CLINICAL OPERATIONS

AT THE DECKPLATE

NAVY MEDICINE
World Class Care…Anytime, Anywhere

VOLUME 3, ISSUE 3 SUMMER 2010

TMA PERFORMANCE PLANNING PILOT

TMA Office of Strategy Management

The current MHS MTF business planning process emphasizes productivity-based performance. A revised performance planning approach focused on value creation is desired to align with enterprise goals and objectives resulting in breakthrough performance and achievement of the MHS desired end state: the Quadruple Aim. The simultaneous pursuit of Readiness, Population Health, enhanced Experience of Care and reduction of Per Capita Cost.

Championed by Rear Admiral (RADM) Christine Hunter, Deputy Director of TRICARE Management Activity (TMA), an Integrated Process Team (IPT) consisting of "system" representatives from all three Services and TRICARE Regional Offices (TRO's) was commissioned and chartered in the Fall of 2009 to develop and implement a way that would seek to improve financial incentives for the MHS. This includes both the Military Treatment Facilities (MTF's) and the purchased care network with the objective to achieve outcomes across the Quadruple Aim.

Though not completely finalized, the proposed model provides MTF's with a financial incentive to achieve improved performance towards in seven broad areas:

1. Readiness – Reducing the percentage of Service Members whose Individual Medical Readiness (IMR) status is indeterminate
2. Prevention – Appropriate use of preventative screens (HEDIS)
3. Primary Care – Increasing patient satisfaction, access to care, PCM continuity, virtual visits, and quality (HEDIS)
4. Operating as a Patient Centered Medical Home (PCMH) – Bonus payment for beneficiaries enrolled to a qualified medical home
5. Specialty Care – Increasing currency
6. Inpatient Care – ORYX quality measures, case mix, and patient safety
7. Overall Management of PMPM – Adjustment for relative improvement in PMPM while meeting an overall threshold

A high-level review of the pilot reimbursement and incentive design plan include:

1. Primary Care operating as Patient Centered Medical Home-
   a. Sub-capitation for primary care in the form of per-enrollee payment for each beneficiary enrolled to a qualified medical home
   b. Performance adjustments for IMR, overall patient satisfaction, PCM continuity, HEDIS, ORYX, overall management of PMPM, and Enrollee Utilization of Emergency Services
2. All other Primary Care will be fee for service with performance adjustments for IMR, overall patient satisfaction, PCM continuity, HEDIS, ORYX, overall management of PMPM, and Enrollee Utilization of Emergency Services
3. Specialty Care and Inpatient will be fee for service using the current prospective payment system methodology
4. An administration fee for Care Management will be awarded per Enrollee assigned to a PCMH

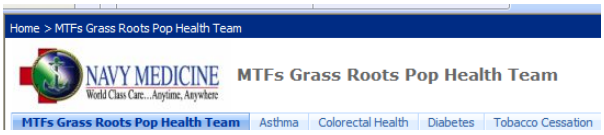
With permission of the Service Deputy Surgeon Generals, seven sites including two from the Navy (Pensacola and Quantico) were selected to ensure a balance across the Services, regions, facility types, operational tempos, and populations that comprise the MHS. The pilot is scheduled to begin on October 1st 2010 and scheduled to end September 30th, 2011. At the conclusion of the pilot, the MHS will decide which aspects of the experiment will be deployed more broadly and the kinds of system-level changes are needed to ach improve system integration and achieve the Quadruple Aim.

INSIDE THIS ISSUE

1	TMA Performance Planning Pilot
2	Important Events & Updates
3	BUMED Corner and Calendar of Events
4	TriService
5	Primary Care
6	Disease Management
7	Musculoskeletal Care
8	Case Management
9-10	Perinatal Care

Important Events

- **Perinatal Advisory Board**
  November @ San Diego, CA
- **Primary Care Advisory Board**
  September 20-22 @ Jacksonville, FL
- **Musculoskeletal Continuum of Care Advisory Board**
  TBD
- **Evidence-Based Healthcare Advisory Board**
  May 24th-25th @ Jacksonville, FL
- **Oral Health Advisory Board**
  September 8th @ Bethesda, MD
- **Behavioral Health Advisory Board**
  October @ San Diego, CA
- **Trauma Care Advisory Board**
  September 8th-9th @ San Diego, CA
- **Diabetes Action Team**
  September 15th-16th @ San Diego, CA
- **Asthma Action Team**
  September 15th-17th @ NHC Hawaii
- **Tobacco Cessation Action Team**
  September 15th-17th @ NHC Hawaii



MTF Grassroots Population Health Team has a New Website!

