

CLINICAL OPERATIONS

AT THE DECKPLATE

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Deck Plate Clinical Operations Drive Enterprise-Wide Performance Planning

Renita Washburn, BUMED M3/5 PPM

BUMED M3/5's Performance Planning and Monitoring (PPM) department provides support to senior leadership by analyzing, evaluating, and advising on issues which impact Navy Medicine's business operations and strategic planning.

One of the largest functions of the PPM department is overseeing the **Business Planning Process**. The business plans are completed annually, with each plan covering a three-year period. Each MTF develops a plan to:

1. Outline the scope of care delivered
2. Communicate process improvement initiatives to achieve strategic goals
3. Align MTF's productivity capabilities with its demand for care.

The plans articulate performance expectations from the clinic to the MTF-Parent level and provide a framework for MTF prospective funding.

The day-to-day operations of each MTF are the drivers of the business planning process. Data regarding the location of care, volume, enrollment, staffing and quality of care are analyzed to project and establish future performance goals. The quality of a MTF's MEPRS data, clinical documentation and coding accuracy are integral to the success of the business planning process.

The Business Planning process expands beyond workload and staffing analysis. MTFs are required to focus on key areas of health care delivery, called **Critical Initiatives**. Critical initiatives support areas that should be continuously analyzed and improved upon and may vary according to Navy Medicine priorities. For the FY12-14 Business Planning Cycle, the seven critical initiatives are: Manpower, Access to Care, Evidence-Based Health Care, Pharmacy (Inventory Management Days of Supply), Readiness, Value of Care and Manage Referrals. MTFs develop plans to improve performance in these areas, with many being driven by clinical operations. See other column for examples of NHC Hawaii and NHC New England critical initiative successes.

The clinical operations at the deckplate are the foundation of the business planning process. The performance data reported by the commands and the outcomes of care received can impact plan projections, strategic goal development, and the MTFs prospective funding. PPM thanks all members of the Clinical Operations community for their daily contribution to the business planning process. In future newsletter issues, the department will provide further insight into the relationship between clinical operations and its performance planning and monitoring efforts.

CRITICAL INITIATIVE SUCCESS



NHC Hawaii – Evidence Based Health

Breast Health:

Radiology Clinic and primary care team staff developed a process to decentralized booking mammograms and increase communication between radiology and other clinical staff within MTF, by creating schedule templates for nursing staff at all clinic locations to schedule mammograms for patients at Point of Care.

Result: Improved breast health numbers by 6%.



NHC New England – Value of Care

NHCNE implemented a process to update Problem Summary Lists (PSLs) through the A/P module of AHLTA. The process maintains the integrity of the

medical record while removing the clutter of redundant diagnoses, administrative diagnoses and acute conditions. Within 6 months, NHCNE consistently achieved over 90% compliance for updated electronic PSLs, leading to better continuity of care and meeting Joint Commission PSL standards.

INSIDE THIS ISSUE

1	Performance Planning Process
2	BUMED Update
3	Primary Care
4	Operational Medicine
5	Public Health
6	Disease Management
8	Perinatal Care



2011 Case Manager Society of America (CMSA) Annual Conference
 Rose M. Gingery, *BUMED Case Management*

During the week of June 13, case managers descended upon San Antonio, Texas for the Case Management Society of America’s (CMSA) annual conference. Before the conference, DoD and VA case managers attended their own 1.5 day meeting entitled, “Hot Topics in Case Management”. This annual meeting has grown from thirty Navy Case Managers in 2006 to a record-breaking 200+ case managers from all Services and VA in 2011!

