to care in Japan and what would happen if the civilian workforce declined to work in Okinawa. The USNHO psychologist recently became a patient at the hospital due to a traumatic injury. They stated that they did not receive proper and timely care and now have long-term and permanent effects. Due to their condition, they will now have to leave Japan to seek treatment, leaving the island with only one child clinical psychologist. In summarizing their situation, they stated "Ironically, the same reason that is causing my departure is what my departure will cause—delay [in] access to care, [and] delay [in] treatment during the acute and critical periods."

(U) On March 3, 2023, the DHA issued a memorandum to the DHAR-IP Director that superseded the December 22, 2022 DHAR-IP Administrative Instruction. The memorandum, "Standard Guidance for Space-Available Care in Military Medical Treatment Facilities," expanded care for civilians and contractors to not only acute medical needs but also non-acute medical needs, whereas the previous Instruction limited care to only acute medical needs. The memorandum also instructed MTFs to implement standard DHA processes to enhance access to care, including optimizing appointment capacity to enable safe care and treatment for the greatest number of patients. The expectation given in the memorandum is that the MTFs will meet access to care standards for active duty Service members and active duty family members and make excess appointment capacity available for space-available care. According to officials in the Office of the Assistant Secretary for Health Affairs, space-available appointments increased 33 percent from February 2023 to March 2023. However, the DHA indicated that four locations are still not meeting the access to care standard of 1 day or less for acute primary care medical needs. Additionally, on March 14, 2023, the ASD(HA) responded to the U.S. Senator's letter referenced above, indicating that the DoD was working with the Office of Personnel Management to examine options using the Federal Employees Health Benefits Program to facilitate host-nation care as well as exploring other management actions to improve access to care within the MTFs. These options include expanded telehealth services and new processes to better coordinate pharmacy services for medications prescribed by providers in the United States. In June 2023,

(U) OASD(HA) officials stated that they continue to work on identifying solutions to supplement government employee and contractor insurance coverage and contract for additional providers, targeting implementation in the first quarter of FY 2024 and the second quarter of FY 2024 respectively.

(U) Access to Mental Health Care for Military Health System Beneficiaries

(U) Providing beneficiaries with timely access to mental health services has been and continues to be a challenge for the MHS. During recent visits to the INDOPACOM AOR, the DoD IG and his team heard from senior officials about concerns with access to mental health care in the region. A 2020 Army Public Health Center assessment of behavioral health outcomes in South Korea, provided by the Army Audit Agency, found that Soldiers stationed in South Korea identified limited access to health care as one of the factors that contributes to suicidal behavior. The report also found that focus group participants and interviewees experienced substantial barriers to accessing behavioral health care, including 6-week wait times. Similar to the recent concerns expressed by civilians and contractors in Japan, the report found that Soldiers did not feel they had the same type of options for care off the installation that they would have at other OCONUS or CONUS locations.

(U) In 2020, a DoD OIG report found that the DoD did not consistently meet mental health access to care standards at CONUS MTFs.⁹ The DoD OIG made 14 recommendations to address the challenges identified in the report, all of which remain open as of October 2023. These include recommendations to develop a system-wide staffing approach for behavioral health that estimates MHS beneficiary demand for mental health services, develop a standard definition of a non-urgent mental health assessment, and develop a method for the MHS to book patient appointments in the purchased care system to confirm patients are able to obtain care. See Appendix B for a complete list of the recommendations from this report.

