



AFMS 2012 STAKEHOLDERS REPORT & VISION PLAN



The Air Force Medical Service (AFMS) is a vital member of the Military Health System (MHS) supporting the Air Force's ability to provide *Global Vigilance, Global Reach* and *Global Power*. The AFMS adopted the MHS Quadruple Aim (depicted below), to describe the key elements of a synergistic healthcare system and to capture a shared vision for future joint medical operations. The AFMS integrates the Quadruple Aim into their common practice as **Ready, Better Health, Better Care, and Best Value**.



READY

Enable a medically ready force, a ready medical force, and resilient MHS personnel. Deliver health service support across the full spectrum of operations.

BETTER HEALTH

Improve quality and health outcomes for a defined population through focused prevention. Advocate and provide incentives for healthy behavior.


BETTER CARE

Provide seamless patient and family centered care that is safe and of the highest quality. Provide the care they need, exactly when and where they need it.

BEST VALUE

Manage healthcare cost by focusing on quality, eliminating waste, reducing unwarranted variation, and rewarding outcome not output.



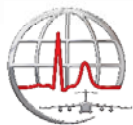


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LT GEN CHARLES B. GREEN
SURGEON GENERAL

A handwritten signature in black ink, appearing to read "Charles B. Green".



Readiness: Trusted Care Anywhere is the AFMS mantra. Readiness remains our number one priority. We know our patients and embrace our heritage of innovation to optimize health and improve care at home and deployed. It all starts with RAPPOR – being trustworthy.

Access: Continuity of care is our promise to beneficiaries. We strive to always be available to enrolled patients and to recapture care to our hospital systems. One million patients in Patient-Centered Medical Home in 2012. Our clear focus is to activate patients as full partners in enhancing their health.

Partners: Shared ideas and services are instrumental to building and sustaining health systems. Our affiliations with civilian institutions, Veteran’s Affairs, joint and coalition partners promise sustained currency, better health, better care, and best value for all our beneficiaries.

Precision: Leveraging data leads to culture of visible outcomes for our beneficiaries. Medical informatics transforms data to decision quality information for patients and healthcare teams. Decision support accelerates change in practice patterns and behavior. We create the setting for “right” behaviors by measuring and rewarding outcomes to inspire trust and confidence within our system.

Organized: We are now able to fit a highly capable, modular hospital with sustainable operating support into two C-17 aircraft. Upon arrival, we provide patient care capabilities within 30-minutes and full surgical/intensive care within 3-hours.

Respect: Research creates knowledge. Continuous improvement in global air evacuation over 10 years, safely returned > 92,000 patients from theaters of operation. We protect privacy and ensure medical information is safe as we generate new health literacy and improve efficiency and effectiveness of care.

Trust: The foundation of our military health system. Execution of the Quadruple Aim ensures world class care for our beneficiaries. “Trusted Care Anywhere” requires RAPPOR with patients and partners to let them know we will always be there to guarantee their success.

Developing Airmen is an investment in our future, one that we must make every day. We are blessed to have you on our team, the most dedicated, experienced force in generations. Investing in you will ensure the AFMS remains the strongest it has ever been.

Evolving to meet changing mission requirements is a core AFMS strength. We anticipate and adapt how we conduct operations at all levels to ensure we are meeting current mission requirements and looking for future challenges. Balance this trait with the realities of resourcing and time, as it is a powerful combination for longevity.

Vectoring is a vital aspect in the deliberate, purposeful development of all Airmen. Placing the right Airman in the right job at the right time, with the right qualifications and experience is instrumental in fulfilling key positions and developing future leaders. Providing the opportunity and possibility for Airmen to develop and grow in their AFSC and as an Air Force leader is imperative...I challenge each supervisor to “open a door” to what is possible for their Airmen!

Engagement, across the globe, with coalition and partner nations builds their capacity. Our Medics have performed remarkably as advisors, on provincial reconstruction teams, and as International Health Specialists; at every instance, extending a hand in partnership for the freedom of all people. Ambassadors of health diplomacy, we make a lasting contribution to the safety and security of our world.

Leaders inspire others to achieve their full capability through setting the tone, leading with conviction, enthusiasm and vision; and just as importantly, by knowing their personnel and seeing what they are capable of even before they may see it themselves.

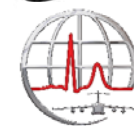
Optimizing training venues through partnering with civilian, VA and joint agencies prepares our Airmen to deliver trusted health care anywhere. Your challenge is to eliminate barriers that limit our Medic’s ability to remain current, competent and proficient...the hallmark of a ready force!

