

Military Health System

Newborn Metabolic Screening

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An Air Force Medical Career

- Pediatric Residency: Mississippi
- Neonatology Fellowship: Texas
- Neonatology Practice:
 - Texas, Germany, Maryland
- Short-term backfill clinical assignments:
 - Mississippi, Illinois, Oklahoma
- Clinic Leadership:
 - Oklahoma

Military Healthcare System (MHS)

- ❑ 411 clinics and 70 hospitals around the globe
- ❑ 9 million beneficiaries: 106,000 newborns annually
- ❑ “Federal supremacy” to exceed state requirements if true; default newborn screen (NBS) is the host state’s NBS
- ❑ Overseas newborns, both on and off base, represent unique logistic challenges
- ❑ Military population and medical staff are constantly moving
- ❑ Any local military population genetic risk is likely different from the genetic risk of the local civilian population (e.g., sickle cell)



MHS NBS Challenges

- ❑ Literally 100s of local systems/processes
- ❑ Complicated lab-civilian-military communications scheme
- ❑ 49% of newborns delivered in civilian hospitals
- ❑ Likely little local institutional memory
- ❑ Program oversight, if it exists, turns over frequently
- ❑ Rural and overseas locations are “distant” from laboratory – could delay testing and resulting
- ❑ Mandated testing inappropriate to population risk
- ❑ Test expenses born by “local” budget
- ❑ Inconsistent support for what to do with a “positive”

MHS Advantages for NBS

- **MHS NBS services reimbursed: those endorsed by American Academy of Pediatrics**
- **Collegial global network of sub-specialty support and expertise for remote locations**
- **Carefully chosen uniform requirements**
 - **Quality & Prevention > Reimbursement**
- **Ability to control a large volume of testing**
- **Enterprise-wide single medical computer system and network with lab integration**
- **Ability to create/manage a NBS registry**

MHS NBS Desired Outcome

- **“To promote and facilitate the execution of a comprehensive, expanded and uniform newborn metabolic screening program for all Department of Defense (DoD) infants”**
- **Program Components:**
 - **Uniform MHS policy and requirement**
 - **Education regarding the testing program**
 - **Timely MS/MS testing and resulting**
 - **Registry for tests as well as follow-up of (+)s**
 - **Case management of patients with (+)s**



Process Team Deliverables

- ❑ **Recommendations for a TMA/HA expanded newborn screening policy,**
- ❑ **Recommendations for requirements for a centralized laboratory and Newborn Registry,**
- ❑ **Recommendations for a direct care implementation and training plan,**
- ❑ **Recommendations for civilian hospital participation**



Task #1: Form a Committee

- **Expertise required:**
 - Clinical care, clinical program management, laboratory contracting, computer systems and data management, policy
 - Geneticists
- **Assistance from:**
 - HRSA, Dr. Lloyd-Puryear and Dr. Mann

Tasks #2,3,4,5

- **Recommendations to include financial “Independent Program Cost Estimate”**
- **Develop Statement of Work for Proposal Requests**
 - **Invaluable expertise from the lab contracting experts**
- **Development of Educational materials**
 - **Leverage publicly-available materials**
- **Service and facility financial impact estimates**



The Near Future

- **Gain approval of Tricare and Services**
- **Publish Request for Proposal**
- **Create mandate within direct care system**
 - **Implementation instructions within each Service**
 - **Program funding within each Service**
- **Registry active**
- **Develop implementation strategies for locations that “deliver downtown”**



And Later

- **Re-evaluate, re-focus, and re-define.**



Summary

- **Military Healthcare System Advantages**
 - **We are the public health experts, policy makers, rule makers, reimbursement authorities, delivery hospitals, baby doctors, and genetic disease experts; all under one virtual roof around the world**
 - **We are held accountable by the family's employer for healthcare execution**
 - **Federal supremacy**



Summary

- **Military Healthcare System Disadvantages**
 - **Every situation is different, especially at smaller locations that depend on network delivery services**
 - **Logistic reach required for remote locations**
 - **Integrating state test results into military registry in states performing MS/MS**
 - **Performing MS/MS military test in network hospitals in states not performing MS/MS**

Questions?