Greetings Pop Health & Disease Management colleagues from across the Enterprise! The Grassroots Population Health Team has a new SharePoint site. It was created to facilitate communication & collaboration between Population Health staff across DoD MTFs. If you have not used SharePoint before don't worry, to get familiar does not take much time.

This is a great resource which contains useful materials for all of population health, including Asthma, Colorectal Health, Diabetes, Tobacco Cessation & Women's Health.

Check it out at:
https://es.med.navy.mil/SiteDirectory/PHAMO/GrassRootsTeam/default.aspx

Trauma Care News

BUMED Trauma Care Advisory Board

The Pre-Deployment Trauma Training Matrix was signed out as a policy by the Surgeon General this month!

Just recently, the Trauma Care Advisory Board (TCAB) looked at pre-deployment trauma care training for Navy Medicine personnel deploying to the combat theater. The task was to make recommendations on how to better prepare our medical personnel to care for trauma patients. The goal was to recommend training that would adequately prepare our people for the mission, but minimize the time spent away from their parent commands.

There has been development in training courses designed to train personnel in the latest and best practices. In addition, older courses are updated to promulgate best practices and techniques to save life and limb in the combat theatre. Deploying personnel should receive this training prior to deployment and skills once achieved need to be maintained.

This policy does **NOT** cancel any previous requirements, it establishes a minimum.

Hospital Corpsman assigned to Maritime Expeditionary Squadron treats a mock casualty during a mass casualty exercise (U.S. Navy photo by Senior Chief Mass Communication Specialist Dave Nagle/Released)

"Did ya Know?"

Perinatal Education Opportunity!

A.L.S.O. Instructor Course:

When	Where	POC
14 Sept 2010	NNMC Bethesda	Theresa.Hart@med.navy.mil Catherine.Corbett@med.navy.mil
24 Sept 2010	NMC San Diego	Andrew.Warren@med.navy.mil

S.T.A.B.L.E. Instructor Course:

When	Where	POC
21-22 March 2011	NMC San Diego	Cynthia.Schultz@med.navy.mil
09-10 May 2011	NNMC Bethesda	Jason.Layton@med.navy.mil
11-12 May 2011	NMC Portsmouth	Alexander.Holston@med.navy.mil

BUMED's Corner

CLINICAL PRACTICE GUIDELINE UPDATE

CAPT Linda Grant, NC, *BUMED*

Department of Veterans Affairs (VA) and Department of Defense (DoD defines clinical practice guidelines (CPGs) as:

"Recommendations for the performance or exclusion of specific procedures or services derived through a rigorous methodological approach that includes:

- Determination of appropriate criteria such as effectiveness, efficacy, population benefit, or patient satisfaction; and
- Literature review to determine the strength of the evidence in relation to these criteria."

VA and DoD guidelines are based on the best information/evidence available at the time of publication. They are designed to provide information and assist in decision-making. They are not intended to define a standard of care and should not be interpreted as setting a sole course of management. Practice variations will occur when providers take into account the needs of individual patients, resources, and limitations unique to the MTF or practice.

The VA/DoD Evidence-Based Practice Workgroup is comprised of both VA and DoD representatives. Navy Subject Matter Experts (SMEs), as well as other services SMEs, VA representatives, as well as professional organizations, are involved in the development/updates of CPGs. Recent CPGs completed include Chronic Opioid Therapy, Asthma, Major Depressive Disorder and Substance Use Disorder. The complete list of CPGs is available at: **https://www.qmo.amedd.army.mil/pguide.htm**

On this site you will find not only the CPG, but toolkits, provider and patient material, forms, and many other resources. These are in a print ready format and can be downloaded easily. Check the site periodically for new CPGs and updates to other information available.

U.S. ARMY MEDICAL DEPARTMENT
Office Of Quality Management

Welcome New Dental Healthcare Support Team

There has been a complete change-over in the Dental Healthcare Support team with the departures of CAPT Bart Knox, CDR Steve Matis, and CDR Ken Green. The department is now headed by CAPT Jeannette Gorthy from Naval Hospital Oak Harbor, CAPT Joanne Adamski who has just completed the Joint Commission Fellowship in Chicago and LCDR Rodney Scott recently returned from a GSA deployment in Djibouti, Africa.

BRAVO ZULU!

The following MTFs went TOBACCO-FREE on 1 July 2010:

- Navy Medical Support Command
- Drug Screening Lab Jacksonville
- Navy Entomology Center of Excellence
- Branch Health Clinic Oceana
- Branch Health Clinic Dam Neck
- TRICOR Prime Clinic Virginia Beach

Coming soon....