Patient-centered care is achieved by developing our Airmen and building rapport with our patients through exceptional health care, health care support and customer focus at each interaction. It is not a set of protocols, an initiative or even a concept...it is our culture and we achieve it one Airman at a time!



CMSGT CHARLES R. COLE
CHIEF, MEDICAL ENLISTED FORCE

A handwritten signature in black ink, appearing to read 'C. Cole'.



WELCOME TO THE FUTURE: FUTURE-BASED AGILE THINKING

Federal Health Futures Development: A innovative learning laboratory to create a better future for our patients, beneficiaries, staffs, and stakeholders. Teams of leaders developed a “Health Care” to “Health” concept and “Pathways for Action” by applying an understanding of humanity, medicine, and systems thinking to generate transformative change in our health systems and behaviors.

Who We Are: Federal health leaders aligned for a better future with emphasis on 2045

What We Do: Turn hope and aspirations into action through the integration of creative ideas

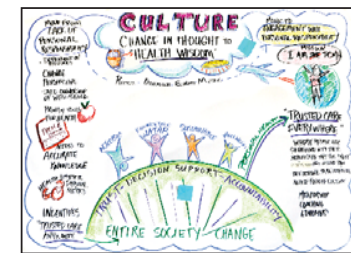
Why We’re Committed: Ensure a prominent United States, supported by a premier military as one of its strategic pillars with a preeminent military medicine and health enterprise

How We Get There: Build scenarios, visually communicate, develop frameworks for systemic change, & create learning organizations



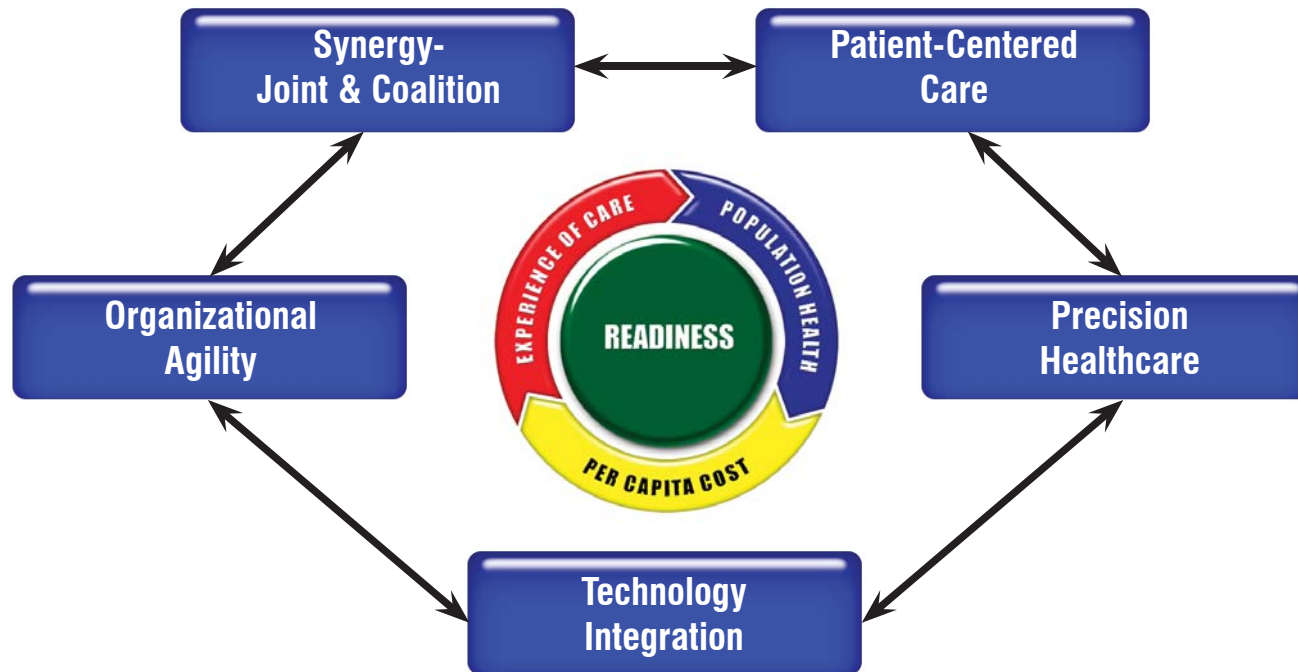
Senior leadership of Federal Health Futures met in December 2010 and proposed Six Pathways for Action:

