Caring for America's Heroes

MHS Best Practices
January 28, 2009
Review and Analysis

Best Practice Overview

Caring for America's Heroes

- Access:
  - Naval Health Clinic Charleston Multidisciplinary ATC & No Show Initiatives
  - Naval Medical Center San Diego Inpatient Vaccination & "Mammo While You Wait" Programs
- Medical Home:
  - National Naval Medical Center Pilot
- Wounded Warrior Care:
  - Combat and Operational Stress Control (COSC) for Caregivers
  - Project FOCUS (Families Over Coming Under Stress)
- Healthy Lifestyles:
  - Navy Central HIV Program

Navy Best Practice Points of Contact

Caring for America's Heroes

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Access: Naval Health Clinic Charleston

- **Name of program:** Multidisciplinary Access to Care (ATC) Team
- **What did program improve?** Consistently meeting ATC standards >90% of the time
- **What are measures of performance?** Prospective Appointment Tool (CHCS Ad Hoc Report)
- **Why should MHS adopt as best practice?** Applicable to MHS and is consistent with the MHS Guide to Access Success and demonstrates positive results
- **How can MHS adopt it?** Encourage MTFs to implement ATC policies and practices outlined in MHS Guide to Access Success
- **Should it be a pilot?** No need as already proven
- **Was the improvement the result of continuous process improvement?** Yes
- **Could the project be applied at other sites?** Yes
- **What aspects of the program could be implemented in other sites?** All

Access: Naval Health Clinic Charleston

- **Name of program:** No Show Reduction Initiative
- **What did program improve?** Reduced number of no show appointments from 6% to 4%
- **What are measures of performance?** Number of no show appointments each month
- **Why should MHS adopt as best practice?** Applicable to MHS and consistent with MHS Guide to Access Success
- **How can MHS adopt it?** By implementing marketing campaign, modifying patient reminder system, and encouraging accountability
- **Should it be a pilot?** No need as already proven
- **Was the improvement the result of continuous process improvement?** Yes
- **Could the project be applied at other sites?** Yes
- **What aspects of the program could be implemented in other sites?** All

Access: Naval Medical Center San Diego

- **Name of program:** Inpatient Vaccination Program for Influenza and Pneumococcal Disease
- **What did program improve?** Inpatient vaccination services
- **What are measures of performance?** ORYX metrics for pneumococcal (PN-2) and influenza (PN-7)
  - Pneumococcal vaccination percentages improved from 25% in 4Q 2006, to 91% in 3Q 2008
  - Influenza vaccination percentages from 10% in 4Q 2006, to 62% in 1Q 2008
- **Why should MHS adopt as best practice?** ACIP/CDC, the Immunization Action Coalition, and numerous academic and community hospitals recommend standing orders for routine vaccinations
- **How can MHS adopt it?** To better comply with inpatient quality ORYX metrics MTFs may want to adopt standing orders to achieve a more standardized process of inpatient immunization. NMCSD standing orders and the ESSENTRIS template are easily transferred to interested working groups.
- **Should it be a pilot?** No need already proven
- **Was the improvement the result of continuous process improvement?** Yes
- **Could the project be applied at other sites?** Yes
- **What aspects of the program could be implemented in other sites?** All

Access: Naval Medical Center San Diego

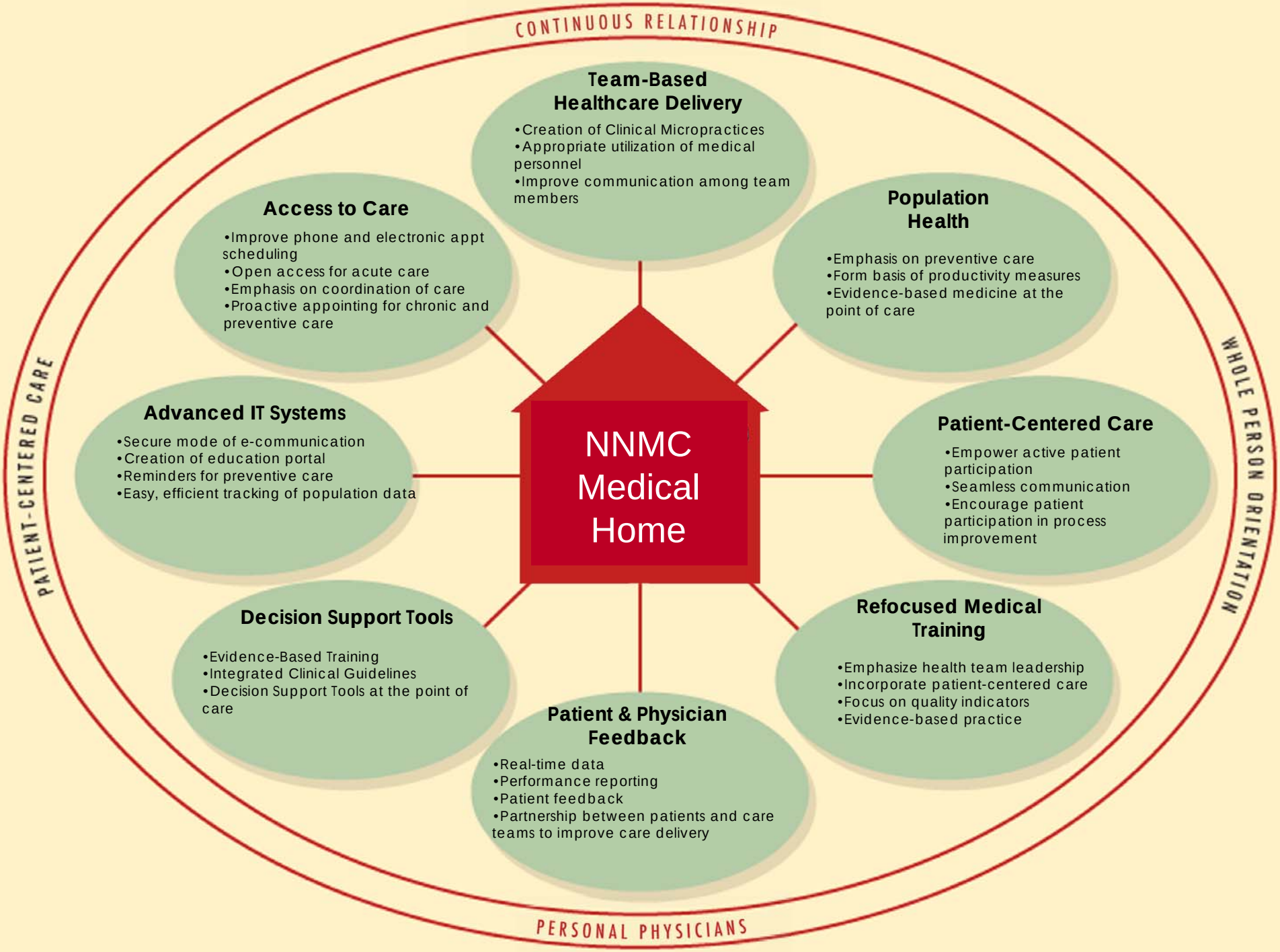
- **Name of program:** “Mammo While You Wait”
- **What did program improve?** Access to mammograms for targeted population: Program captured 61 additional women above normal volume over first 4 months; project 40-60/month with increased marketing.
- **What are measures of performance?** Number of mammograms referred from pharmacy
- **Why should MHS adopt as best practice?** Creative collaborative that exploits the usual medication processing time for pharmacy customers to increase access to preventive breast health care
- **How can MHS adopt it?** Centers well suited for implementation of this program would have a moderate to large volume and more than one mammography technologist and more than one mammography suite
- **Should it be a pilot?** No need already proven
- **Was the improvement the result of continuous process improvement?** Yes
- **Could the project be applied at other sites?** Yes
- **What aspects of the program could be implemented in other sites?** All, provided MTF has sufficient volume and provider/facility capacity