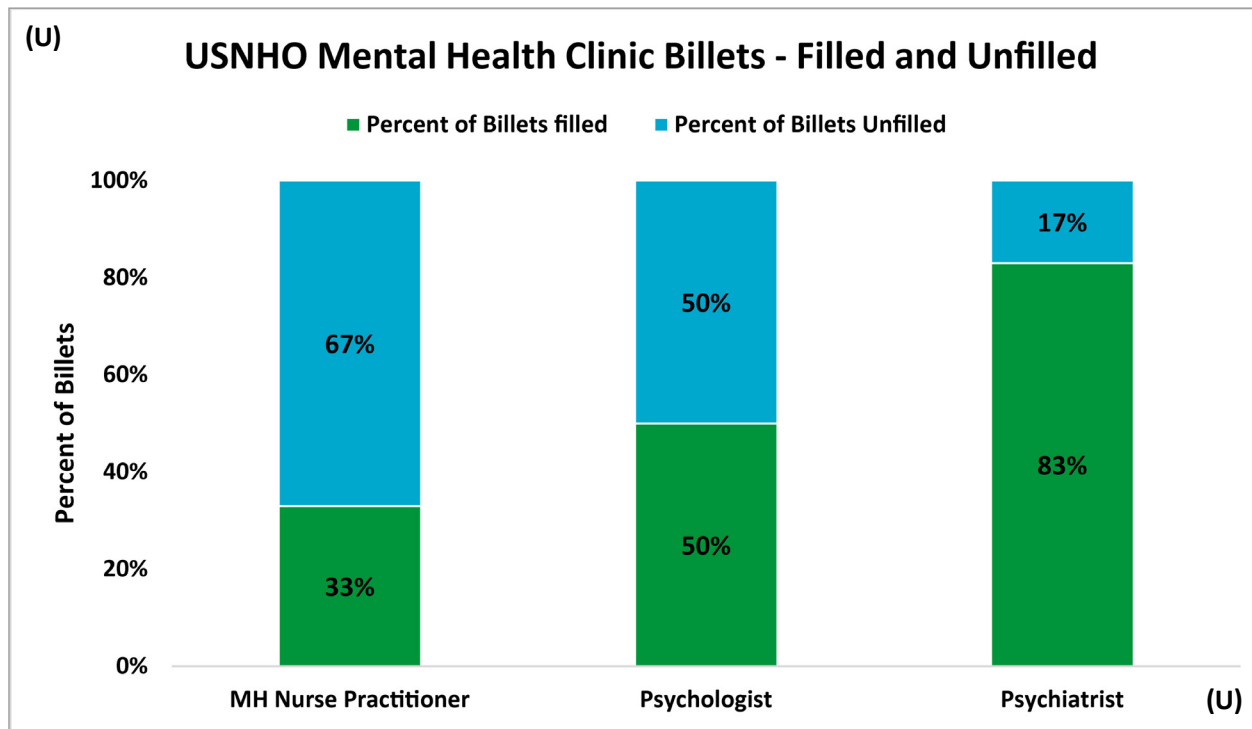
(U) Data provided by the Service IGs indicate that access to mental health services continues to be a particular problem for beneficiaries in CONUS and OCONUS settings. Specifically, data provided by the Naval IG identified issues with beneficiary access to mental health and substance abuse services at former Navy-led CONUS MTFs that reduced the number of staff or services provided between 2017 and 2022. For example, at Naval Hospital Pensacola and surrounding clinics, the Naval IG provided data showing that many Substance Abuse Rehabilitation Program (SARP) counselor positions are currently empty, and Naval Hospital Pensacola has to consistently rotate these counselors across locations. The Air Force IG provided information from multiple MTFs describing mental health provider shortages and concerns about the ability of beneficiaries to access mental health care. For example, officials from Ellsworth Air Force Base Medical Clinic stated that access to care has been affected by a shortage of three civilian mental health providers. The officials said that without these

⁹ Report No. DODIG 2020-112, "Evaluation of Access to Mental Health Care in the Department of Defense," August 10, 2020.

(U) providers' appointments for intake and follow-up, mental health services were booked an average of 1½ to 2 months in the future, far exceeding the access to care standard of 28 days for these appointment types. Air Force officials attributed vacant civilian positions to a number of factors, including extreme delays in the Civilian Human Resources Agency's hiring process and salaries that are too low for the location.

(U) The MCIPAC information paper, "Capacity Problems at United States Hospital Okinawa," February 16, 2023, reported issues with access to substance abuse care and mental health care at USNHO and that USNHO mental health capacity is almost always full. In response to our request for information on May 24, 2023, MCIPAC also stated that the USNHO mental health clinic is not fully staffed. Table 1 displays the UNSHO unfilled billets. The DHA IG provided information from the DHAR-IP officials stating that almost all MTFs in the Indo-Pacific region are delivering mental health care to active duty Service members only and that all other beneficiaries, including family members, are referred to the local TRICARE network for mental health care.

(U) Table 1: U.S. Naval Hospital Okinawa Percentage of Filled and Unfilled Billets



Source: U.S. Marine Corps Installations Pacific, as of May 24, 2023.

(U) The MCIPAC information paper also identified challenges obtaining mental health care from local Japanese providers, stating that Japanese providers do not see mental health as a disease and the Japanese health system does not have inpatient mental health capabilities. The U.S. Army Public Health Center noted similar cultural concerns in a 2020 report assessing behavioral health outcomes in South Korea. The report found that Soldiers were concerned

(U) that care received from local providers was not the type of care desired, and mental health treatment was influenced by Korean cultural stigma which considered mental health issues a family problem and treated them differently than in the United States.