- **Health as a National Strategic Imperative:** Health is defined by values, culture, and a community of peers
- **Federal Integration:** Moving the nation toward greater health by alignment of effort
- **Health as a Team Sport:** Collaborating partners, developing new approaches to health education
- **Research and Development:** Aligning learning/funding with the national health agenda so research leads to behavior change
- **Wisdom Generation:** Military Information Technology; generating knowledge systems to create data & development of a health index
- **Readiness and Disaster Preparedness:** Fusion of Federal medical capabilities to build competency in disaster response



WE MUST TRANSLATE OUR STRATEGY & CULTURE INTO COMMON PRACTICE TO ENSURE ADOPTION & SUSTAINABILITY

The AFMS strategic imperatives empower leaders at all levels to accelerate transformation, exploit new opportunities, make informed decisions, and adjust processes to support current and future operations to assure constant improvement, trust, and RAPPORT.



Patient-Centered Care: Provide professionals to deliver care and accessible information to allow active participation in health care delivery

Precision Health Care: Reduce implementation of evidence-based medicine to common practice and create incentives for prevention

Technology Integration: Continually monitor all technologies & understand how they will influence our mission, & rapidly integrate them

Organizational Agility – Light and Lean Health Care Platforms: Respond, adapt, and influence changing environments quickly

Synergy – Joint, Coalition, and Interagency: Build partnerships and interoperability to advance health care delivery

WORKING TOGETHER, ACHIEVING SUCCESS THROUGH A COMMON VISION

BUILDING TRUST WITH KNOWLEDGE GENERATION FOR THE AFMS

Senior leadership events are conducted to inform, inspire, and to accelerate translation of AFMS strategies into common practice.



2009: STRATEGIC IMPERATIVES

Envisioning the Future

Communicating the Vision

2010: EXECUTING THE STRATEGY

Focus on Alignment (7-S Model) to MHS Quadruple Aim

Aligned for Success



2011: BREAKTHROUGH PERFORMANCE

Focus on Outcomes/Performance

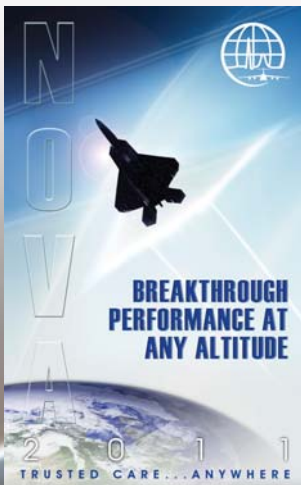
Tools, Incentives, and Rewards

2012: ACCESS, INNOVATION, SERVICE

Just Say Yes to Patient-Centered Care

Establish RAPPORT

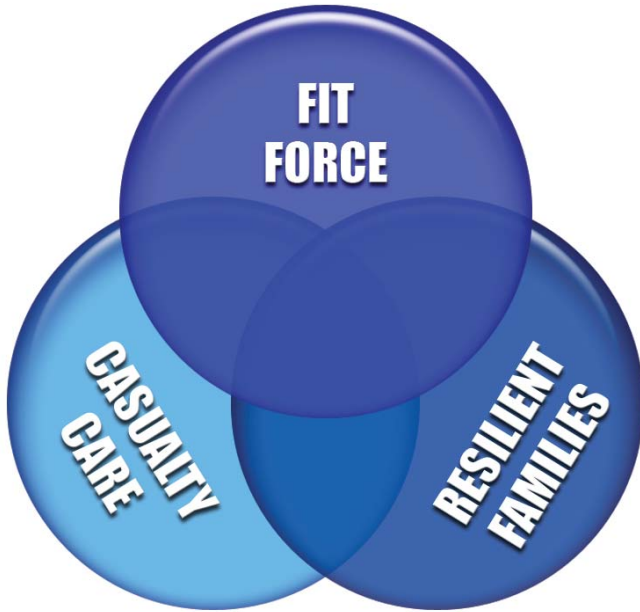
DEVELOP the Next Generation of AFMS Leaders



CONTINUING THE PURSUIT OF PERFECTION THROUGH ELIMINATION OF WASTE & THE CONTINUOUS GENERATION OF KNOWLEDGE

AFMS MISSION: SEAMLESS HEALTH SERVICE SUPPORT TO USAF & COMBATANT COMMANDERS

Overlapping Mission Areas



The relationship between Strategy, Common Practice and Culture is the foundation of our framework for the future. Our Strategy ensures that we are properly aligned to achieve our vision. Our Common Practice reduces variability, improves organizational efficiency, and ensures we deliver the best care across the enterprise. Ultimately, through our Strategy and Common Practice, we create the environment and build the Culture that will enable us to sustain our high performing patient-centered organization and continue to deliver “Trusted Care Anywhere.”