RADM C.S. Hunter, MC, USN, Deputy Director, TRICARE Management Activity give the opening address entitled “TRICARE Support for the Complex Patient”. To meet the healthcare needs of our beneficiaries, MHS adopted the Quadruple Aim as an enduring construct for care. With Quadruple Aim, MHS will foster readiness; improve population health; enhance the experience of care; and manage cost. RADM Hunter provided an overview of activities undertaken in one week in the “life of TRICARE”. In a single week, MHS dispenses 2.7 million prescriptions; in addition, there are 2,400 births and 1.8 million outpatient visits. RADM Hunter identified several efforts which assist the warriors on the road to recovery. These efforts include a focus on access to emerging technology; burn therapy and tissue regeneration; and cognitive rehabilitation and the Computer/Electronic Accommodation Program (CAP). Additional programs, which benefit both active duty and beneficiaries, include Disease Management, Transition Support, Pharmacy Benefits Management, and Behavioral Health.

Presentations covered a wide range of topics: Women’s health services in the VA; Patient-Centered Medical Home, what case managers need to know about American Disability Act (ADA), and the Defense Center of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury resources for case managers. Service-specific breakout sessions provided an opportunity for each Service to engage in discussions related to key issues, share best practices and network. It was a great time to come together, share ideas on best practices to better face the challenges facing healthcare in today’s world. Key presentations of interest include:

- ❖ **Derenda Lovelace**, TMA Case Management Nurse Consultant, presented an update on TMA’s major functions, case manager educational requirements, and DoD/VA joint policies for improvement of wounded warrior care. TMA will offer basic/advanced medical management courses.
- ❖ **Suzanne Mintz**, Founder of the Family Caregiver Advocacy Association opened the CMSA Annual Conference. She spoke about caregivers needing support and advocacy from case managers, especially in caring for family members with incurable chronic conditions.
- ❖ **Dr. Bill Crouse**, Microsoft’s Senior Director of Worldwide Health, discussed how e-health will change Case Management and healthcare delivery
- ❖ **Donna Brazile**, Washington’s political strategist, explained the complexities of the political landscape and impact on health care.
- ❖ **Tour of the Center for the Intrepid (CFI)** at the Brook Army Medical Center. CFI specializes in rehabilitation for OEF/OIF wounded warriors with amputations and burns. It was a great privilege to meet the case managers who have the privilege to work with our wounded warriors.

IMPORTANT EVENTS

- **PERINATAL ADVISORY BOARD**
AUGUST 8-12 @ NNMC BETHESDA, MD
- **PRIMARY CARE ADVISORY BOARD**
TBD @ BUMED
- **MUSCULOSKELETAL CONTINUUM OF CARE ADVISORY BOARD**
TBD
- **NAVY PHARMACY ADVISORY BOARD**
JULY 18-22 @ NNMC BETHESDA, MD
- **PSYCHOLOGICAL HEALTH ADVISORY BOARD**
JULY 28-29 @ NMC PORTSMOUTH
- **TRAUMA CARE ADVISORY BOARD**
JULY 27-28 @ LITTLE CREEK
- **DIABETES WORKING GROUP**
JULY 7-8 SITE VISIT @ NH BREMERTON
- **ASTHMA ACTION TEAM**
JULY 13-14 @ WASHINGTON, DC
- **EN ROUTE CARE SYSTEM WORKING GROUP**
AUGUST 31-SEPTEMBER 1 @ WASHINGTON, DC
- **CLINICAL INFORMATICS ADVISORY BOARD**
JULY 18-20 @ WASHINGTON, DC

“DID YA KNOW?”

Clinical Informatics Advisory Board is Back!

Formerly known as the Electronic Health Advisory Board, the CIAB has been renamed and will now be addressing all issues regarding Clinical Informatics throughout the Navy Medicine Enterprise. The board will be focusing on integrating Electronic Health Record Systems throughout the Enterprise, as well as identifying solutions and restructuring business processes surrounding Clinical Informatics. The board will remain under M3/5 until the end of this fiscal year, after which it will fall under the direction of M6. CIAB is currently being led by:

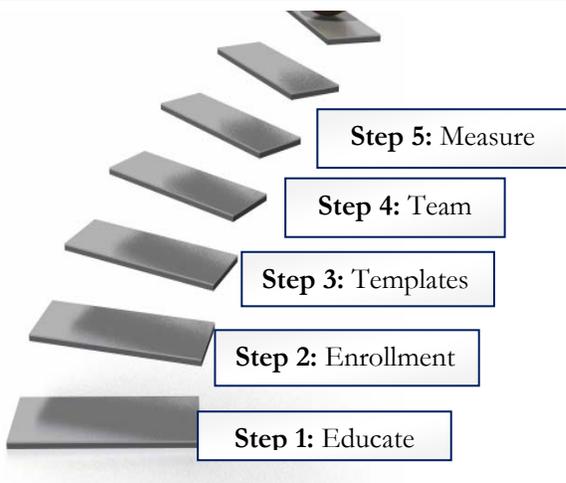
- ❖ Chairman CAPT Margaret Beaubien: CMIO, BUMED (margaret.beaubien@med.navy.mil)
- ❖ Lead Officer CDR Peter Park, BUMED (peter.park@med.navy.mil)

The CIAB’s next meeting will be held from 18-20 July at the Skyline Compound in the Washington, DC area.

Welcome back, Clinical Informatics Advisory Board!

PRIMARY CARE

MHP Implementation: 5 Steps to Success BUMED MHP PMO



BUMED Medical Home Port Program Management Office (MHP PMO) has delivered training to key MHP stakeholders through Regional and MTF site visits. As part of this training, MHP leaders and clinic personnel learn about the standardized implementation of Medical Home Port, which will set up MHP practices for success. To build a MHP foundation that creates a sustainable model for optimal healthcare delivery, there is a recipe for success. There are five initial steps that enable achievement of MHS Quadruple Aim goals: enhanced experience of care, improved population health, control of per capita cost, and meeting readiness goals.

✓ **STEP 1: Educate team on Patient-Centered Medical Home**

Clinical staff should read some of the civilian literature to understand why moving to this model will improve healthcare delivery and meet controlled cost goals. Visit PCMH Toolkit to review PCMH articles and materials in <https://esportal.med.navy.mil/SiteDirectory/PHAMO/PCAB/PCMH%20Materials/Forms/AllItems.aspx>.

Materials for the rest of the steps are on the SharePoint site at <https://esportal.med.navy.mil/SiteDirectory/PHAMO/PCAB/MNW%20Regional%20MHP%20Training/Forms/AllItems.aspx>

✓ **STEP 2: Get Enrollment Right!**

Defining a patient panel helps predict workload and demand for services. Successful planning will affect PCM continuity, ER utilization and improve performance metrics. Access Enrollment Capacity presentation

✓ **STEP 3: Manage Templates to Enhance Access**

Do today's work today through Open Access scheduling. Reduce backlog and use fewer appointment types to improve continuity Access Template Management presentation

✓ **STEP 4: Build Team-Based Practice**

Define staff roles and responsibilities and empower all staff to work to the top of their license to leverage full team for MHP Access Team-Based Practice presentation

✓ **STEP 5: Measure and Monitor Success**

Monitor strategic performance metrics that are aligned to Quadruple Aim to measure successful implementation of MHP. Access Metrics of Success presentation

TMA Support for Patient-Centered Medical Home By Regina Julian, TMA PCMH

TMA's NCQA baseline self-assessment of 400+ current and future Patient-Centered Medical Home (Medical Home Port in the Navy) practices is complete. The results of the baseline are being used to identify practices to seek formal NCQA recognition in FY11 and to assess capabilities gaps. The results will also help identify procedures used by top-performing PCMH practices. These procedures, and MHS Tool screenshots, will be included in a TMA-developed TriService Recognition Handbook, which can be used by practices to improve their own processes. The results of the baseline will be available from your Services once it is released and validated by the TriService PCMH Advisory Board (AB).

NCQA Recognition: MHS practices identified to seek formal FY11 NCQA recognition will use NCQA 2008 Standards. If awarded, it will be effective for three years. FY11 formal recognition must be completed by 31 December 2011. Practices identified to seek recognition in FY12 and beyond will use the NCQA 2011 Standards.