(U) In a January 2022 report to Congress, the DHA acknowledged a significant gap between the number of mental health providers in the MHS and the number of providers needed to meet mental health demand for all beneficiaries. The DHA identified several strategies to alleviate the shortages, while acknowledging the challenges. The strategies included increasing service member and civilian compensation for mental health care providers through the use of special and incentive pay, and generating additional active duty mental health providers by increasing the capacity of the DoD graduate medical education pipeline. The DHA also stated its intent to expand the use of tele-behavioral health capabilities to augment face-to-face care provided at installations.

(U) Recommendations, Management Comments, and Our Response

Recommendation 1

(U) We recommend that the Director of the Defense Health Agency identify all specialties, by location, where the managed care support contractor provider network is not meeting DoD access to care standards and, in coordination with the managed care support contractors, develop and implement a plan to bring those provider networks into compliance with the DoD access to care requirements.

Recommendation 2

(U) We recommend that the Director of the Defense Health Agency, in coordination with the Service Surgeons General:

- a. **(U) Conduct a survey of TRICARE beneficiaries, civilians, and contractors stationed overseas about their access to health care services. The survey should, at a minimum, include the following:**
 - **(U) the overseas locations that have a relatively high number of beneficiaries with concerns about their access to health care,**
 - **(U) the clinical specialties in overseas locations that beneficiaries have the greatest difficulty accessing, and**
 - **(U) the reasons beneficiaries have difficulties obtaining access to health care in each location and for each clinical specialty.**

- b. **(U) Conduct a survey of providers and clinic administrators at overseas Military Treatment Facilities about access to health services at their location. The survey should, at a minimum, include the following:**
- i. **(U) the overseas locations where providers and administrators have concerns about beneficiaries' access to health care,**
 - ii. **(U) the clinical specialties in the overseas locations where providers are most concerned about the ability of beneficiaries to obtain access to health care,**
 - iii. **(U) locations and specialties where providers say they are unable to meet evidence-based practice guidelines or where patient safety is compromised, as a result of access to care issues, and**
 - iv. **(U) the reasons beneficiaries have difficulties obtaining access to health care in each location and for each clinical specialty.**
- c. **(U) Use the results of the surveys to develop and implement a plan to address the identified issues.**

(U) Management Comments Required

(U) Despite being provided an opportunity to respond to the report and an extension of the original due date, the Director of the Defense Health Agency did not respond to the recommendations in the report. Therefore, the recommendations are unresolved. We request that the Defense Health Agency Director provide comments within 30 days of issuance of the final report.

(U) Appendix A: Scope and Methodology

(U) We developed this management advisory from March 2023 through August 2023 in accordance with the “Quality Standards for Inspection and Evaluation,” published in December 2020 by the Council of the Inspectors General on Integrity and Efficiency.

(U) We obtained and reviewed the following types of information during this evaluation.

- (U) Testimonial and documentary evidence provided by the Army, Navy, Air Force, and Marine Corps Inspectors General, the Service Audit Agencies, and the DHA Inspector General provided in response to DoD OIG requests for information about the IG’s concerns with the provision of health care in the MHS. These concerns were based on the Service IGs’ and Audit Agencies’ prior oversight work, including published reports, information obtained from focus groups, information papers, and the Service IGs’ testimonial statements regarding concerns identified during the course of their oversight work.
- (U) Testimonial and documentary evidence that the Army, Navy, Air Force, and Marine Corps Inspectors General and Audit Agencies obtained by soliciting the commands and agencies the Service IGs,’ Audit Agencies,’ and DHA IG oversee from March 2023 through June 2023 for information about concerns with the provision of health care.
- (U) Testimonial and documentary evidence that the DHA IG obtained from DHA and ASD(HA) stakeholders in June 2023.
- (U) Published oversight work that the DoD OIG conducted from 2019 through 2023 related to the provision of health care to DoD beneficiaries.
- (U) Information provided by senior INDOPACOM officials to the DoD Inspector General and his team during site visits to the INDOPACOM Area of Responsibility.

(U) We summarized the issues and concerns detailed in the evidence provided and identified common areas of concern among the Service IGs, Service Audit Agencies, and the DoD OIG related to access to care, staffing shortages, manpower, and any impacts the DHA transition had on access to care and staffing levels. We reported on these concerns in the management advisory and attributed the concerns to the source of the information.