Our integrated and overlapping mission areas of **Fit Force**, **Casualty Care**, and **Resilient Families** capture three unique and dynamic environments in which the AFMS operates. Our homestation care improves readiness, builds resilient families and supports our Combatant Commanders by keeping our warfighters healthy and ready to deploy. In the deployed setting, AF medics provide both routine care and life-saving casualty care for our Joint and coalition forces. Additionally, AF medics operate across the full spectrum of operations to include disaster response, humanitarian assistance, and partnership building with other nations. As a result, AF medics must be highly skilled and adaptable to operate in any environment under any condition.

STRATEGY → COMMON PRACTICE → CULTURE

AFMS VISION & STRATEGIES

AFMS VISION: WORLD-CLASS HEALTHCARE FOR OUR BENEFICIARIES ANYWHERE, ANYTIME

In order to achieve our vision, the AFMS has adopted three primary strategies:

- **Transform Deployable Medical Capabilities For Rapid Response**

Pursue “care upon arrival” capabilities for full spectrum operational support

Improve modularity and adaptability of equipment/force packages

Leverage medical capabilities to build partner capabilities and capacity

- **Build Patient-Centered Care And Focus On Prevention To Optimize Health**

Fully deploy AF Medical Home starting with Family Health and Pediatrics to improve continuity and population health

Recapture care to sustain currency and provide best care for beneficiaries and wounded warriors

Expand DoD/VA and civilian partnerships to improve access and reduce per capita costs

- **Invest In Education, Training, And Research To Sustain Our Capabilities**

Partner with DoD/VA and civilian institutions to bolster training opportunities

Adopt personalized/precision healthcare to improve casualty care, force protection & delivery of care

Invest in our people to enhance their capabilities and bolster retention



DRIVING CHANGE...READY, BETTER HEALTH, BETTER CARE, BEST VALUE

Our priorities align with the Air Force priorities. Each represent our tactical action plans to execute our strategies and accomplish the mission at all levels. By aligning AFMS Priorities with the Air Force Priorities and integrating them with the Quadruple Aim, we are one team, one fight ensuring our Airmen are “ready” to provide trusted care anywhere, anytime.

Deliver Best Medical Reliability for the Nuclear Mission: Ensure each individual who performs duties involving nuclear weapons meets the highest standards of medical reliability.

Partner with the Joint and Coalition Team to Win Today's Fight: Be prepared to act in both supporting and supported roles as dictated by the objectives of joint or combined commanders and continue to improve Air Force contributions to irregular warfare and the other contingency operations.

Enhance Full-Spectrum Medical Capabilities to Support Winning Today's Fight: Develop an agile medical capability to perform across the full spectrum of operations. These capabilities will be enhanced through synergy with the joint, interagency, federal, coalition, and civilian medical communities.

Develop and Care for Airmen and their Families: Recruit, train, educate, sustain, and retain the right number and mix of Airmen – including Active Duty, Air National Guard, Air Force Reserve, and civilian personnel.

Implement Patient-Centered Care to Sustain Healthy and Resilient Airmen and Families: Build a force with balanced, appropriate force development priorities across all AFSCs--officer and enlisted, and for civilian positions. These strategies will focus on improving the health and readiness of the population by enhancing the patient experience of care while also improving quality, costs, and access.

Modernize our Air and Space Inventories, Organizations and Training: Maintain a comprehensive set of capabilities – organizations, Airmen and equipment – available to a Joint Force commander in any scenario.

Advance Medical Capabilities through Research and Infrastructure Recapitalization: Leverage innovation, enhance operational effectiveness, and ensure resource transparency; align resources to maximize effectiveness of forces for delivery of healthcare and support of the wartime mission.

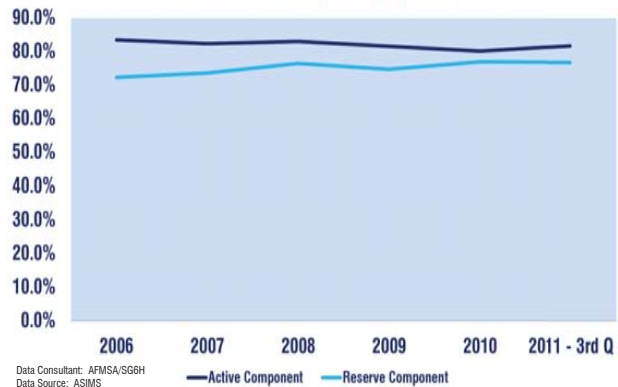
Build Interoperability and Medical Acquisition Expertise: Improve ability to manage complex procurements and ensure acquisition processes reflect the highest standards of rigor and transparency.