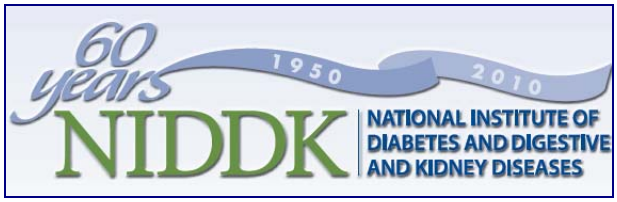
The following MTFs are planning to go TOBACCO-FREE this fall!

- NH Beaufort and Branch Health Clinics on September 16, 2010
- NH Pensacola on the Great American Smoke Out Day , November 18th 2010

For a list of other Tobacco Free Navy facilities and to obtain information on how to help your MTF or command go to a tobacco free campus, the BUMED Tobacco Cessation Action Team has ready to use resources and materials at:

NAVY MEDICINE
BUMED
TOBACCO CESSATION RESOURCE TOOLBOX
TCAT

http://www.nmcphc.med.navy.mil/Healthy_Living/Tobacco_Cessation/tobacco_MTFTobaccoFreeCampus.aspx



THE NATIONAL KIDNEY DISEASE EDUCATION PROGRAM (NKDEP)

NKDEP is an initiative of the National Institute of Diabetes & Digestive & Kidney Diseases. NKDEP aims to reduce the morbidity & mortality caused by chronic kidney disease (CKD) & its complications. NKDEP works to improve early detection of CKD, facilitate the identification of patients at greatest risk for kidney failure, & promote evidence-based interventions.

NKDEP's materials and website (www.nkdep.nih.gov) encourage people at greatest risk for CKD—those with diabetes, hypertension, cardiovascular disease, or a family history of kidney failure—to get tested regularly.

Tools for Health Professionals include:

- Explaining Your Kidney Test Results
- Your Kidney Test Results
- Quick Reference on GFR and UACR in Evaluating Patients with Diabetes for Kidney Disease
- GFR Calculators
- Provider Education Videos
- Chronic Kidney Disease and Diet: Assessment, Management and Treatment

For more information on printing your own copies, contact: nkdep@info.niddk.nih.gov.

THE WEIGHT-CONTROL INFORMATION NETWORK

WIN is a national information service of the National Institute of Diabetes and Digestive & Kidney Diseases (NIDDK. WIN creates evidence-based materials & resources for consumers, health care professionals, parents, teenagers, health educators, fitness professionals & others.

To help health care professionals raise awareness among their patients and clients, WIN has developed the following materials:

- Talking With Patients about Weight Loss: Tips for Primary Care Professionals. This fact sheet offers primary care professionals guidance on how to communicate with patients about setting reasonable weight-loss goals.
- Weight-loss and Nutrition Myths: How Much Do You Really Know? This fact sheet helps consumers and health care professionals separate fact from fiction regarding some commonly held die

To view a complete list of WIN materials, visit www.win.niddk.nih.gov.

THE NATIONAL KIDNEY DISEASE EDUCATION PROGRAM (NKDEP)

The National Diabetes Education Program (NDEP) is a federally-funded program sponsored by the Department of Health and Human Services' NIH & CDC & includes over 200 partners at the federal, state, and local levels, working together to reduce the morbidity and mortality associated with diabetes. NDEP translates the latest science and spreads the word that diabetes is serious, common, and costly, yet controllable and, for type 2, preventable. NDEP creates evidence-based messages and resources for children and adults with diabetes, those at risk for type 2 diabetes, and their families, and health care professionals. Addressing health disparities is a major goal of NDEP and materials have been adapted and translated to reach audiences with the highest prevalence of diabetes, including African American, Hispanic/Latino, Asian American and Pacific Islander and American Indian and Alaska Native populations. **All materials are free in limited quantities**, copy-right free and may be reproduced or reprinted.

NDEP's prevention initiative, Small **Steps. Big Rewards. Prevent type 2 Diabetes** is the nation's diabetes prevention campaign, based on NIH's landmark Diabetes Prevention Program clinical trial, to stem the diabetes epidemic. For Health Care Professionals, two important resources include:

- Guiding Principles of Diabetes Care: This evidence-based booklet outlines important patient-centered principles of diabetes care, helping health care professionals identify people with pre-diabetes and undiagnosed diabetes for treatment aimed at preventing long-term complications.
- Diabetes Numbers at-a-Glance: Based on American Diabetes Association clinical recommendations, this handy pocket guide provides a list of current recommendations to diagnose and manage pre-diabetes and diabetes

To learn more about the NDEP and its resources to help your patients with or at risk for diabetes, go to: www.yourdiabetesinfo.org. To sign up for a monthly email newsletter of activities, visit our About NDEP section and click on "News & Notes.

PRIMARY CARE

MEDICAL HOME PORT HAS A SHAREPOINT SITE : ENHANCING OUR ABILITY TO COMMUNICATE!