PCMH AB Initiatives:

- Performance measures to evaluate PCMH success relative to the Quadruple Aim
- Tri-Service Workflow forms
- IM/IT Business Intelligence capabilities
- Staff Satisfaction
- Strategic Communication

Finally, the TMA PCMH Branch is revising the MHS Guide to Access Success as an Access to Care initiative. The revised Guide to Access Success will incorporate the PCMH model of care. Currently, subject matter experts are being requested from the Services to assist in the revision of this important document.



Medical Management
in Today's TRICARE Environment

Visit the TRICARE Management Activity (TMA), Population Health, Medical Management and Patient Centered Medical Home Division (PHMM & PCMH) Website at <http://www.neweditions.net/phmmdpcmh/>

- ✓ PHMM & PCMH division strives to enhance the current knowledge base of Medical Management personnel across the Military Health System (MHS) through advanced educational training in response to the complex needs of our service members, families, and retirees.
- ✓ 4-day onsite classroom-based Basic Medical Management course. The purpose of the course is to provide MTF healthcare personnel a comprehensive, educational program, which demonstrates the link between business planning and clinical decision-making within a Medical Management (MM) program.

OPERATIONAL MEDICINE

The Integration of Behavioral Health into the Primary Care Medical Home Port By Dr. Nicholas Polizzi, Ph.D, BUMED M9

DID YOU KNOW?

- 84% of the time the 14 most common physical complaints have no identifiable organic etiology? ¹
- 80% of individuals with a mental health disorder present to their PCM at least one time a year? ²
- 48% of the appointments made for psychotropic medications are with non-psychiatric primary care providers?³

BEHAVIORAL HEALTH INTEGRATION

Most would agree that the primary care clinic sees its fair share of mental health issues. What do we do about it? What is the Navy doing about it? The Navy is in the midst of rolling out a program that focuses on the integration of behavioral health into Navy's Patient-Centered Medical Home model, Medical Home Port. It is well underway across the Enterprise! Several clinics across the Navy have started to stand up the service while others are in the planning stages.

Future Navy Efforts

BUMED personnel are in the final stages of developing the specifics of the Navy wide program for the integration of behavioral health into the Medical Home Port. In the coming months you will hear more about the DoD Instruction, Navy operations instructions, manuals, training programs, and more. This is an exciting time for Navy medicine as we have a seat at the table with DoD and are guiding how the instruction looks to ensure that our input is incorporated into the final product.

1. Kroenke & Mangelsdorf, Am J Med. 1989;86:262-266.
2. Narrow et al., Arch Gen Psychiatry. 1993;50:5-107.
3. Pincus et al., JAMA. 1998;279:526-531.

WHAT YOU SHOULD KNOW

The program focuses on integration of behavioral health, not on co-located care. The primary mission of the integration is to:

- ✓ Deliver services at the site of care
- ✓ Augment the services already being provided by the medical practitioners
- ✓ Address the mental health needs of the whole DoD population.

This falls in line with the DoD's "Quadruple Aim" for military healthcare: readiness, experience of care, population health and per capita cost. It ensures a ready force by addressing the needs of both the service member and their families. The experience of care is taking place in the Medical Home Port where coordination with the medical practitioners is readily achieved. The population health approach is the center of the integration of behavioral health, as the integration of behavioral health is designed to reach and treat as many patients as possible and to focus on improving quality of life for all. By treating mental health needs today we prevent worsening of symptoms and increasing costs associated with treatment in specialty care.

Keep an eye out for the first joint VA/DoD conference on best practices in clinical services, administrative functions, and implementation of mental health services within the VA and DoD primary care settings. Navy's NNMC Medical Homeport will be showcased as an example of successful behavioral health integration. We will charge ahead and bring the program to all of Navy!

How Do I Receive the Clinical Operations Newsletter? To receive the quarterly Clinical Operations Newsletter, please email Leanne.Repko.ctr@med.navy.mil or Andrew.Ostroff.ctr@med.navy.mil . Thank you!

