17 August 2006

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
                       COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
                       COMMANDER, NAVY MEDICINE WEST
                       COMMANDER, NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Navy Medicine Disease and Condition Management Program

Ref: (a) BUMEDNOTE 6310 of 3 Dec 04
        (b) NAVMED POLICY 06-001

Encl: (1) Diabetes Mellitus Care
        (2) Asthma Care
        (3) Breast Cancer Screening
        (4) Dental Health Care

      Effective disease and condition management improves patient health and reduces health care costs. Reference (a) defines Navy Medicine system-wide expectations for diabetes, asthma, breast and oral health reinforcing expectations for management of targeted conditions. Clinical quality measures are included as Evidence-Based Health Care in Military Treatment Facility (MTF) Business Plans per reference (b) and MTF Peer reviews.

      Each MTF will appoint a clinical champion and program coordinator for each listed disease and condition to implement enclosures (1) through (4). MTFs will identify appropriate personnel to monitor Dental Class (DENCAS) and Population Health Navigation (PHN) data and coordinate patient action lists. This policy memorandum does not preclude commands from using additional clinical information resources to track and manage diseases or conditions. Data security remains paramount. Personal Health Information (PHI) downloaded from clinical information systems (e.g., CHCS, AHLTA, DENCAS, PHN) must be protected. Only individuals with a clinical need should have access to data. Electronic PHI data will be stored on a secure network or removable drive kept in a locked cabinet. Under no circumstances shall PHI data be stored on the hard drive of a desktop computer or laptop.

      The point of contact for Disease Management is LCDR Annette M. Von Thun at (202) 762-3198, DSN 762-3198 or e-mail.

                                   J. M. MATECZUN
                                   Vice Chief

DIABETES MELLITUS CARE

1. <u>Background</u>. Diabetes mellitus is a prevalent disease in all MTFs. Many diabetic patients suffer comorbidities including heart disease, hypertension, hyperlipidemia and stroke. Effective care management improves health outcomes and reduces expenditures.

2. <u>Standards</u>. Optimal diabetic management includes general assessment, controlling HbA1c, LDL-cholesterol and blood pressure, screening for retinopathy/nephropathy, patient education and periodic follow-up. The following standards apply:

    a. <u>Identification of Diabetes Cohort</u>: Each MTF will identify enrolled patients diagnosed with diabetes and manage their care. The Population Health Navigator (PHN) information tool lists enrolled diabetics.

    b. <u>Clinical Practice Guideline</u>: Each MTF will implement an existing evidence-based clinical practice guideline (CPG) for diabetes care. Recommended guidelines, with accompanying evidence review, are available at: https://dataquality.med.navy.mil/community/Clinical/Disease+Management/default.aspx. The Evidence-Based Healthcare Advisory Board recommends the DoD/VA CPG for diabetes.

    c. <u>Diabetes Management Re-engineering</u>: Each MTF will analyze structure and processes for diabetes management.

      (1) Map and optimize clinical and business processes including:

        (a) Identify patients with HbA1c levels $\geq 9.0\%$.

        (b) Notify primary care manager (PCM) when a diabetic patient is seen in the emergency department.

        (c) Provide 24-hour telephone access to primary care.

      (2) Train the healthcare team on roles, responsibilities and basic skill competencies.

    d. <u>Patient Education</u>: Each MTF will implement culturally sensitive, comprehensive diabetes education. Recommended materials are available in the Diabetes Champion Toolbox.

3. <u>Metrics</u>. Each MTF will monitor diabetes management metrics. The following HEDIS® metrics are tracked centrally:

a. <u>Percent of patients with HbA1c values less than or equal to 9.0%</u>: MTF patients continuously enrolled for 12 months with Type I or Type II diabetes, age 18-75 years, with HbA1c values ≤ 9.0% during the past year. The current HEDIS® 90th percentile benchmark is 79%.

b. <u>Percent of patients with LDL-Cholesterol test values < 100 mg/dl</u>: Patients at each MTF continuously enrolled for 12 months with Type 1 or Type 2 diabetes, age 18-75 years, with LDL-Cholesterol values less than 100 mg/dl during the past year. The current HEDIS® 90th percentile benchmark is 47%.

c. The PHN clinical information system is the data source for these metrics. Other PHN capabilities for diabetes include healthcare utilization, prescription counts, insulin usage, nephropathy and retinopathy screening. Clinical performance data are displayed in dashboard format providing comparisons with other MTFs, Navy averages and national HEDIS® benchmarks. The PHN dashboard is available at: https://dataquality.med.navy.mil/reconcile/pophealth/.

4. <u>Diabetes Champion Toolkit</u>. The Diabetes Champion Toolkit is available at: https://dataquality.med.navy.mil/community/Clinical/Disease+Management/default.aspx. The toolkit includes several recommended clinical guidelines, educational materials and other resources.