AFMS METRICS & ANALYTICS (READY)

We use a performance-based approach to ensure metrics directly align with the AFMS Strategy and Quadruple Aim. We want to create a culture of visible outcomes, improve organizational efficiency while guaranteeing a healthy, ready force and healthcare team.

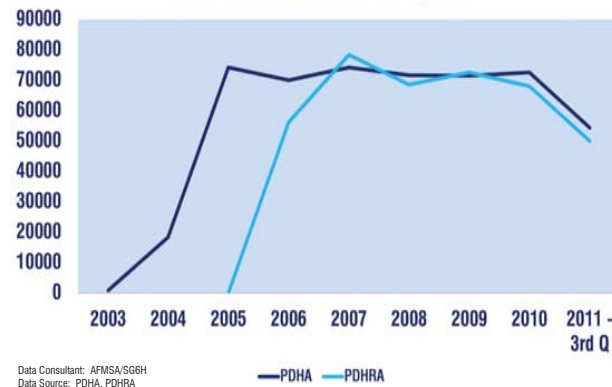
READY

Percent Medically Ready by Year



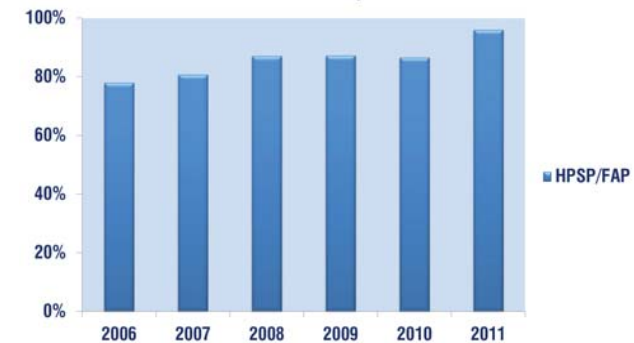
AFMS ensures that AF consistently maintain a high level of medical readiness to support the mission. ARC successfully narrowing the gap with AD.

PDHA and PDHRA Numbers by Year



The AFMS conducts post deployment screenings as part of the program for identification and management of deployment-related conditions. 2011 data only through 3rd quarter; PDHRA began in 2006.

Health Professions Scholarship Program (HPSP) and Financial Assistance Program (FAP) Fill Rates AF Census by Year

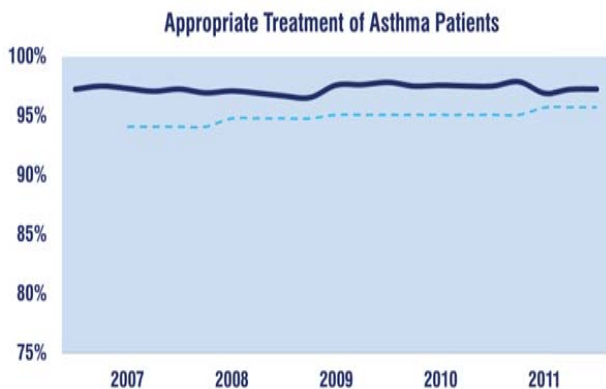


Following the increased resourcing of student-based accession sources across the FYDP, the AFMS is approaching 100% in HPSP and FAP annual census.



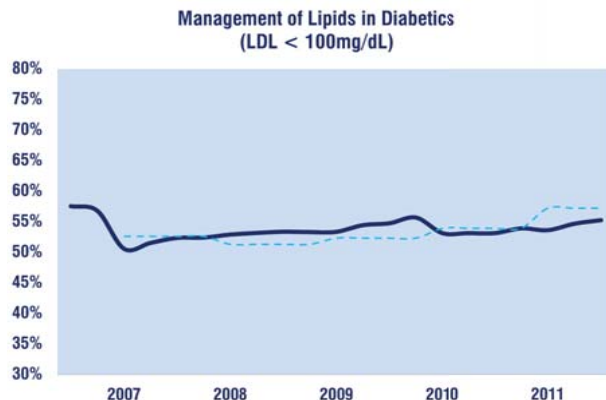
We encourage improved health with an established partnership between the AFMS and the customer. Our dedication toward encouraging healthy behaviors improves resilience, readiness, and quality of life. We actively engage beneficiaries to help them take control of their health and seek a more robust and healthy lifestyle. Our efforts yield positive results. We continue to pursue perfection to understand and promote healthy lifestyle choices for Better Health in our communities.