Patient-Centered Medical Home

- **Name of program**: National Naval Medical Center Medical Home Project Pilot
  - START June 2008
- **Improvements & Measures of Performance**:
  - **PCM Continuity - % Time patient seen by PCM**
    - Achieved 85% in Medical Home compared to 55% in non-Medical Home
  - **Access to Care - Days to 3rd Available Appointment**
    - *Sustaining* Open Access w/ same day appointing
  - **Enrollment Capacity - Enrollment/PCM**
    - Gains from optimizing demand management resulting in 200 more enrollees/Internist
    - For every 4 PCMs in typical clinic need only 3 PCMs in Medical Home clinic
  - **Evidence-based healthcare metrics – HEDIS Measures**
    - Diabetes A1c exceeded the HEDIS 90th percentile from 50th percentile at start –up
    - Steady improvement of all HEDIS measures
- **Why adopt as best practice?** Medical Home implementation in the civilian sector has consistently been shown to improve outcomes, reduce costs & utilization of healthcare services while improving access and patient satisfaction
- **Can project be applied to other sites?** May serve as a blueprint for wider adoption in MHS

Patient-Centered Medical Home

- **To fully achieve capabilities of Medical Home the MHS needs**:
  - Personal Health Record (PHR)
    - NNMC collaborating with Madigan Army Medical Center regarding development/implementation of a PHR
  - Leveraging advanced IT / electronic systems
    - Secure e-communication and e-visits
  - Improved decision support tools at point of care
    - Accurate patient registries
    - Reporting tools to actively manage high risk populations such as Chronic Disease, Cancer, Casualties, TBI, PTSD and Mental Health among others
  - Re-engineering / training of healthcare team
  - Attention to properly resourcing the Medical Home


CONTINUOUS RELATIONSHIP
PATIENT-CENTERED CARE
WHOLE PERSON ORIENTATION
PERSONAL PHYSICIANS
NNMC Medical Home
Team-Based Healthcare Delivery
•Creation of Clinical Micropractices
•Appropriate utilization of medical personnel
•Improve communication among team members
Access to Care
•Improve phone and electronic appt scheduling
•Open access for acute care
•Emphasis on coordination of care
•Proactive appointing for chronic and preventive care
Population Health
•Emphasis on preventive care
•Form basis of productivity measures
•Evidence-based medicine at the point of care
Advanced IT Systems
•Secure mode of e-communication
•Creation of education portal
•Reminders for preventive care
•Easy, efficient tracking of population data
Patient-Centered Care
•Empower active patient participation
•Seamless communication
•Encourage patient participation in process improvement
Decision Support Tools
•Evidence-Based Training
•Integrated Clinical Guidelines
•Decision Support Tools at the point of care
Refocused Medical Training
•Emphasize health team leadership
•Incorporate patient-centered care
•Focus on quality indicators
•Evidence-based practice
Patient & Physician Feedback
•Real-time data
•Performance reporting
•Patient feedback
•Partnership between patients and care teams to improve care delivery

Wounded Warrior Care

- **Name Of Program:** Combat and Operational Stress Control (COSC) for Caregivers
- **What did program improve?** Increased quality of care by enhancing the body of knowledge for all point of service caregivers with regards to signs and symptoms of stress injury (including PTSD) and mild traumatic brain injury
- **What are measures of performance?**
  - **Cost:** Phase I: 1,523 participants ($645.00 each); Phase II: 3,500 projected ($400.00 each) participants
  - **Reaction:** Overall course evaluation average was 4.2 out of 5.0 with over 80% of participants grading the course Excellent or Superior
  - **Learning:** 10 item pre-test/post-test evaluation with all participants showing improved post-test scores
  - **Behavior:** One year follow up survey of Phase 1 participants planned for January 2009

Wounded Warrior Care

Combat Operational Stress Control (COSC) for Caregivers

- **Why should MHS adopt as best practice?** Modular training well suited for multi-disciplines and multi-service; have already had cross-service and international participation
- **How can MHS adopt it?** Develop an ongoing training forum that brings multiple disciplines together around a common current issue in behavioral healthcare
- **Should it be a pilot?** Current pilot; initial reports support expansion
- **Was the improvement the result of continuous process improvement?** No
- **Could the project be applied at other sites?** Yes, if properly resourced
- **What aspects of the program could be implemented in other sites?** All

Wounded Warrior Care

- **Name Of Program:** Project FOCUS (Families OverComing Under Stress)
- **What did program improve?** Total force readiness and resilience promotion through pro-active outreach, education, and training that is systems, community and organizationally-based
- **What are measures of performance?**
  - Over 14,359 families, providers, and community members have received FOCUS services
  - **Risk Assessment Score:** Composite scoring based on all intake assessments developed as correlations of analyzed screening instruments; pending completion of full model cycle
  - **Pre and Post Global Assessment Functioning (GAF) scores:** Overall, adults experienced a mean improvement of +10.25 in GAF scores while children experienced a mean improvement of +4.81 in GAF scores
  - **Participant perception of improvement:** Qualitative descriptors indicate very high level of satisfaction with services; 100% of both parent and child population perceived an improvement in family and self-functioning across all domains