5. <u>Assistance</u>. The Navy Medicine Clinical Champion for Diabetes is CDR Maureen Padden, MC at (910) 450-3142, DSN 450-3142, or e-mail mopadden@nhcl.med.navy.mil. For assistance with resources or implementation of population health initiatives contact the NAVMED Regional Command clinical representative or the Navy Environmental Health Center Population Health Directorate.

ASTHMA CARE

1. Background. Asthma is a chronic respiratory disease that results in substantial morbidity and healthcare utilization. Patients with persistent asthma who are not on a long-term controller medication have a more than ten-fold higher Emergency Department (ED) utilization and inpatient admission rate than persistent asthma patients on a long-term controller medication. Effective care management improves health outcomes and reduces expenditures.

2. Standards. Optimal asthma management includes assessment and therapy, patient education, and appropriate follow-up. The following standards apply:

    a. Identification of Asthma Cohort: Each MTF will identify enrolled patients diagnosed with asthma and manage their care. The Population Health Navigator (PHN) information tool lists enrolled asthmatics.

    b. Clinical Practice Guideline: Each MTF will implement an existing evidence-based clinical practice guideline for asthma care. Recommended guidelines, with accompanying evidence review are available on the Asthma Champion Toolkit at: https://dataquality.med.navy.mil/community/Clinical/Disease+Management/default.aspx.

    c. Asthma Management Re-engineering: Each MTF will analyze structure and processes for asthma management.

        (1) Map and optimize clinical and business processes including:

            (a) Identify persistent asthma patients not currently on long-term controller medications, particularly inhaled corticosteroids.

            (b) Notify primary care manager (PCM) when an asthmatic patient is seen in the emergency department.

            (c) Provide 24-hour telephone access to primary care.

        (2) Train the healthcare team on roles, responsibilities and basic skill competencies.

    d. Patient Education: Each MTF will implement culturally sensitive, comprehensive asthma education. Recommended materials are available in the Asthma Champion Toolbox.

3. Metrics. Each MTF will monitor asthma management metrics. The following metrics are centrally tracked:

a. HEDIS® metric: Percent of patients at each MTF, continuously enrolled for the past two years, ages 5 - 56 years, with persistent asthma during each of the last two years, who had at least one prescription during the last 12 months for one of the following: inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, and methylxanthines. Because of recent changes in the HEDIS® methodology, the benchmark will be the current Navy Medicine 90th percentile which is 98%.

b. Navy-specific metric: Percent of patients persistent asthma, ages 5 - 56 years, with at least one prescription for any inhaled corticosteroid during the last 12 months. Unlike the HEDIS® benchmarks which fluctuate annually, this goal remains at the current Navy Medicine 90th percentile which is 76%.

c. The PHN clinical information system is the data source for these metrics. Other PHN capabilities include healthcare utilization and prescription counts. Clinical performance data are displayed in dashboard format to allow comparisons with other MTFs, Navy averages and national HEDIS® benchmarks. The PHN dashboard is available at: https://dataquality.med.navy.mil/reconcile/pophealth/.

4. Asthma Champion Toolkit. The Asthma Champion Toolkit available at: https://dataquality.med.navy.mil/Community/Clinical/Disease+Management/default.aspx. The toolkit includes several recommended clinical guidelines, educational materials and other useful resources and tools.

5. Assistance. The Navy Medicine Clinical Champion for Asthma is CAPT Henry Wojtczak, MC at (619) 532-6883, DSN 522-6883, or e-mail hawojtczak@nmcsd.med.navy.mil. For assistance with resources or implementation of Population Health initiatives, contact your NAVMED Regional Command clinical representative or the Navy Environmental Health Center Population Health Directorate.

BREAST CANCER SCREENING

1. <u>Background</u>. Breast cancer is the second leading cause of cancer-related deaths in women. Risk assessment and prevention are key elements in breast health care. The U.S. Preventive Services Task Force (USPSTF) recommends mammography every 12-24 months in women age 40 and older. Clinical trial reviews concluded that mammography may reduce breast cancer mortality by 9 to 33 percent. Effective care management improves health outcomes and reduces expenditures.

2. <u>Standards</u>. Optimal breast cancer screening includes general breast health. The following standards apply:

     a. <u>Identification of Cohort</u>: Each MTF will identify enrolled women aged 40 and older and manage their care. The Population Health Navigator (PHN) Action List for breast cancer screening lists enrolled aged 40 to 69.

     b. <u>Clinical Practice Guideline</u>: All MTFs shall implement a clinical process for breast health. Practice recommendations with accompanying evidence review are available at: https://dataquality.med.navy.mil/Community/Clinical/Disease+Management/default.aspx.

     c. <u>Breast Health Process Re-engineering</u>: Each MTF will analyze structure and processes for breast health management.