BETTER HEALTH



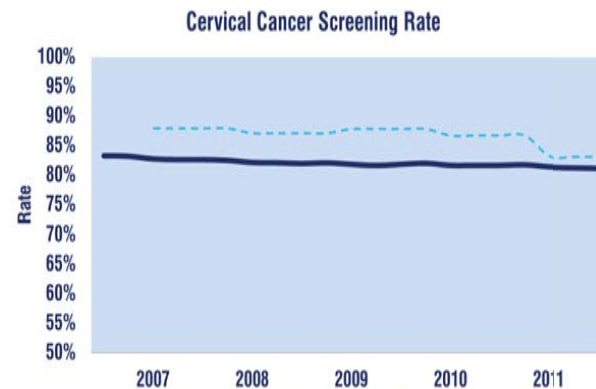
Data Consultant: AFMSA/SG6H
Data Source: MHS PHP

Proportion of persistent asthmatics (as defined by HEDIS) aged 5-64 years who received appropriate asthma medication in the past measurement year. AFMS continues to score over the 90th percentile.



Data Consultant: AFMSA/SG6H
Data Source: MHS PHP

Proportion of HEDIS-defined diabetics aged 18-75 years who had LDL under 100mg/dL. After 2007, AFMS has shown steady, gradual improvement.



Data Consultant: AFMSA/SG6H
Data Source: MHS PHP

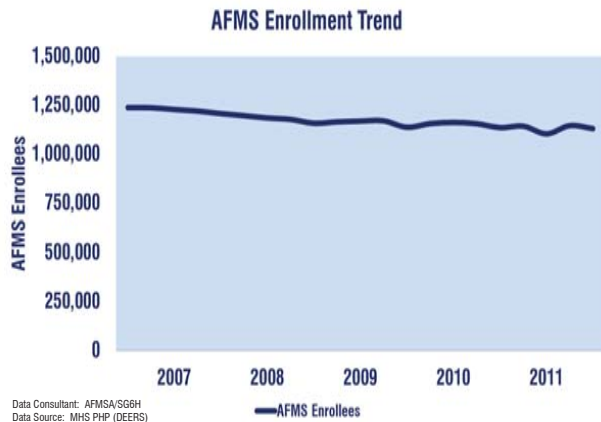
Proportion of women aged 24-64 years screened for cervical cancer has stayed relatively flat over the past five years. Additional paps could potentially be captured via reporting of historical procedures.



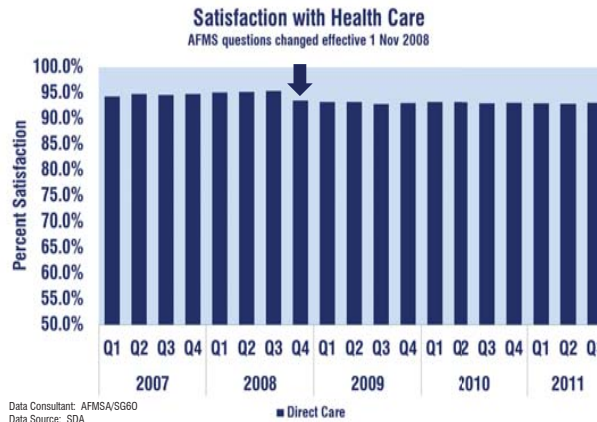
AFMS METRICS & ANALYTICS (BETTER CARE)

We offer our beneficiaries care that is of the best quality, highly equitable and safe for all. We ensure evidence-based care that is accessible and consistently exceeds the needs of our customer. We establish RAPPORT with our beneficiaries and measure our efforts through patient satisfaction surveys. We recapture care and increase enrollment by offering the Best Care, that is timely and primarily provided at the site where the customer is enrolled.

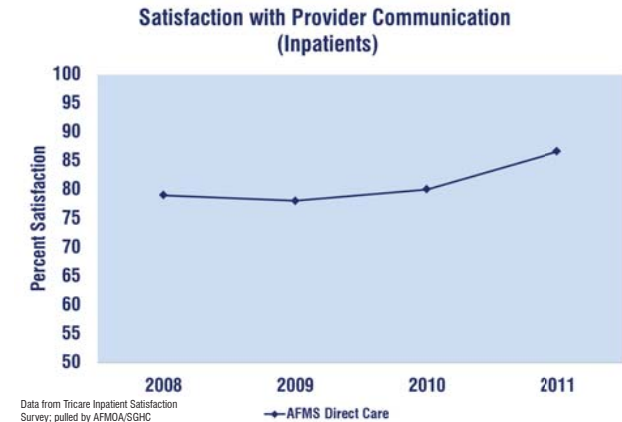
BETTER CARE



AFMS TRICARE PRIME and PLUS enrollees over the past 5 years. Slight downward trend observed. Our goal is to increase access to gain trust and recapture care into AF Medical Treatment Facilities.