Wounded Warrior Care

Project FOCUS

- **Why should MHS adopt as best practice?** The Project FOCUS "family tool box" (combining structured activities and developmentally appropriate combat stress and deployment education) is flexible enough to suit any Service population
- **How can MHS adopt it?** DCoE could disseminate to other services as a best practice for family care
- **Should it be a pilot?** Current pilot; initial reports support expansion
- **Was the improvement the result of continuous process improvement?** No
- **Could the project be applied at other sites?** Yes, if properly resourced
- **What aspects of the program could be implemented in other sites?** All

Healthy Lifestyles

- **Name Of Program:** Navy Central HIV Program
- **What did program improve?**
  - Centralized and ensured uniformity of the HIV screening, diagnosis, and notification process by Navy Medicine for all Navy uniformed members.
  - Provides centralized oversight of the treatment and management process of HIV+ personnel done at three designated centers (NNMC, NMCSD, NMCP).
  - Prevented the spread of HIV in the Force and permits HIV+ servicemembers to stay on active duty through a comprehensive education program (life skills, self-care, etc) and close semi-annual monitoring.
  - Ensured uniform access to high quality HIV care within the Navy for this vulnerable and at risk population that respected privacy and promoted personal worth and health
- **What are measures of performance?** HIV rates within the Navy

Healthy Lifestyles

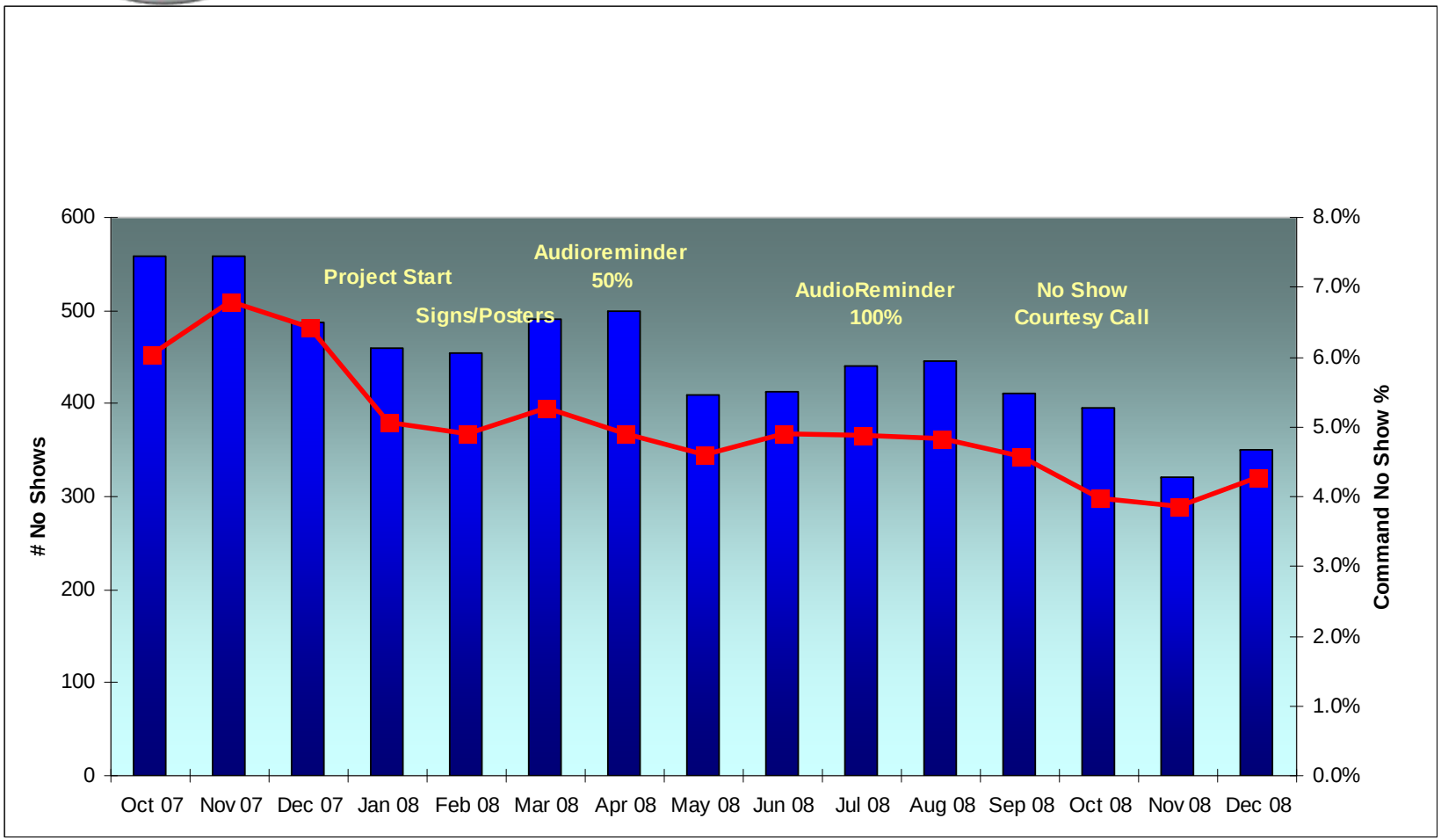
- **Why should MHS adopt as best practice?** Not all of the Services have a centralized process for identifying and caring for their HIV+ uniformed members.
- **How can MHS adopt it?** Adopt as best practice in next rewrite of DoD level instruction
- **Should it be a pilot?** No need as already proven.
- **Was the improvement the result of continuous process improvement?** The program has improved over the years due to new research findings in both the military and civilian settings.
- **Could the project be applied at other sites?** Yes if properly resourced.
- **What aspects of the program could be implemented in other sites?** Almost the entire program can be implemented at other sites.