     (1) Map and optimize clinical and business processes including:

        (a) Identify and notify enrolled women who are not obtaining their mammograms as recommended.

        (b) Determine and eliminate roadblocks for obtaining mammograms.

        (c) Identify women with historic mastectomies. Recent International Classification of Diseases, 9th edition (ICD-9) codes allow the documentation of historical mastectomy procedures as secondary diagnoses in the outpatient setting. The relevant ICD-9 extension codes are: V45.71_1 Acquired Absence of Left Breast; V45.71_2 Acquired Absence of Right Breast; and V45.71_3 Acquired Absence of Bilateral Breasts

        (2) Train the healthcare team on their roles, responsibilities and basic skill competencies.

     d. <u>Patient Education</u>: Each MTF will implement a culturally sensitive, comprehensive breast health education.

        Enclosure (3)

3. Metrics. Each MTF will monitor breast health management metrics. This HEDIS® metric is centrally tracked:

   a. Percent of women with Breast Cancer Screening: Women at each MTF, continuously enrolled for the past 12 months, ages 52 through 69 years, who received a mammogram in the past 24 months. The current HEDIS® 90th percentile benchmark is 81%.

   b. The PHN clinical information system is the data source for this metric. Clinical performance data are displayed in dashboard format providing comparisons with other MTFs, Navy averages and national HEDIS® benchmarks. The PHN dashboard is available at: https://dataquality.med.navy.mil/reconcile/pophealth/. PHN captures both screening and diagnostic mammograms performed in both the MTF and network excluding women with bilateral mastectomies.

4. Breast Health Toolkit. The Breast Health Toolkit is available at: https://dataquality.med.navy.mil/Community/Clinical/Disease+Management/default.aspx. The toolkit includes recommended guidelines, educational materials, and other resources.

5. Assistance. The Navy Medicine Clinical Champion for Breast Health is CAPT Peter Soballe, MC at (301) 295-6072, DSN 295-6072 or e-mail pwsoballe@bethesda.med.navy.mil. For assistance with resources or implementation of population health initiatives, contact your NAVMED Regional Command clinical representative or the Navy Environmental Health Center Population Health Directorate.

Enclosure (3)

DENTAL HEALTH CARE

1. Background. Oral health is essential to the overall health, well-being and force health protection of service members. Oral health care includes diagnosis, intervention, and management of the two leading dental diseases, dental caries and periodontal disease. Oral health also means being free of acute and chronic oral-facial pain conditions, oral and pharyngeal cancers, oral soft tissue lesions and other diseases and disorders that affect the oral, dental and craniofacial tissues. Effective care management improves health outcomes and reduces expenditures.

2. Standards. MTFs are responsible for the assessment, management, and reporting of dental health status of their active duty beneficiaries using DoD Oral Health and Readiness Classification System (HA Policy 02-011). DoD policy mandates that all service members undergo an annual dental examination to assess the oral health status, dental treatment requirements and dental readiness (deployability) of military personnel. The following standards apply:

    a. Identification of Cohort: Each MTF will identify active duty service members and manage their oral health care.

    b. Clinical Practice Guideline: Each MTF will implement will implement evidence based clinical practice guideline (CPG) for dental health care. Recommended guidelines are available at: https://dataquality.med.navy.mil/Community/Clinical/Disease+Management/default.aspx.

    c. Dental Health Process Re-engineering: Each MTF will analyze structure and processes for dental health management.

        (1) Map and optimize clinical and business processes for dental care including:

        (2) Identify active duty members who are not obtaining their recommended dental care.

        (3) Determine and eliminate roadblocks for obtaining dental care.

    d. Patient Education: Each MTF will implement culturally sensitive, comprehensive dental health education. Recommended materials are available in the Dental Health Toolkit.

3. Metrics. DENCAS is the informatics system to capture and report dental treatment needs, dental status data, patient demographic information (including email address),

and provider information. Each MTF will monitor dental health management metrics. The following metrics are centrally tracked:

      a. Dental Health: Percent of Active Duty members with Dental Class 1 status. The goal for this metric is 65%.

      b. Dental Readiness: Percent of Active Duty members with Dental Class 1 or 2 status. The goal for this metric is 95%.

      c. Data for these metrics will be obtained from the DENCAS clinical information system.

4. Dental Health Toolkit. The Dental Health Toolkit is available at: http://www-nehc.med.navy.mil/hp/HP_Toolbox/HP_ToolBox_Sep.htm.   The Tool Kit includes educational materials and other resources.

5. Assistance. The Navy Medicine Clinical Champion for oral health is CDR Robert Schutt, DC at (757) 953-0957, DSN 377-0957 or e-mail schuttr@nehc.med.navy.mil. For assistance with resources or implementation of Dental Health initiatives, contact the Navy Medicine Regional Command Dental representative or the Navy Environmental Health Center.