Overall Satisfaction based upon the Service Delivery Assessment (SDA) survey. The goal is to provide patient-centered care by establishing RAPPORT with all customers.



TRICARE Inpatient Satisfaction Survey indicates a positive trend for satisfaction with care/provider communication. Note: Survey methods changed but question/composite scores were consistent.

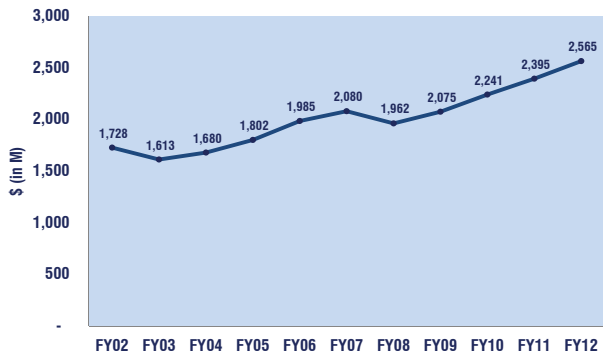


AFMS METRICS & ANALYTICS (BEST VALUE)

The overall goal of the AFMS is to provide the best experience of healthcare at the Best Value. While the total cost of the AFMS has risen over the past 10 years, the MHS analysts have shown out of pocket expense for TRICARE beneficiaries has not increased. The AFMS is constantly seeking new ways to provide best value.

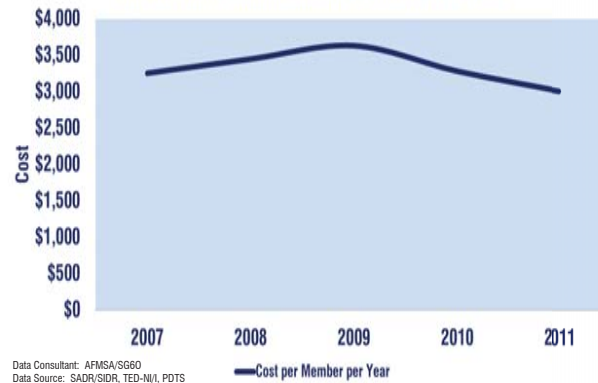
BEST VALUE

AFMS Total Budget
(includes D&M, R&D and Proc)
FY02-FY12



Over the past 10 years, the AFMS budget has grown due to rising healthcare costs, more users, ongoing operations, and other factors.

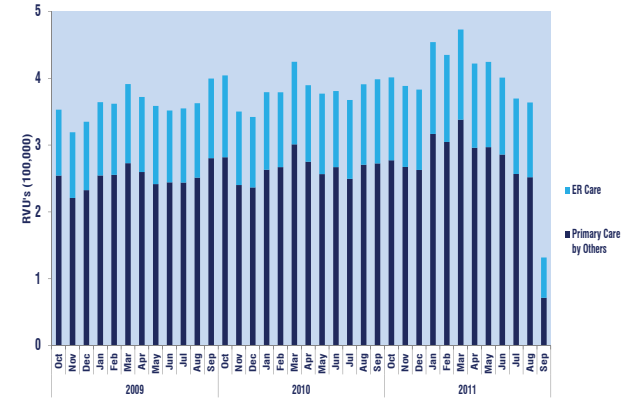
Tricare Prime Enrollee Cost Per Member Per Year



Data Consultant: AFMSA/SG60
Data Source: SADR/SIDR, TED-NVI, POTS

Cost includes all inpatient and outpatient costs for both direct care and network care, and pharmacy costs.

Potential to Recapture Primary Care Workload



Outpatient visits in the private sector, in Relative Value Units, that can be recaptured for FY09 - FY11, in Primary, Emergent, and Urgent Care. The Urgent Care value is zero so does not show in the graph.