BACK-UP INFO SLIDES for DSG

Navy Medicine Access to Care Overview

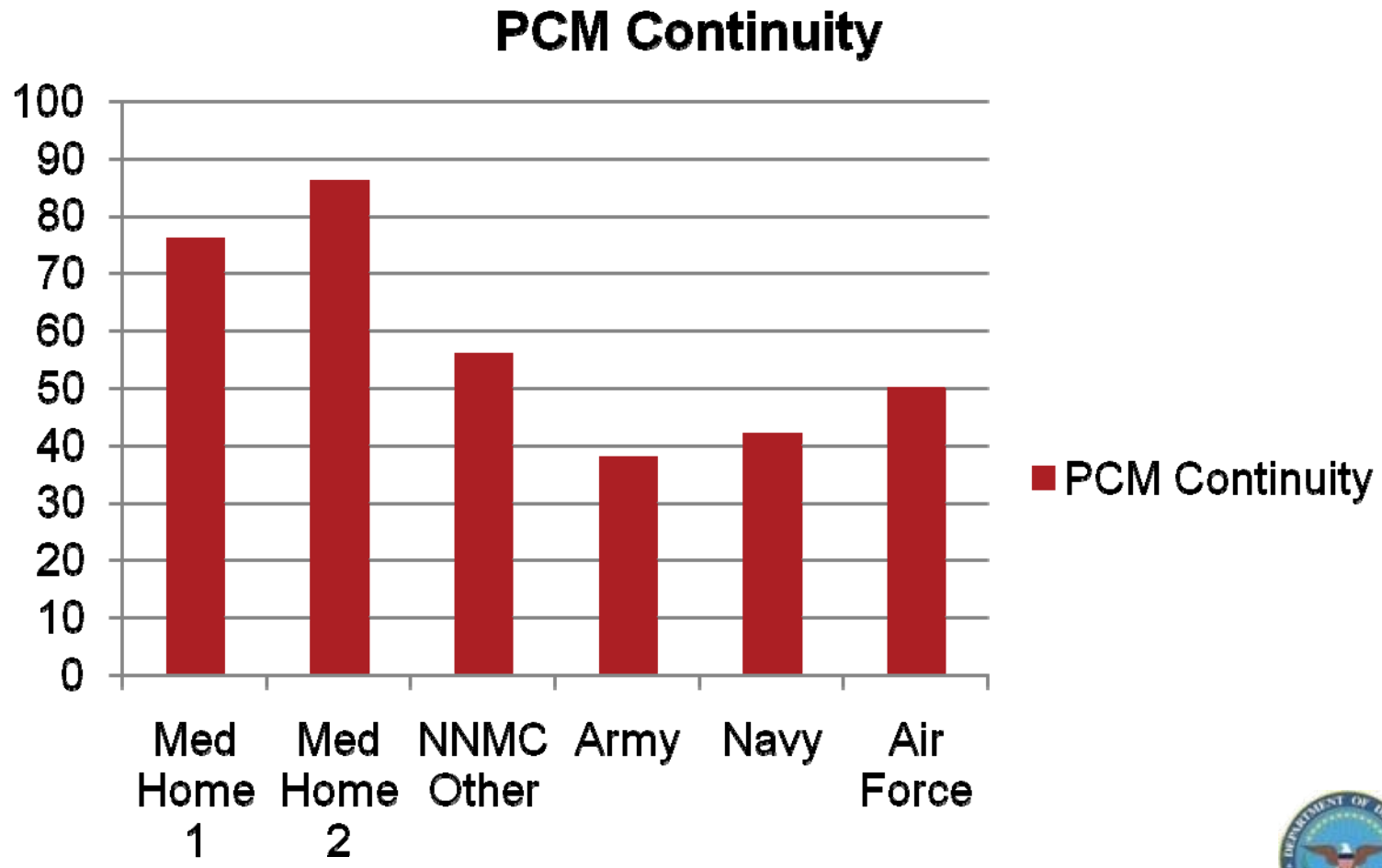
- Navy Medicine Strategy: Align ATC with overarching strategic goals
  - Tier 1 Goal: Quality of Care
  - Tier 2 Goal: Services are patient and mission focused.
  - Supporting Objective: To provide local clinics and MTFs with a framework to implement and sustain a systematic, proactive, and responsive access plan that meets or exceeds beneficiary expectations and ATC standards.
- Developing policy to support the implementation of the MHS Guide to Access to Success
  - Standardization of business processes and metrics supporting ATC
    - Metrics based on MHS Insight and TRICARE Operations Center data
  - Primary Care Advisory Board
    - Identification and examination of health care delivery models that enhance ATC
    - Dissemination of best practices
  - Incorporated ATC elements into FY10 Business Planning Supplemental Guidance
    - Outlines metrics and tools for monitoring patient satisfaction and ATC
- Training
  - Incorporating policy into Clinic Management Course content
- Oversight
  - Increased staffing to analyze and monitor ATC trends
  - Monitor MHS Insight, TOC ATC data, network adequacy reports, and patient satisfaction
  - Updating tools to support Navy Medicine Inspector General monitoring of ATC
  - Weekly flag officer review of patient satisfaction