NAVY MARINE CORPS PUBLIC HEALTH CENTER

ANSWERS FOR MTFs FROM THE HEALTH ANALYSIS DEPARTMENT

CAPT Paul Rockswold and Jennifer Barber, NMCPHC

Do you have a clinical question on your mind, but do not have the data or analysts to find the answer? The Health Analysis Department (HAD) at the Navy and Marine Corps Public Health Center (NMCPHC) supports Navy Medicine through data retrieval and analysis. The mission of HAD is to provide epidemiologic expertise and leadership to improve the value of Navy healthcare. Specifically, HAD provides unique, customized analytic support to MTFs. Past projects range from program and needs assessments to cost and clinic workload data. HAD has a history of developing meaningful clinical measures, including HEDIS-like metrics in support of the Population Health Navigator Dashboard and access and quality of care metrics for wounded warriors. HAD also reviews program proposals that support best practices and performance enhancement. They supply the knowledge and data necessary to derive meaningful analysis from MHS data.

Mission: *Provide epidemiologic expertise and leadership to improve the value of Navy Healthcare through evidence-based methods and clinical health analysis.*

Previously, HAD has completed an assessment of the impact on adding a Schedule II prescription narcotic to the formulary in place of a Schedule III to reduce patient wait times. HAD has also provided a supply and demand assessment on influenza vaccine for the 2006-2010 seasons. This assessment allowed Navy to forecast demand in the coming seasons. HAD's development of the Colorectal Cancer (CRC) Demand Forecasting Tool provides an easy, useful method for MTFs to identify potential gaps in their ability to deliver CRC screening. It assists with decision-making on securing resources necessary for increasing performance. This tool allows any MTF to receive facility-specific results, providing 6 month, 1 year and 10 year projections. HAD also provides Health Promotion needs assessments, workload analysis, disease frequencies and coding accuracy analysis.

METHADONE USE AND ADVERSE OUTCOMES: A SAMPLE PROJECT

Recently, HAD received a request from a physician at National Naval Medical Center regarding the use of methadone and the occurrence of conditions that may indicate drug toxicity among methadone recipients. Working closely with the physician, HAD epidemiologists provided step by step communication through the analysis process to fully answer the clients questions. Using the Military Health System Mart (M2), pharmacy, direct care inpatient and outpatient data, and purchased care data were retrieved to provide a comprehensive assessment of methadone use in the Department of Navy. HAD epidemiologists determined that while unique methadone patients are decreasing, the average methadone dispensing per patient increased between FY06-FY10 from 5.6 per patient to 6.4. Additional information regarding patient demographics and condition specific data were included in the final report. The analysis will not only

improve the understanding of methadone prescribing practices, but will also be useful in evaluating the need for provider education and safety protocols to avoid future adverse events.

"The ability to work directly with a client, from clinic managers to other analysts is a great experience that allows us to dive deep into a health care topic and discover how we can improve our clinics, from both the patient and provider perspective." - HAD Clinical Epidemiologist

WORKING WITH THE HAD

Routine communication with our clients is the key to providing tailored support regarding clinical questions. The HAD employs a variety of staff members from epidemiologists, biostatisticians and more to provide MTFs with the expertise needed to dive into the data and provide meaningful clinical answers. Whether you need assistance creating measures for a clinic or program, want input on existing methods, or simply want to know how the data add up from your clinic, the HAD is eagerly available to assist as we continually strive to improve the quality of care delivered in our facilities. To request a project, or for more information, please visit the HAD's website at http://www.nmcpHC.med.navy.mil/Data_Statistics/Health_Analysis/ha_overview.aspx or email health-analysis@med.navy.mil.



Colorectal Cancer Incidence Declines as Screening Increases!

The Center for Disease Control (CDC) released a report regarding the effect of increased screening on the incidence and mortality of colorectal cancer (CRC).

Background

- ✓ CRC is the 2nd most commonly diagnosed cancer and 2nd leading cause of cancer mortality in the U.S.
- ✓ CRC is preventable through the removal of premalignant polyps and curable if diagnosed early.