ACCOMPLISHMENTS IN 2011

READY

- » EMEDS HRT/Theater Med Info Prgm successfully exercised/ready
- » Deployment Transition Ctr hosts 2K combat vets; first-ever USMC vets
- » Eliminated 1K inspection line items to improve Health Services Inspection & decrease MTF document prep time > 50%
- » Deployed first Tactical Critical Care Evacuation Team (TC CET)

BETTER HEALTH

- » 808K patients now enrolled/111 clinics implemented PCMH
- » Tri-Service Workflow awarded CSAF Excellence/Best Practice Award
- » First Service to offer Group Lifestyle Balance diabetes prevention
- » Implemented e-Health tools to strengthen/facilitate pt partnerships
- » Nellis first DoD site certified for cardiac catheterization by the VA

BETTER CARE

- » Centrally archived 1.1M digital images, largest repository in world
- » Military Education Training Command (METC) awarded Institute for Credentialing Excellence's Presidential Commendation for service
- » Fielded vacuum spine board for lighter/leaner Air Evac pt movement
- » Established and activated San Antonio Military Health System

BEST VALUE

- » 451 HPSP graduates; highest annual number recorded
 - » 7 Specialty Clinics new programs saw increase in enrollment by 3%; Relative Value Unit up 18%; Relative Weighted Procedures up 15%
 - » Led med equip COE; AFMS best annual purchasing performance; 2658pkgs/\$82M and decreased contract award times saving \$14M
-

EMEDS Health Response Team (HRT)

- » Implement 10 HRT equipment sets & 12 HRT personnel teams
- » Assess Collective Protection (CP) requirements for Utilis tents

Tactical Critical Care Evacuation Team (TCCET)/Critical Care Air Transport Teams (CCATT):

- » Train and deploy TCCET for CCATT at certain operational locations to cover rotary/fixed wing missions



Project ECHO (On-Line Consultation):

- » Launch of diabetes consultation service between Lackland and three medical treatment facilities

PC2-Z (Genomics):

- » Integrate pharmacogenomics as part of clinical decision support for personalized care for patients
- » Assess results of Clinical Utility Study on influence of genomic risk assessments on health behavior



Patient Centered Medical Home (PCMH):

- » Implement PCMH in 75 Family Health clinics/69 Pediatric clinics for 1M beneficiaries

Secure Messaging (MiCare):

- » Deployment of MiCare, a secure electronic messaging to 65% of beneficiaries



Modular Aeromedical Staging Capability:

- » Re-structure "Patient Staging" capabilities: MASF, CASF, DASF to create continuum
- » Combine UTCs into Force Modules and create a formal training course to meet mission requirements

Health Professions Scholarship Program/Financial Assistance Program (HPSP/FAP):

- » Implement new initiatives to maximize enrollment in the AF's HPSP/FAP program



AFMS FACTS & NUMBERS

Health Benefit: Approximately 1.14 million Prime and PLUS enrolled beneficiaries with 152K located outside of CONUS

People: ~57,000 total force officers, enlisted and civilian personnel in the AFMS

Budget: \$5.9B (FY12) [\$2.8B O&M; \$2.6B MilPers; \$427.4M MILCON; \$67M WRM; \$38M RDT&E; \$57.3M Proc]

Infrastructure: 75 military treatment facilities, including 13 hospitals/medical centers, and 171 ARC medical units

Operational Focus: Each Medical Group/Unit functions as an operational platform providing medical support through homestation care, medical readiness or by directly contributing to the more than 1,300 deployed medical personnel

Advances in Casualty Care: Our Total Force aeromedical evacuation team has moved over 92,000 patients since Oct 2001— combat mortality rate has dropped from 24% during Vietnam to less than 10% in current operations

Total Force Personnel

Active Duty	31,425
Reserve	9,374
Guard	6,095
Civilians*	6,818
Contractors*	3,750
Total	57,462
a/o 1 Dec 11	

Deployed Operations

AF Medics Deployed	1,362
Countries/Locations	30/49
CENTCOM patients moved (Oct 01-1 Dec 11)	92,010

Homestation Operations

DoD Eligible Beneficiaries	9.7M
Eligible Beneficiaries	2.6M
Prime Enrollees	1.1M
PLUS Enrollees	66K
Total Enrollees	1,143,289
Visits	5.6M
Admissions	28K
a/o 1 Dec 11	

*Denotes authorized personnel whereas all other numbers are assigned



AFMS...BUILDING TRUST WITH TOTAL FORCE INTEGRATION



YOUR EFFORTS...
ARE FOREVER IMPRINTED ON
THE CLOTH OF THE NATION

HONOR,
DEDICATION,
SERVICE...
THE AIR FORCE MEDIC

A HERO IS SOMEONE WHO HAS GIVEN HIS OR HER LIFE TO SOMETHING BIGGER THAN ONESELF.
- JOSEPH CAMPBELL



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