NHCC No Show Reduction
Oct 2007 – Dec 2008



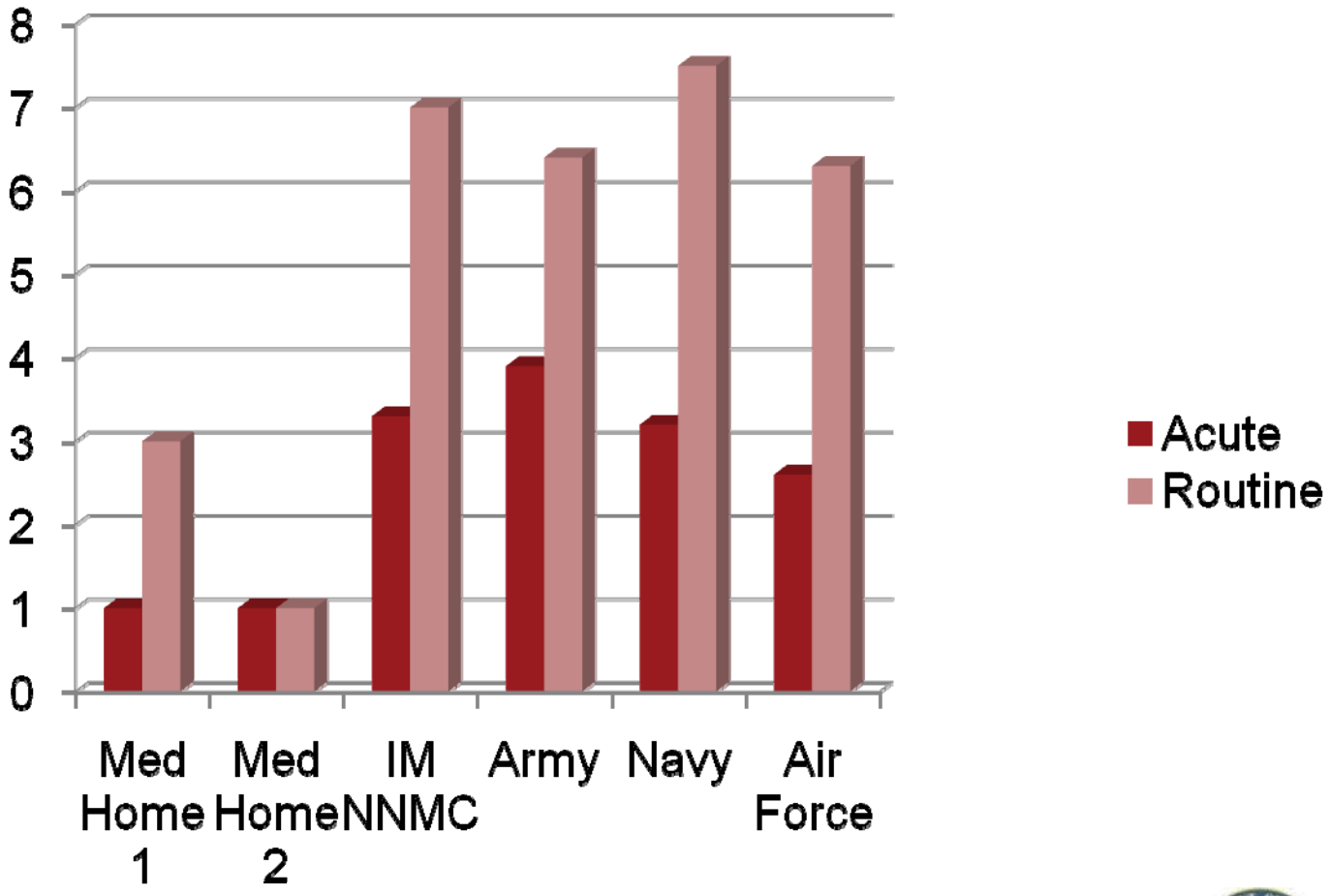
Source: CHCS

PCM Continuity
13 Sep 08 – 3 Jan 09



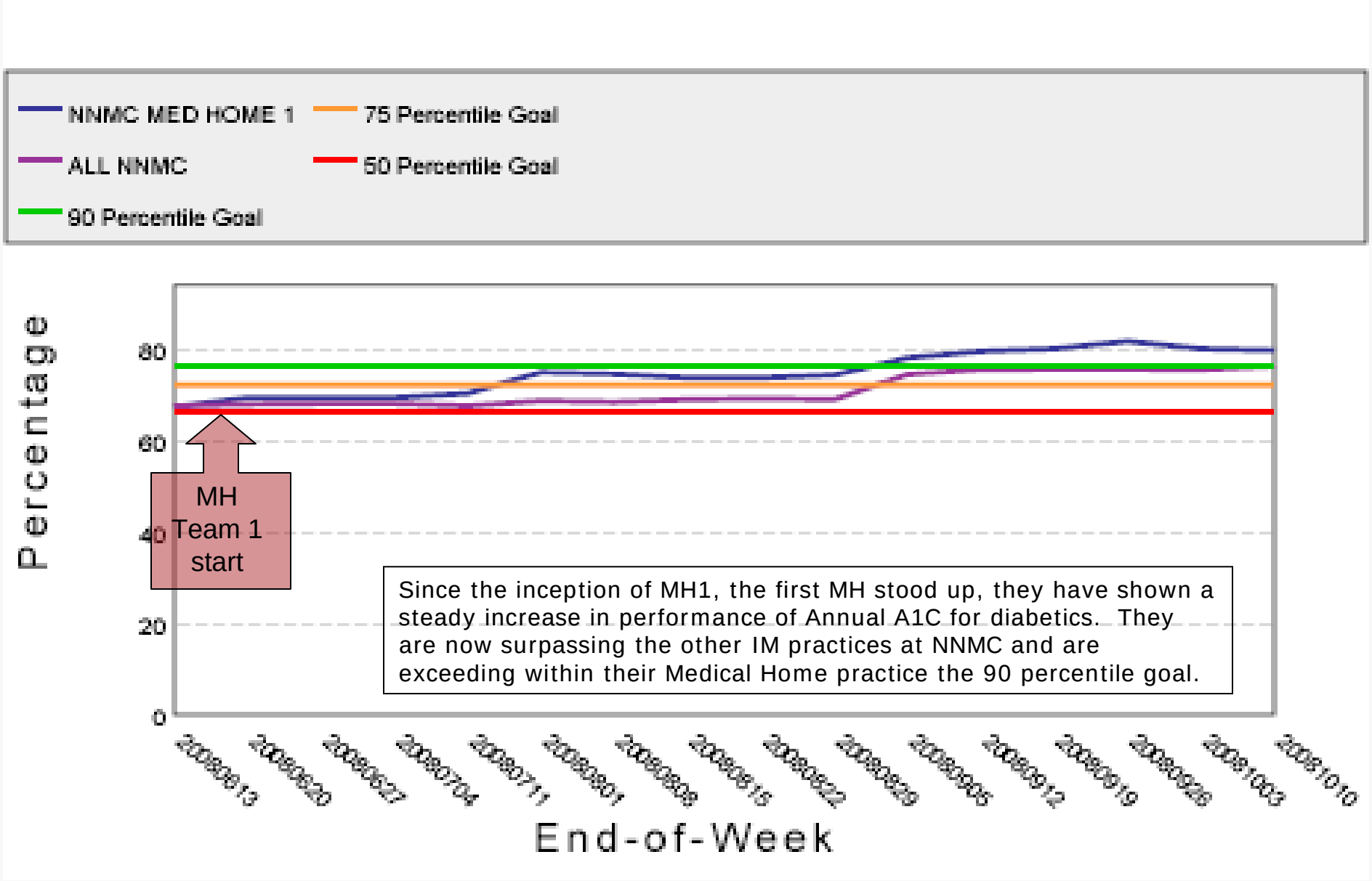
Days To Third Next Available
Medical Homes vs. Non Medical Homes