BUMED and the Primary Care Advisory Board (PCAB) are maintaining a Medical Home Port SharePoint site to share materials, templates, and resources with the deckplate community. This will enhance information dissemination and communication with all our MTFs.

All personnel should have access to these different sites, once they have registered their CAC card on SharePoint. **You only need to register once**. Once registration is complete, you should have access to the different Websites. Use the instructions below to register your CAC card.

Once registered, visit the Medical Home Port SharePoint Site at https://esportal.med.navy.mil/SiteDirectory/PHAMO/PCAB/default.aspx. This Website has links to all of the different Advisory Board portals, as well as contains archived editions of the Clinical Operations Newsletter. These Websites are Works-in-Progress; each group is working to build their portal to meet your needs. Please be patient with the Website development.

REGISTERING YOUR CAC ON SHAREPOINT

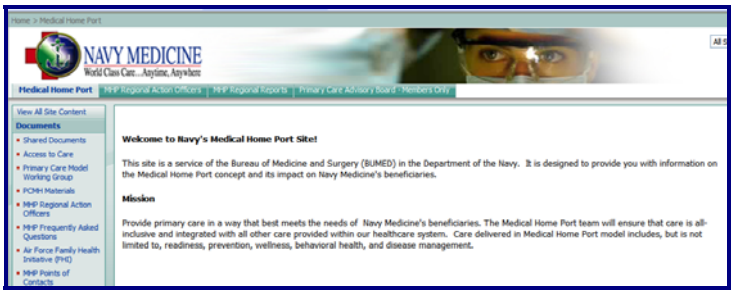
1) Person needs to register one time (takes about 60 seconds) at: https://esportal.med.navy.mil/Pages/PKISmartCardSignIn.aspx
   a) After you complete the 4 boxes for your Organization/ Location and your phone number and email address, you can skip over the Sponsor questions. When you have to pick the Portal/Site Default access scroll down and select esPortal→PHAMO (see screen shot below)
   b) For Reason for Request type: "Invited to Site by Owner".
   c) Click Register Smart Card.
2) If you get a page that says "Error" don't worry, just click out of the internet browser (click the "X" in the upper right).

"DID YA KNOW?"

The Advisory Board Company has **FREE** Webinar trainings available to all of Navy Medicine. Visit their Website for more information. See selection of upcoming Webinars of interest to the primary care community below. http://www.advisory.com/members/new_layout/default.asp?program=7&collectionid=2393

- Organizing the Physician Enterprise for Shared Accountability
  September 15, 2010 (3:00PM-4:00PM ET)
- Building the Chronic Care Delivery System
  September 22, 2010 (3:00PM-4:00PM ET)
- Facilitating Best-in-Class Patient Activation
  September 29, 2010 (3:00PM-4:00PM ET)

MEDICAL HOME PORT ROLL-OUT CONTINUES



Medical Home Port (MHP), Navy Medicine's new model of healthcare delivery in primary care, continues to roll-out across MTFs. The initial implementation started with the three Naval Medical Centers and five Family Practice Teaching MTFs. However, Medical Home Port continues to grow and expand, as other MTFs begin planning and standing up MHP clinics to meet the June, 2011 deadline in the Primary Care Services Instruction (6300.19).

BUMED has stood up a Medical Home Port Program Management Office to ensure MTFs and Regions have the necessary support to successfully implement MHP. There are several important items to note:

- ✓ There is an **MTF Clinical Champion** at your command! Visit our SharePoint site (listed below) to find your MTF Clinical Champion and see how you can contribute.
- ✓ There are **Regional Action Officers** for MHP who can provide assistance and support. Visit our SharePoint site for their information!
- ✓ We deployed **patient secure messaging** to the initial MHP sites. MHP teams are starting to virtually communicate with patients, which allow another access point to healthcare in Navy Medicine. We are working to expand those secure messaging licenses to other MTFs developing MHP clinics.
- ✓ **BUMED Consultants** have been visiting select MHP sites to meet with key stakeholders. The goal is to understand the "deckplate" view of MHP. They are identifying implementation issues between the current environment and the end state of Medical Home Port.
- ✓ We have a **Web presence**!
  - Public site: https://www.med.navy.mil/bumed/Pages/MedicalHomePort.aspx
  - Internal SharePoint site for specific resources to support MHP team. https://esportal.med.navy.mil/SiteDirectory/PHAMO/PCAB/default.aspx.

DISEASE MANAGEMENT

CENTER FOR NAVAL ANALYSIS (CNA) STUDY: TOBACCO AND THE FLEET

Christine Whitmore, PhD
CNA, Health Research & Policy

The use of tobacco products adversely impacts both the health and readiness of entire Navy family. For service members, it impacts both their mission capability (night-vision, post-traumatic stress disorder, combat stress, operational stress, etc) and the ability to heal from battle related injuries (wound healing, infection rates, heat injury, etc.).