Results

- ✓ CRC screening increased from 52.3% in to 65.4% (2002-2010)
- ✓ By 2007, there were 65,994 fewer new cases of cancer than expected in 2002.
- ✓ CRC incidence decreased significantly in 35 states (2002-2007).

Conclusion

- ✓ CRC incidence and mortality have declined in recent years and CRC screening has increased.
- ✓ CRC screening should be accessible and used as recommended by all eligible persons in the United States.

View the full report at: [CDC MMWR](http://www.cdc.gov/mmwr)

DISEASE MANAGEMENT

PRESCRIBING VARENICLINE (CHANTIX) CALLS FOR CAREFUL EVALUATION

Based on the current DoD/VA Clinical Practice Guidelines (CPG) for Tobacco Use Cessation, patients should be offered medications in accordance to their needs. Since Varenicline (Chantix) is classified as a psychotropic medication, prescribers should carefully evaluate the patient prior to use.

- ✓ Chantix may be considered for the subset of individuals who cannot take or have not benefited from the regimen of bupropion and/or NRT.
- ✓ Patients who have relapsed on the combination therapy above or are unable to utilize or tolerate one or all of the standard cessation medications may be considered for Chantix therapy in accordance with local MTF policy, formulary requirements, and patient specific patient specific factors.
- ✓ Prescribers: certain Navy specialties, job qualification standards, and job locations (CENTCOM) do not allow usage of psychotropic medications due to loss of qualifications for those specific duties.

It is the responsibility of both the provider and the patient to ensure adequate communication occurs to discern any potential reasons for why Chantix should not be used.

Individuals using Chantix must have regular follow-up with recommended follow-up at least every 14 to 28 days. Patients should be advised to watch for side effects involving changes in thought, mood, or behavior (such as self harm or harm to others) when taking this medication and to stop taking the medication immediately if these occur. New information from the FDA also advises caution with patients who have a history of cardiac complications- this new area is being studied further.



SECNAV'S PROPOSED "TRAIN TO WIN THE FIGHT AGAINST TOBACCO" CAMPAIGN

The SECNAV has stated a desire to aggressively address tobacco use in the Navy and Marine Corps. This program was initially discussed and developed with input from the BUMED Tobacco Cessation Action Team (TCAT). Initial efforts include:

- Placement of nicotine replacement therapy gum and patch on ships
- Point of sale advertising of tobacco cessation availability
- Loss of discounted tobacco sales.

The SECNAV has stated desire to expand this effort in order to make the campaign a positive effort to offer more cessation without any perceived penalization of current tobacco users.

FEDERAL COURTS CLASSIFY e-CIGS AS TOBACCO PRODUCTS

The e-cigarette issue has been made very clear by the Federal Court of Appeals.

1. Electronic nicotine delivery systems (e-cigarette, e-pipe, and e-cigar) are indeed tobacco products.
2. FDA could not regulate them as a drug delivery device, but could regulate them as a tobacco product.
3. FDA stated that without proven research and evidence-based findings, the nicotine delivery device manufacturers could not promote their products as tobacco cessation tools or in any other use such as weight loss, etc.

BUMED is following the court ruling to identify these products as a tobacco product; therefore making them fall under the SECNAV 5100.13E policy of tobacco use. Based on the SECNAV, all forms of tobacco are considered equal; all forms of tobacco must be used in an approved tobacco use area; all breaks are equal thus wellness breaks and tobacco use breaks are equal in consideration by supervisors; and Navy Medicine personnel cannot use tobacco products while carrying out their Navy Medicine mission.

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DISEASE MANAGEMENT



HAVE YOU HEARD ABOUT CAREPOINT?