Days to Third Next Avail

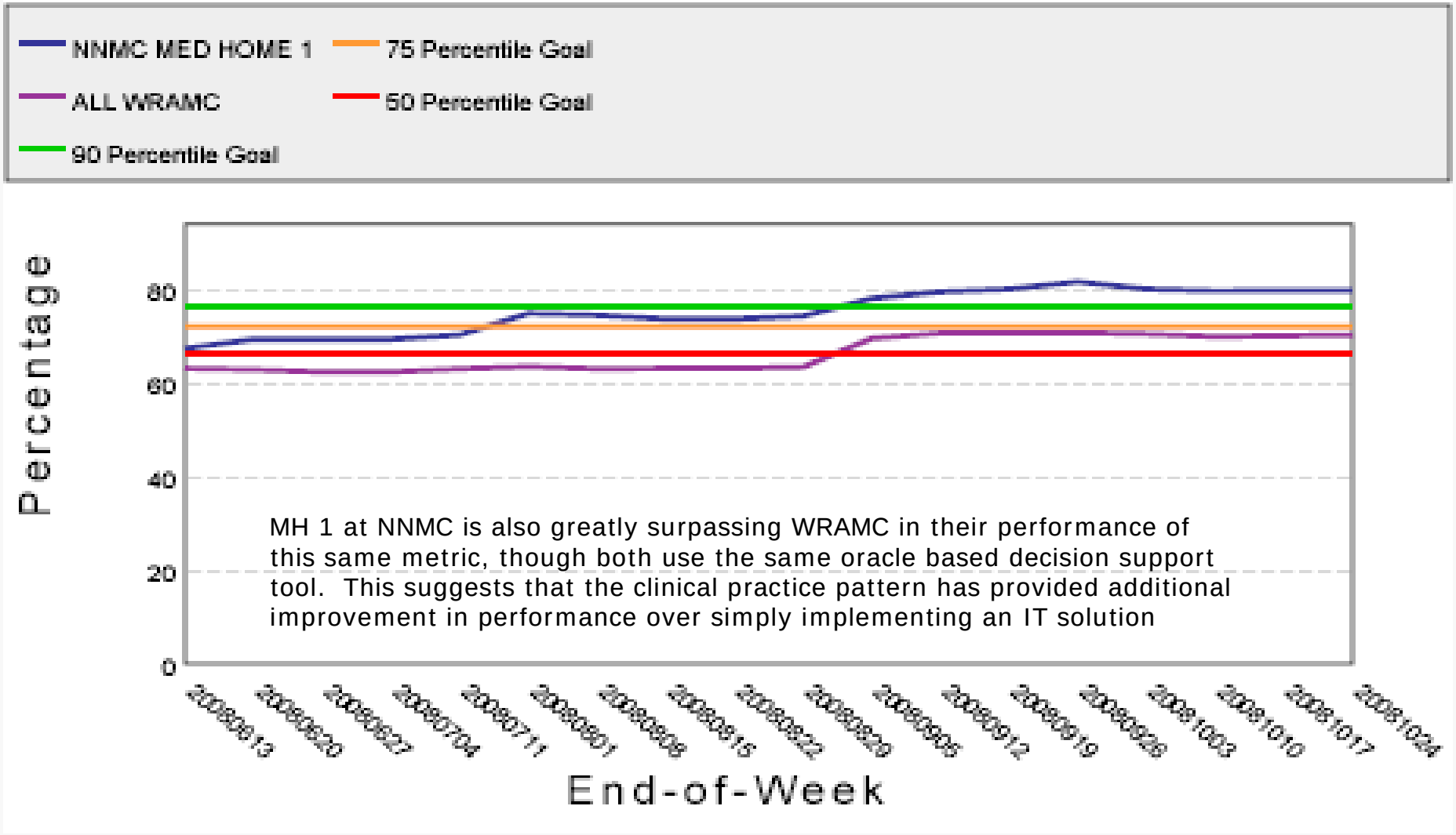


This data pulled just three months into implementation of the medical home showed that they were outperforming even in their infancy the rest of NNMC IM clinics and the three services in time to third next available