While tobacco cessation programs for service members at medical treatment facilities have been studied recently by the Department of Defense, the demand for and availability of tobacco cessation resources aboard afloat unites within the naval and Marine operational forces are well documented. To assess this need, the Navy's Bureau of Medicine and Surgery (BUMED) has asked the CNA to investigate the knowledge, attitudes, and barriers to tobacco cessations as well as available cessation resources among operational afloat units.

The engagement and cooperation of both Line and BUMED leadership at several levels are critical to the success of this effort. Through the leadership's assistance in identifying the effective points of contact and appropriate participants, this study will identify actionable efforts to reduce tobacco use among the operational force, resulting in a healthier Navy & Marine Corps operational force. Assistance will be needed for the following efforts:

- Email access to Independent Duty Corpsmen (IDCs) and Medical Administrative Officers aboard afloat units to complete a brief survey assessing the availability of and demand for tobacco cessation resources while underway.
- Access to conduct in-port (aboard ship) one-on-one interviews and group discussions with Officer and Enlisted leadership regarding the tone set for tobacco use among the crew while underway and barriers to becoming a tobacco-free fleet.
- Assistance toward securing neutral, off-ship locations and with recruitment of former and current tobacco using Navy Enlisted personnel for group discussions regarding enticements barriers, and opportunities to cease tobacco while on shipboard deployment
- Assistance toward securing neutral home base locations and with recruitment of former and current tobacco using military personnel assigned to ships including Marines and Air Squadrons, for participation in focus groups regarding enticements barriers, and opportunities to cease tobacco use while shipboard during deployment.

The Joslin Diabetes Center, a teaching and research affiliate of Harvard Medical School, is an institution on the front lines of the world epidemic of diabetes — leading the battle to conquer diabetes in all of its forms through cutting-edge research and innovative approaches to clinical care and education.

Their mission is to improve the lives of people with diabetes and its complications through innovative care, education, and research that will lead to prevention and cure of the disease.

Their website contains valuable up to date information, care, education, news and articles that can be valuable to all those working in diabetes and population health.

Check it out at: http://www.joslin.org/index.html

AAT Webcast Training

The BUMED Asthma Action Team (AAT) disease management training lecture series announces the next in its series of webcasts to be presented **October 5, 2010: "Asthma AIM Template in the Primary Care Setting"** presented by: CAPT Frederick & CAPT Wojtczak. We are pleased to announce you can now earn CME/CE credits by participating in the Asthma Webcasts!

Sessions will be offered 4 times throughout the day to allow maximal participation (0900 ET, 1200 ET, 1500 ET & 1800 ET) & archived for future access. The Webcast will be available at https://connect.dco.dod.mil/aatwebcast Mark your calendars now for these exciting training opportunities!

DAT Webcast Training

The BUMED Diabetes Action Team (DAT) disease management training lecture series announces the next in its series to be presented on **September 14, 2010: "Diabetes & Surgical Weight Loss"** presented by CDR David You.

Sessions will be offered 4 times throughout the day to allow maximal participation (0900 ET, 1200 ET, 1500 ET & 1800 ET) & archived for future access. The Webcast will be at https://connect.dco.dod.mil/datwebcast. Mark your calendars now for these exciting training opportunities!

MUSCULOSKELETAL CARE

NAVY & MARINE CORPS RESTORATION EFFORTS

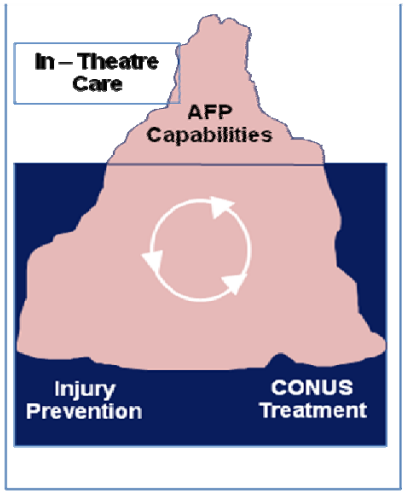
CDR Jennifer Reed, MSC, *BUMED M3/5 COCP*

On September 1, 2010, 1st Marine Logistics Group (MLG) opened doors to the first combined musculoskeletal and concussion Restoration Center at Camp Leatherneck, Afghanistan. This was a joint effort initiated by recommendations made by the Chairman's of the Joint Chiefs of Staff Gray Team last November. As the Services fielded the information and data from the Gray Team, several efforts were underway to implement their recommendations and sustain troops in theatre. One possible solution was spawned by the combined efforts of the Musculoskeletal Continuum of Care Advisory Board (MCCAB) and the Agile Capabilities Strategic Initiatives Team at the Bureau of Medicine and Surgery (BUMED).