Dr. Daniel Frederick and Aimee Aldendorf, *NH Bremerton*
 Stacy Wise, *NH Lemoore*

The CarePoint Application Portal is the enhanced MHS Population Health Portal (PHP) with many new features to assist you with managing your patient population relative to HEDIS measures. With the CarePoint Application Portal there is no need to create your own homegrown product for this same purpose. This extensive tool allows you to view patient details showing chronic illnesses, date and location of diagnoses, direct and network claims, medications related to chronic illnesses, and dates of the most recent clinical preventative screenings (Breast, Cervical, and Colorectal Cancer Screenings). In addition, compared to the previous PHP tool and depending on the status of your local configuration and level of functionality, much information, such as exception reports, laboratory results and radiology reports, are refreshed daily, so it is much more accurate for MHS encounters. HEDIS measures are still updated monthly, but the local updates result in much information being only 24 to 48 hours old.

The CarePoint Application Portal not only allows you to view patient details, but you can also add outside tests/screenings, write comments/notes, and, when appropriate, exclude patients from your patient action list. All exclusions and tests/screenings added are reflected in the Medical Home Port metrics allowing additional patient management. An icon is displayed on this page if there are “exclusions” and both HEDIS and Medical Home Port scores are displayed. Using exclusions in CarePoint Application Portal can provide a clearer picture of your performance in a particular measure by removing patients whose status does not warrant any further clinical follow-up. In the case of Naval Hospital Lemoore, the use of exclusions has raised their Medical Home score for annual diabetic A1C screening from 82% to 89% (See below).

Note that, while the Medical Home scores are valid measures of clinical performance for the MTF, Performance Based Budgeting will still be based on the HEDIS and Navy-specific measures displayed on the PHN Dashboard. For more information about CarePoint please contact Dr. Steven Heaston from the Navy and Marine Corps Public Health Center at Steven.Heaston@med.navy.mil.

DWG Webcast Training

The BUMED Diabetes Working Group (DWG) disease management training lecture series announces the next in its series to be presented on **November 8, 2011: “Best Practices in Diabetes Care”**.

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!

AWG Webcast Training

The BUMED Asthma Working Group (AWG) disease management training lecture series announces the next in its series of webcasts to be presented on **October 11, 2011: “EFMP and Asthma”**. Earn CME/CE credits by participating in the Asthma Webcasts!

Future Webcast Training Schedule:

- ❖ December 13, 2011: Topic: VCD and Asthma

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/asthawebcast> Mark your calendars now for these exciting training opportunities!

HEDIS AND MEDICAL HOME (MH) DATA										
Measure	Score	Total	Completed	HEDIS 50th	HEDIS 90th	Need for 50th	Need for 90th	MH Score	MH Total	MH Completed
Colorectal Cancer Screening	71.13%	963	685	59.4%	69.6%	0	0	71.13%	963	685
Diabetes HgA1C Screening	82.32%	379	312	89%	93.7%	26	44	89.53%	344	308
Diabetes LDL Screening	76.52%	379	290	85.1%	89.8%	33	51	83.14%	344	286
Diabetes LDL Control	44.33%	379	168	45.3%	53.9%	4	37	48.55%	344	167
Diabetes HgA1C <7 Good Ctrl no Comorb	53.64%	330	177	43.7%	54.3%	0	3	57.48%	301	173
Diabetes HgA1C <8 Good Control	63.32%	379	240	63.3%	71.5%	0	31	68.9%	344	237
Diabetes HgA1C <=9 Control	68.87%	379	261	72.2%	81.3%	13	48	75%	344	258

PERINATAL CARE

PERINATAL SELF-ASSESSMENT REPORT CARD

Each quarter, MTF Perinatal Advisory Boards (PAB) at the Navy's 18 delivery MTFs submit a Self-Assessment Report Card to the BUMED PAB. Simultaneously, the BUMED PAB hears a collective groan ripple over the Navy Medicine enterprise – alas, another task, and more precious time slipping away! The BUMED PAB wants you to know, MTF Perinatal Advisory Board members, that we completely feel your pain. Like any term paper or quarterly homework assignment, this report card is a lot of information to collect, collate, and process. Your tiny patients and their mothers outweigh a color-coded spreadsheet any day, and for that, BUMED and your Specialty Leaders thank you. However – (you knew that this part was coming) – it's important to understand why it's so very important to provide BUMED and your regional commanders this information.