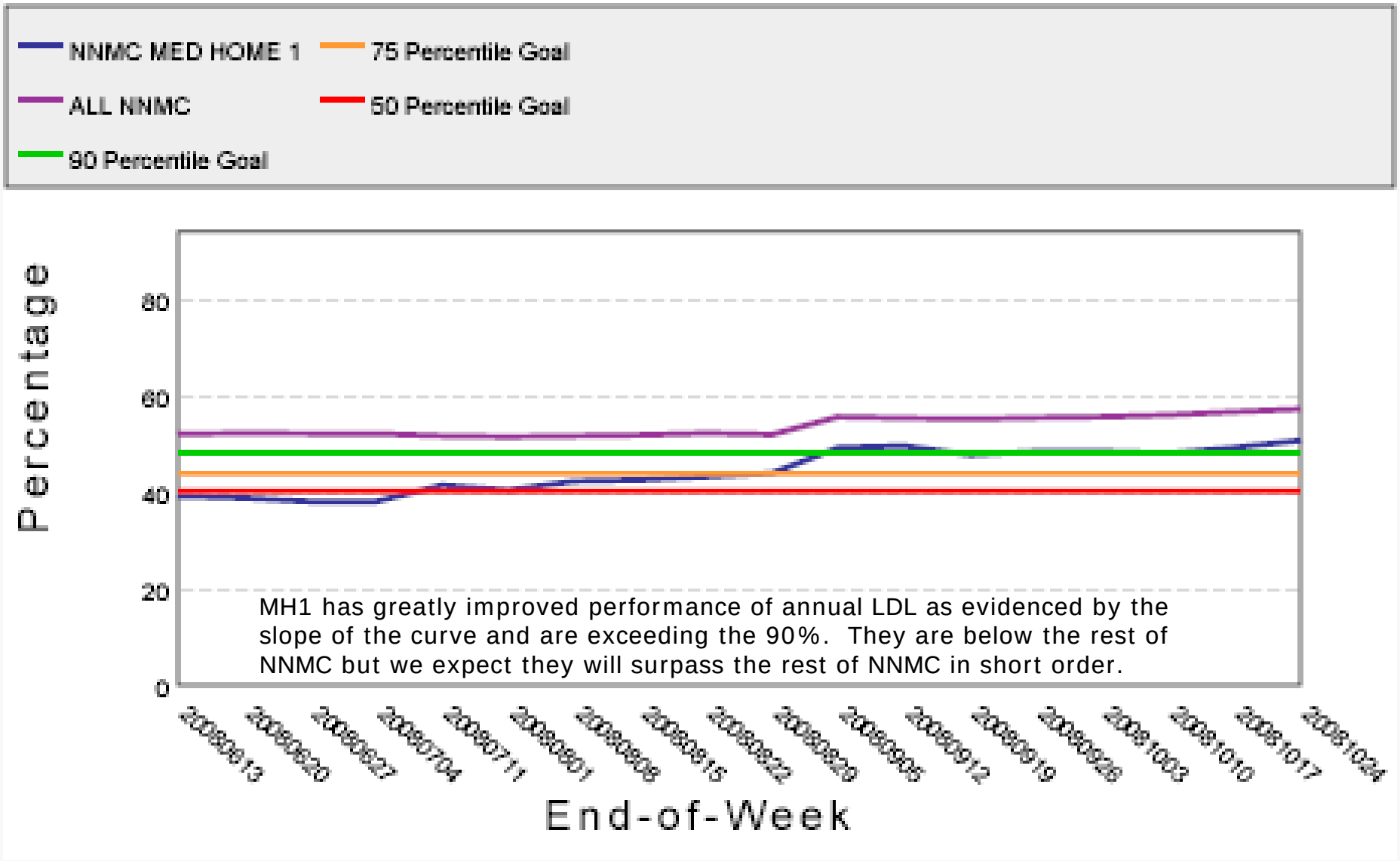
Diabetes Annual A1c Test Result



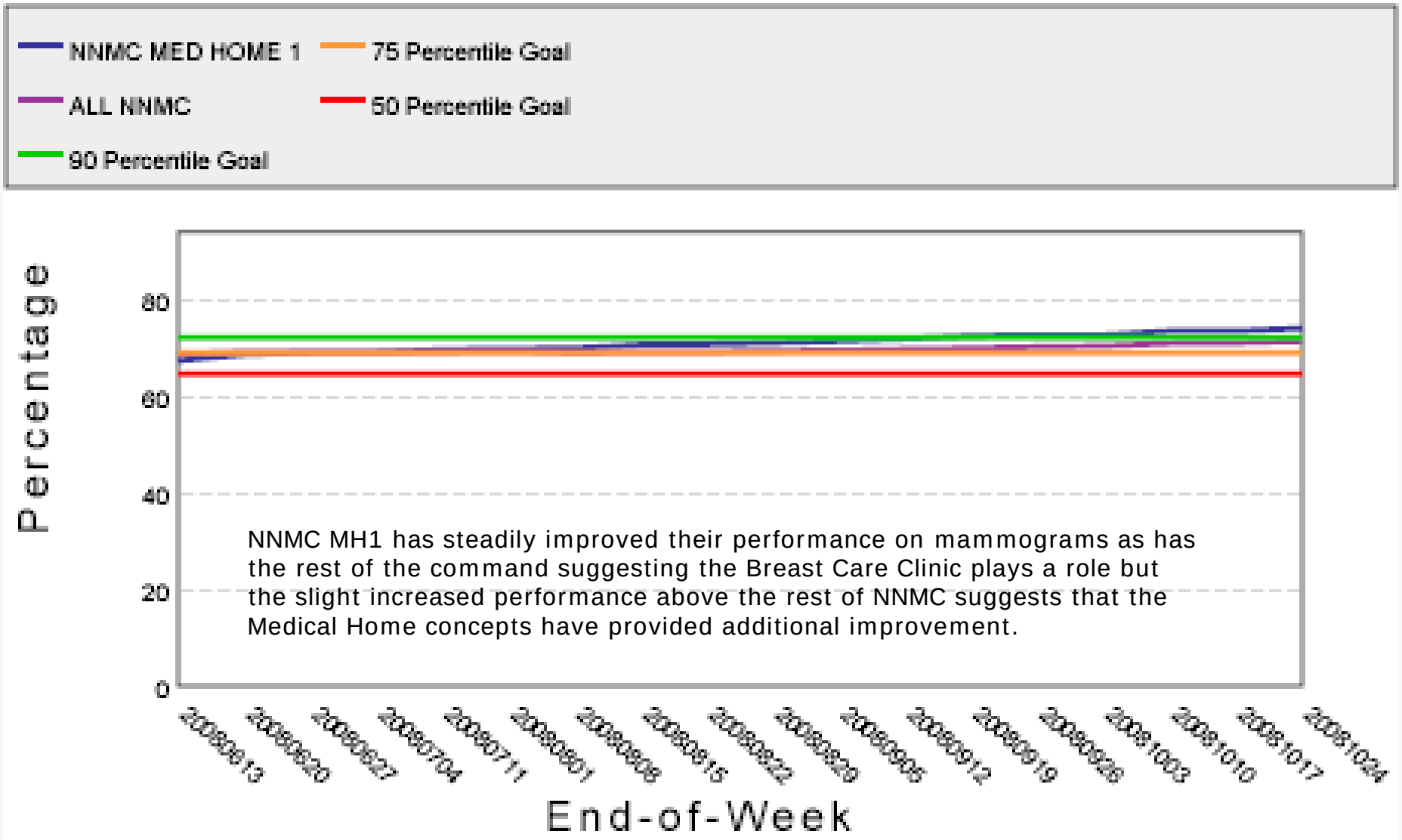
Diabetes Annual A1c Test Result



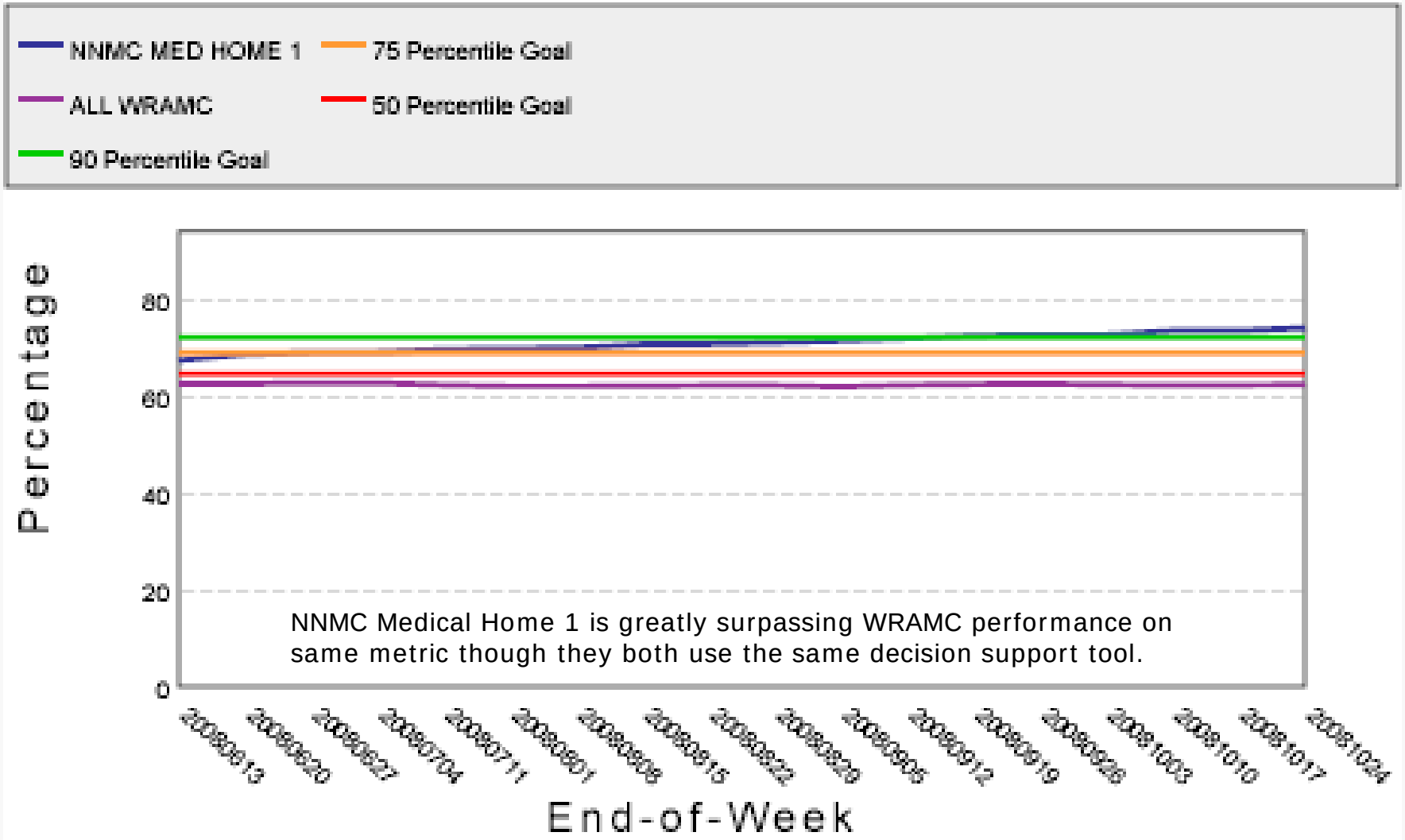
Diabetes Annual LDL Test Result



Mammogram


NNMC MED HOME 1
75 Percentile Goal
ALL NNMC
50 Percentile Goal
90 Percentile Goal
Percentage
80
60
40
20
0
NNMC MH1 has steadily improved their performance on mammograms as has the rest of the command suggesting the Breast Care Clinic plays a role but the slight increased performance above the rest of NNMC suggests that the Medical Home concepts have provided additional improvement.
20080613
20080620
20080627
20080704
20080711
20080801
20080808
20080815
20080822
20080829
20080905
20080912
20080919
20080926
20081003
20081010
20081017
20081024
End-of-Week

Mammogram


NNMC MED HOME 1
75 Percentile Goal
ALL WRAMC
50 Percentile Goal
90 Percentile Goal
Percentage
80
60
40
20
0
NNMC Medical Home 1 is greatly surpassing WRAMC performance on same metric though they both use the same decision support tool.
20080613
20080620
20080627
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20080808
20080815
20080822
20080829
20080905
20080912
20080919
20080926
20081003
20081010
20081017
20081024
End-of-Week

Staffing Comparison

	RN	LPN/MA/HM	Clerical	Resident
NNMC Medical Home	.33	1	.67	1
NNMC Usual Care	.33	.8	.25	2
LeJeune Family Medicine Teaching program	.5	1	.5	1
Patuxent River	1	1	.6	0

Data displayed Per provider: MD/DO/PA/NP

Two teams in Internal Medicine have already implemented the Medical Home and two more have begun transformation process. As the concept has evolved, the IM clinic has found that they have capacity to expand enrollment which has been realized secondary to better demand management. Goal is to continue to expand Medical Home concept throughout Internal Medicine.

Wounded Warrior Care
PH/TBI Pilot Project Overview

- Navy Medicine received $113M out of $600M in FY07/08 PH/TBI supplemental funding
- Navy Medicine collaborating with Defense Center of Excellence (DCoE) to review and evaluate 9 pilot projects
- Current Navy / Marine Corps projects includes:
  - Adaptive Disclosures (USMC)
  - Assessment and Treatment of Wounded Warrior Families
  - Caregiver Occupational Stress Control
  - Combat Operational Stress Control for Caregiver Training
  - Families Coping with Deployment – Project FOCUS
  - Navy Special Warfare Resilience Enterprise
  - Promoting Resilience (USMC)