Tasked by the Navy Deputy Surgeon General, the MCCAB was directed to "package" small, adaptable teams that could augment a Role II mission or when combined become a theatre hospital at the traditional Role III level of care. When Marine Central Command learned of the planning efforts, negotiations began. Marine Corps medical experts articulated the requirements, needs, and restrictions of their mission. With the traumatic brain injury (TBI) experts from Wounded Ill and Injured Division at BUMED, the team was able to modify the MCCAB Adaptable Force Package (AFP) recommendation to manage two key duty limiting conditions, concussions and musculoskeletal injuries. As I Marine Expeditionary Force Forward began construction of a new facility at Camp Leatherneck, Navy Medicine prepared a Sports Medicine Family Practitioner, Physical Therapist, and Occupational Therapist for the mission. The team joined efforts with the existing Combat Operational Stress Team at Camp Leatherneck. Processes are in place to escalate moderate to severe cases of TBI and musculoskeletal injuries to Kandahar for further evaluation and treatment.

Next steps: This AFP was deployed as a 6-month demonstration project. Data collection and metrics development are underway through the collaborative efforts of TRICARE Management Activity, Navy & Marine Corps Public Health Center, Joint Combat Casualty Research Team, 1st MLG, and BUMED. Risk-benefit analysis should be conducted to determine optimal utilization of resources, (i.e., location and provider mix). There is significant work left to be done on this project. However, validation of the concept will be critical to future medical planning efforts.

Treatment of Musculoskeletal (MSK) Injuries



Strategic Objectives

1: Develop capabilities to address MSK injury from forward resuscitative measures (Damage Control Ortho) to theatre hospitalization to definitive care

2: Provide input on optimal provider mix to address a wide spectrum of MSK injury; stabilize and sustain troops in theatre

3: Develop capabilities (or MSK teams) that can adapt to various missions in theatre hospitalization (humanitarian, host-nation, and coalition support)

4: Provide training recommendations for MSK providers & input on equipment sets for MSK providers

BACK TO WORK

CAPT Gregg Ziemke, MSC, *NMC Portsmouth*

Naval Medical Center Portsmouth Orthopedic and Physical Therapy Departments collaborated with New York University to conduct a study entitled: "A cohort study of active duty US Navy members seeking care for low back pain with a nested randomized controlled pilot study of early multidisciplinary care." The purpose of the study was to identify predictors of delayed recovery in US Navy members with non-specific low back pain (NSLBP) and pilot a multidisciplinary intervention aimed at decreasing attrition.

- **Methods**: A prospective cohort of NSLPB cases and a pilot nested, randomized controlled trial (two arms: usual care and multidisciplinary care) for personnel with NSLBP lasting more than 4 weeks. Demographic, physical and psychosocial variables were used as predictors and outcomes.
- **Results**: 253 members were enrolled in the cohort. Fear avoidance beliefs were predictive of duty status at 4 & 12 weeks. 33 subjects from the cohort enrolled in the RCT. Subjects allocated to multidisciplinary care showed lower self-perceived disability, less pain & fewer maladaptive pain beliefs than those allocated to usual care. No differences were observed in physical outcomes between the groups.
- **Conclusion**: Psychosocial factors are predictive of the outcome of low back pain & multidisciplinary care can improve well-being & work readiness.

CASE MANAGEMENT

QUANTICO NHC: A MULTIDISCIPLINARY APPROACH TO COMPLEX CASE MANAGEMENT

Hazel Edwards, RN, MSN, CCM, *NHC Quantico*

To achieve the most productive and effective care outcomes, the multidisciplinary team at Naval Health Clinic Quantico is dedicated to a robust patient centered mission. In keeping with this mission, the interdisciplinary team, Combat Casualty Nurse, EFMP Coordinator, Psychiatric Technician, Pediatric Case Manager, Recovery Care Coordinator, the non-medical case manager from the Wounded Warrior Regiment, and the Medical Board Coordinator, meet on a weekly basis.
All Wounded Ill and Injured service members are assessed for case management services and, if accepted to the program, the Nurse Case Manager is the primary point of contact. The case manager, with input and assessments of members of the health team, develops a comprehensive plan of care. The most complex or high risk patients, or those with exceptional needs/complications who require multi-level and multi-discipline care and coordination, are presented to the multidisciplinary team. Developing a patient's optimum treatment plan can be very complicated and often necessitates the opinion of many specialists. This can create a logistical challenge for patients and caregivers, especially if services are provided at different locations. This team approach to caring for patients includes many professionals performing a variety of specialty functions designed to meet the physical, emotional, and psychological needs of the patient. Specialty functions can be either medical or non-medical as in the case of the Safe Harbor Recovery Care Coordinator.

