

Comprehensive Newborn Screening Program for Department of Defense Infants



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The Mission of the Military Health System

To enhance our nation's security
by providing health support
for the full range of military operations
and sustaining the health
of all those entrusted to our care.

Mission Parameters

- Perspective → Global
- Primary focus → War Fighters
- Funding → Legislated, through Executive Agency
 - Defense Health Plan is “fenced”
 - Individual Services own people and things
 - Prospective allocations based upon productivity
 - Prevention and early detection ARE embraced

Pediatrics in the US Military

- Since the 19th century, US Army surgeons have cared for soldiers' families
- Military and civilian pediatrics have evolved together
- 1946: first military pediatric residency program was established
- Contingency roles: brigade surgeon, pediatrician, leader

Military Health System (MHS) 2007

- Pediatricians 430
- Pediatric specialists 215
- Family Practitioners 450
- Residents and fellows 260
- Civilian Providers In the 100's
- Military Treatment Facilities (MTF) 179 (95 perform NBS)
 - Korea to US to Italy
- MTF Births (FY04) 52,000
- Births in civilian hosp 50,000 } 100,000 + per year
- #13 State in Births Comparable to Virginia

Historically, clinical NBS practices within the military health system have generally mirrored local NBS practices

The Current State of Newborn Screening in the DoD

■ Infants born to MHS beneficiaries

- Screened in the State system in which the MTF is located
- Or, MTF may contract with a private lab
- Overseas screens go to several states, including Maryland and Oregon

Challenges for Military NBS

- Military families travel frequently
- MHS is dispersed globally
 - Located in 42 states and 14 foreign nations
 - Utilizes many different NBS programs
- Patients move between military and civilian network providers
- Families often live far from extended family support systems
- Spouses deploy

Recognition & Response

- **2002:** Army Surgeon General ordered policy development for newborn screening
 - Work Group solicited input from Army, Navy, Air Force stakeholders
 - Policy signed Dec 2002
 - Established scope, responsibility, procedure, and a standard core minimum of tested conditions

Recognition & Response

■ 2004:

- Tricare Management Agency (TMA) requested further study
- Navy Perinatal Advisory Board recommended adoption of expanded screening
- Financial aspects reviewed

■ 2005:

- TMA approved plan to develop a military NBS system

Newborn Metabolic Screening Integrated Project Team

- Vision for a standard approach to newborn screen for everyone in the MHS
 - Global
 - Comprehensive
 - Responsive
 - Uniform
 - Universal
- Wide Scope of Activity
- Broad Membership

Strategic Assumption

→ The MHS possesses valuable and unique resources

- Medical home
- Sub-specialty consultants
- Electronic medical record system (AHLTA)
- Command and control

IPT Process

- Conferred monthly since June 2005
- Chose to accept ACMG Expert Group recommendations
- Evaluated NBS clinical activities
- Developed EHR Registry
- Developed Educational Plan
- Established Liaison with the ACHDGDNC

Vision for Laboratory Contract

- Centralized laboratory
- Results within days, not weeks
- Secure, internet-accessible data
- Immediate access to credentialed genetic counselor for response guidelines if a result is abnormal

Under Development.....

- EHR Registry
- Case management support team
 - Short Term Follow-up
 - Long Term Follow-up
- MHS oversight and QI Committee
- State, regional, and national data sharing and collaboration