  - Psychological Health Outreach Coordinators for Reserves
  - Psychological Health Training for Family Practice Physicians
- The majority of these pilot projects are in the initial implementation phases and conclusive analysis of outcomes and impact cannot be made at this time

Current PH/TBI Pilot Projects Overview – Program Description

- **Adaptive Disclosures (USMC):** Development of a brief, empirically-based intervention that reduces the risk of chronic PTSD by promoting early disclosure of trauma-related memories.

- **Assessment and Treatment of Wounded Warrior Families**: Intervention for families and WWs experiencing multiple stressors related to deployment and impacts of battlefield injuries.

- **Caregiver Occupational Stress Control**: (Care for Caregivers) Training, assessment, and intervention for stress affected caregivers, units, commands.

- **Combat Operational Stress Control for Caregiver Training**: Training to multidisciplinary caregivers to enhance early recognition and referral.

- **Families Coping with Deployment - Project FOCUS**: Family support program that combines family therapeutic interventions with workshops regarding resilience building, communication, and family unit cohesion.

- **Navy Special Warfare Resilience Enterprise**: Resiliency assessment and clinical intervention for NSW service members and families.

- **Promoting Resilience after Loss (USMC):** Development of a self-guided web-based training for Marines who have experienced loss(es) in combat.

- **Psychological Health Outreach Coordinators for Reserves**: Provision of 15 outreach coordinators deployed into the field to provide outreach, support, and intervention in order to mitigate existing Reservist stressors.

- **Psychological Health Training for Family Practice Physicians:** Creation, development, and culture specific tailoring of course curriculum for primary care and family practice providers to offer mental health services

Project Focus - GAF Defined

Global Assessment of Functioning (GAF) Scale:

- GAF is for reporting the clinician's judgment of the individual's overall level of functioning and carrying out activities of daily living.
- This information is useful in planning treatment and measuring its impact, and in predicting outcome.
- 100-point scale that measures a patients overall level of psychological, social, and occupational functioning on a hypothetical continuum.
- A 10 point change indicates a shift to a higher (or lower) overall level of function.