The multidisciplinary team approach exemplifies how the integration of diverse agencies with various techniques can produce effective outcomes. This method is truly exemplified in care for active duty service members with problems/issues such as PTSD, depression, and addictions. The team allows Service Members to have a smoother transition through the Military Health System from time of injury, through treatment and care, and reintegration to civilian life. The multidisciplinary approach can also streamline services for other beneficiaries as well.

Through camaraderie and collaboration, the team provides psychosocial support to the service member and family, increased efficiency in initiating interventions, and critical thinking strategies in every phase of the case management process. Multiple levels of care coordination are initiated, that includes assistance as needed from:

- Managed Care Support Contractor (Health net) Case Managers
- Recovery Care Coordinators
- Medical board/Limited duty coordinators
- Physical evaluation board liaison officers
- OIF/OEF case managers located within the VA and MTF
- Federal Recovery Coordinators
- Wounded Warrior Regiment/Warrior Transition Unit
- Behavioral Health therapists, providers, and psych techs
- DOD/VA civilian and military physicians

The multidisciplinary care planning tool allows the case manager to track, monitor and evaluate assigned tasks of each team member. These combined efforts result in cost containment and timely access to medical and psychological resources while providing quality care.

The multidisciplinary team has created a synergistic result and plays a pivotal role in the care and transition of complex care and coordination of active duty service members. The case management process of assessing, planning, implementing, monitoring and evaluation has proven to be an invaluable tool in multifaceted medical management. The outcomes on service and continuity have been invaluable in a financially challenging environment, in which health care goals have been met in a timely manner.

How Do I Receive the Clinical Operations Newsletter? To receive the quarterly Clinical Operations Newsletter, please email Leanne.Repko@med.navy.mil or Sarah.Clarke@med.navy.mil to be included on the distribution list. Thank you!

PERINATAL CARE

PERINATAL ORYX METRICS

- **5 New Proposed Metrics:**
  1. Elective Delivery 37 to 38 6/7 weeks EGA
  2. Exclusive breastfeeding at discharge
  3. Nosocomial infections for inborns
  4. Appropriate use of antenatal steroids
  5. Cesarean deliveries (primary) rate low risk
- **Data Source**: Discharges starting April 2010
- **Data Collection**: The TRICARE Management Activity (TMA)/Military Health System (MHS) in conjunction with Lockheed Martin will be abstracting these rates from inpatient medical records, based on Joint Commission (JC) Algorithms. Navy Medicine recommends that local PABs take the following steps to prepare for this upcoming analysis:
  1. Contact their local MTF ORYX point of contact to review the algorithms and process for measuring core measures by JC. This contact is typically found in QM or DHB (see our Perinatal SharePoint site). Each MTF should be briefed from the contractor as to how sampling will occur, and what specifics they need to know about how the algorithms calculate measures;
  2. Have member(s) participating in the quarterly outbriefs with the contracted abstractor, review any records that are not compliant, in order to develop potential process improvement ideas. This first outbrief should be done in September before the ORYX data is posted in October.
- ORYX link to Joint Commission: http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Perinatal+Care+Core+Measure+Set.htm

NEW

NEWBORN HEARING SCREENING ASSESSMENT

Are your newborns getting their hearing checked prior to their discharge from their postpartum hospital stay? Navy Medicine needs to know, so that we can identify processes that can be improved! A Newborn Hearing Program Assessment is now required for all MTFs providing services to newborns, and is **due September 30, 2010**.

The assessment identifies how Educational and Development Intervention Services (EDIS) measures are implemented at Navy MTFs. EDIS recommends that all providers handling newborns or infants adhere to the 3 key target hearing screening milestones below:

1. All newborns will be screened for hearing loss before 1 month of age, preferably before hospital discharge;
2. All infants who screen positive will have a diagnostic audiologic evaluation no later than 3 months of age;
3. All infants identified with hearing loss will receive appropriate early intervention services no later than 6 months of age.

The Newborn Hearing Screen Program Assessment is aimed at gathering data on whether these three milestone requirements are being regularly fulfilled at each MTF and what barriers may block an MTF from meeting these 3 milestones. **Completion of the assessment survey is mandatory.** If your facility has not received a survey form at this time, please email Stacia.Fridley@med.navy.mil and Julia.Bennett2@med.navy.mil for a copy.