(U) This report was reviewed by the DoD Components associated with this oversight project to identify whether any of their reported information, including legacy FOUO information, should be safeguarded and marked in accordance with the DoD CUI Program. In preparing and marking this report, we considered comments submitted by the DoD Components about the CUI treatment of their information. If the Components did not provide any, or sufficient, comments about the CUI treatment of their information, then we marked the report based on our assessment of the available information.

(U) Appendix B: Recommendations from DoD OIG Report Number DODIG 2020-112

(U) The DoD OIG made 14 recommendations in report number DODIG 2020-112, Evaluation of Access to Mental Health Care in the Department of Defense, all of which remain unresolved.

Table 1. Recommendations in DoD OIG report number DODIG-2020-112

(U) Responsibility	Recommendation
(U) Assistant Secretary of Defense for Health Affairs (ASD[HA])	<p>(U) Recommendation 1:</p> <p>(U) We recommend that the Assistant Secretary of Defense for Health Affairs (ASD[HA]) update the ASD(HA) Memorandum, “TRICARE Policy for Access to Care,” February 23, 2011, to remove the eight-visit limitation for outpatient mental health care.</p>
(U) Defense Health Agency (DHA) Director	<p>(U) Recommendation 2:</p> <p>(U) We recommend that the Defense Health Agency (DHA) Director:</p> <p>(U) 2.a. Develop a single Military Health System-wide staffing approach for the Behavioral Health System of Care that estimates the number of appointments and personnel required to meet the enrolled population’s demand for mental health services.</p> <p>(U) 2.b. Establish policy that identifies which population of beneficiaries by MTF will receive outpatient specialty mental health services through the direct care system.</p> <p>(U) 2.c. Update and clarify DoD and Defense Health Agency policy, including TRICARE policy to:</p> <p style="padding-left: 20px;">(U) 2.c.1. Update the access to care standard for a non-urgent initial behavioral health assessment in Defense Health Agency and TRICARE policy to be consistent with the 7-day standard established by ASD(HA) Memorandum, TRICARE Policy for Access to Care, dated February 23, 2011.</p> <p style="padding-left: 20px;">(U) 2.c.2. Develop a standard definition and required elements for an initial non-urgent mental health assessment and develop a way to track whether the assessment is completed within the 7-day standard, in either a primary care or a specialty mental health clinic.</p> <p style="padding-left: 20px;">(U) 2.c.3. Describe standard procedures for implementing centralized appointing for behavioral health services.</p> <p style="padding-left: 20px;">(U) 2.c.4. Standardize the outpatient mental health care process of providing behavioral health services from first patient contact through follow-up care for a patient needing non-urgent outpatient mental health care.</p> <p style="padding-left: 20px;">(U) 2.c.5. Align the Defense Health Agency and TRICARE requirements for outcomes monitoring using standardized measurement tools and assessment intervals. Specifically, update the TRICARE Policy Manual (Psychotherapy) to be consistent with the DHA Procedural Instruction 6490.02.</p> <p>(U) 2.d. We recommend that the Defense Health Agency Director develop a method for the Military Health System to book patient appointments in the purchased care system to confirm that patients are able to obtain care, except when a patient chooses to book directly with a purchased care provider.</p> <p>(U) 2.e. We recommend the Defense Health Agency Director include TRICARE provider appointment availability for TRICARE beneficiaries within the network adequacy report.</p>

(U)

Table 1. Recommendations in DoD OIG report number DODIG-2020-112 (cont'd)

(U) Responsibility	Recommendation
(U) Defense Health Agency (DHA) Director (cont'd)	<p>(U) Recommendation 2 (cont'd):</p> <p>(U) 2.f. Develop standardized mental health access to care measures for direct and purchased care for both active duty service members and their families, to include tracking:</p> <p>(U) 2.f.1. The time from patient request or referral for mental health care to the time of the initial non-urgent mental health assessment.</p> <p>(U) 2.f.2. Adherence with outcomes monitoring using standardized measurement tools and assessment intervals.</p> <p>(U) 2.f.3. The number and percentage of mental health referrals that are not used.</p> <p>(U) 2.f.4. Reasons patients are unable to book an appointment. (U)</p>

Source: The DoD OIG.

(U) Acronyms and Abbreviations

ASD(HA)	Assistant Secretary Defense for Health Affairs
BUMED	Bureau of Medicine and Surgery
DHA	Defense Health Agency
DHAR-IP	Defense Health Agency Region Indo-Pacific
IGMC	Marine Corps Inspector General
MCIPAC	Marine Corps Installations Pacific
MHS	Military Health System
MTF	Military Treatment Facility
USNHO	U.S. Naval Hospital Okinawa

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