Quality: The BUMED PAB selected the measures on the report card to focus MTFs on issues and processes that can enhance the high quality safe patient care each MTF strives to provide. The Perinatal Quality of Care objective within the Strategic Plan is to improve the quality, safety, and efficiency of perinatal services throughout Navy Medicine by standardizing and optimizing clinical practices, equipment, supplies, personnel, and training/education. However, defining perinatal quality indicators for this high-level and highly-visible process is challenging. Some of these metric-based indicators come directly from clinical outcome reporting, but process measure data is difficult to collect and report on.

BUMED Monitoring: Accordingly, the BUMED PAB depends on its MTFs to report these measures through their self-assessments. These report cards give a snapshot of key processes of interest across our delivery MTFs and are reported directly to Navy Medicine Flag leadership, as part of Navy Medicine's FY11 Strategic Plan process. BUMED then uses these assessments to prioritize initiatives. These assessments have allowed BUMED to identify perinatal specific issues such as post-partum depression and newborn screening, training enterprise-wide, and to speak to whether or not an MTF runs simulations and code drills on a regular basis. MTF-level programs, such as newborn hearing screenings and shaken baby education are also reported in this document. All of this information helps BUMED speak to, and advocate for its delivery MTFs – so your participation is not only mandatory, but it is incredibly valuable.

In conjunction with the self-assessment, three additional sources of metrics are used for the FY11 Strategic Plan measures: The Joint Commission ORYX Perinatal Core (PC) Measures set is used to assess clinical and process outcomes. These measures are nationally recognized and benchmarked and are also continually refined by JC. The adjacent table shows summaries of the five (5) ORYX PC Measures. At this time BUMED is using a combination of PC1, 2 and 5 to assess MTFs and Navy Medicine.

Satisfaction: As a start to evaluating patient experience we have developed a perinatal specific report using responses to the Navy Monitor outpatient satisfaction tool and we anticipate that TRICARE Inpatient Satisfaction Survey (TRISS) data will be available quarterly to individual MTFs later this fall from the TRICARE Management Activity (TMA). Collectively these two reports will provide a snapshot of satisfaction rates by MTF.

Goal: A long-term goal of Navy PAB is standardization of electronic health record (EHR) to include clinical decision support and ability to generate standard reports that will allow individual MTFs to track real time clinical and process outcomes. The Tri-Service Perinatal Essentris kicked off in July 2001 to standardize the perinatal Essentris EMR. At the TMA/MHS level, experts are attempting to standardize the outpatient perinatal record in AHLTA by using the AIM form. The BUMED PAB looks forward to your participation in achieving these goals. So keep up the good work, team, and submit those report cards!

Joint Commission ORYX Perinatal Core (PC) Measures

PC-01: Elective Delivery – *Process measure*

- Description: Patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed
- Numerator statement: Patients with elective deliveries
- Denominator: Patients delivering newborns with ≥ 37 weeks of gestation completed
- Goal: Decrease in the rate

PC-02: Cesarean Section – *Outcome measure*

- Description: Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section
- Numerator statement: Patients with cesarean sections
- Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation
- Goal: Decrease in the rate

PC-03: Antenatal Steroids – *Process measure*

- Description: Patients at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns
- Numerator statement: Patients with a full course of antenatal steroids completed prior to delivering preterm newborns
- Denominator: Patients delivering live preterm newborns with 24-32 weeks gestation completed
- Goal: Increase in the rate

PC-04: Health Care-Associated Bloodstream Infections in Newborns – *Outcome measure;*

- Description: Staphylococcal and gram negative septicemias or bacteremias in high-risk newborns
- Numerator statement: Newborns with septicemia or bacteremia
- Denominator: Liveborn newborns (See ICD-9 information)
- Goal: Decrease in the rate

PC-05: Exclusive Breast Milk Feeding – *Process measure*

- Description: Exclusive breast milk feeding during the newborn's entire hospitalization
- Numerator statement: Newborns that were fed breast milk only since birth
- Denominator: Single term newborns discharged from the hospital
- Goal: Increase in the rate