NEW NRP 6TH EDITION GUIDELINES

MTFs can expect freshly updated NRP Materials in Spring 2011. MTF PAB members should reach out to their Staff Education and Training (SEAT) Office in the following to develop a plan for implementing the new NRP guidelines by the following year on Jan 1st, 2012. **NRP website:** http://www.aap.org/nrp/nrpmain.html

- ✓ **Planning Ahead:** New Guidelines and 6th Edition Textbook Webinars and Seminars available in 2010/2011. The schedule and registration information will be available on website.
- ✓ **For NRP Instructor Webinars on October 19, 27, and November 4, 2010**: http://www.aap.org/nrp/pdf/NRP-Webinar.pdf
- ✓ **To register**: $79.00 Registration Fee (including credit for up to 5 participants)
  - Per the website: Gather as many people as you'd like in one office, conference room or auditorium and pay one low fee.
  - Please note that CE Credit is available only to those who participate in the live event. You will be asked to submit names of all participants requesting CE Credit to the AAP at the completion of the webinar.

If you have further questions: contact Bonnie Molnar at 847-434-4798, Ext. 4798 or toll free at 800-433-9016, Ext. 4798.

PERINATAL CARE

PAB SELF-ASSESSMENT REPORT CARD

The PAB Report Card has been updated! This self-assessment tool of recent Perinatal care initiatives has conveniently imbedded reference links in the document, along with the addition of 3 new metrics. MTFs use this tool on a quarterly basis to keep leadership updated on Perinatal care initiatives and issues.

The newest inclusions to the self-assessment are Newborn Hearing Screen Program Assessment with data; a detailed review of Perinatal Patient Education services; and the implementation of a Perinatal Code Plan.

	Metric	Green	Yellow	Red
Local PAB's report to Command ESC		Reports to ESC or Command level Governing Body		Does not
Newborn Staff trained STABLE	# newborn staff with Stable Training / total # newborn staff **FY10 75%**	> 75 %	50-75%	<50%
Maternity Care Staff Trained ALSO	# maternal staff with ALSO Training / total # maternal staff **FY10 75%**	> 75 %	50-75%	<50%
7 day a week Standardized Newborn Follow up		7d	5-6d	<5d
7 day a week Outpatient Lactation Support available		7d	5-6d	<5d
Aneuploidy/Quad Screen Offered/Done		yes	partial compliant	no
Newborn Hearing Screen Program Assessment	Initially report FY/CY09 data and then quarterly Newborns screened by 1 month/live births Newborns screened prior to discharge/live births	yes	partial compliant	no

Participation in the Report Card is vital for securing both manpower and financial support, as it helps BUMED gauge process improvement needs for MTFs providing any level of Perinatal healthcare. The Report Card focuses on numerical indicators for three primary areas: education; clinical practice; and patient safety and quality. Using these metrics, MTFs give Navy Medicine a snapshot of key indicators, critical gaps, and areas that need further support.

The Report Card should be filled out by the PAB at each MTF and turned in to BUMED **on the 15th of every October, January, April, and July**, by emailing Stacia.Fridley@med.navy.mil and Julia.Bennett2@med.navy.mil. For a blank Report Card, please go to PAB's SharePoint site at https://esportal.med.navy.mil/SiteDirectory/PHAMO/perinatal.

NEWLY MINTED PERINATAL ADVISORY BOARD SHAREPOINT WEBSITE!

The Perinatal Advisory Board (PAB) is back on SharePoint, with a new look and new links. The updated homepage features key documents for those interested in the latest news out of Perinatal care at Navy Medicine. Visitors can browse the latest Perinatal policies, key briefs and guidelines, and even submit questions to BUMED's Perinatal Program Management team. Most importantly, a regularly updated calendar gives users a quick look at what's to come, and what's due on the near horizon.

Local PABs have an extra feature, aimed at improving PAB organizational processes. Each MTF PAB now has access to a unique site visible only to their members and the Navy-wide PAB. Local members can upload Report Cards and other documents, keep their Board's calendar up-to-date and members informed, and connect with other PAB members. For more information, please stop by and visit PAB's new homepage at https://esportal.med.navy.mil/SiteDirectory/PHAMO/perinatal/default.aspx.

For access to the Perinatal SharePoint:
For PAB members with current SharePoint accounts, please email Julia.Bennett2@med.navy.mil and Stacia.Fridley@med.navy.mil for page permissions.

For unregistered PAB members and visitors who need a SharePoint account, register your smart card by in 4 simple steps:

1) Go to https://esportal.med.navy.mil/Pages/PKISmartCardSignIn.aspx.
2) Fill in the form but skip the sponsorship information; select the dropdown option for "esPortal→PHAMO" site access, and list your reason for the request as "owner invitation".
3) Click on "Register Smart Card."
   a. Email Julia.Bennett2@med.navy.mil and Stacia.Fridley@med.navy.mil for page permissions.