



FACT SHEET:

The Department of Defense's 90-Day Review of the Military Health System

The Military Health System (MHS) serves 9.6 million Americans entitled to health care coverage through the Department of Defense (DoD) – active duty service members, military retirees, and their families, to include survivors of service members who died on active duty. In FY 2013, the MHS included a direct care system with over 50 hospitals and over 600 clinics staffed by almost 150,000 military and civilian personnel, along with a private sector network of care encompassing hundreds of thousands of providers.

On May 28, 2014, the Secretary of Defense ordered a comprehensive review of the MHS. The review was to assess whether: 1) Access to medical care in the MHS meets defined standards; 2) The quality of health care in the MHS meets or exceeds defined benchmarks; and 3) The MHS has created a culture of safety with effective processes for ensuring safe and reliable care of beneficiaries. This is the first time the MHS has taken an enterprise view of such scope in these areas.

Overall, the MHS Review team found that the MHS provides safe, timely, and quality care. However, the MHS does demonstrate performance variability compared to civilian counterparts and national benchmarks, outperforming in some areas and under performing in others.

The MHS Review included industry standard measure sets with hundreds of sub-measures across safety, quality, and access for the direct care system, as well as measures used for assessing the care provided by our private sector network. Metrics included externally established and reported measures, along with internal MHS metrics and benchmarks.

In addition to the DoD and Service subject matter experts, the review team included six, independent and esteemed external experts in patient safety and quality who reviewed both the methodology for assessing access, safety and quality and the actual performance of the MHS. All external reviewers acknowledged the challenge of comparing performance across health systems and noted that many of the challenges facing the MHS are similar to challenges inherent throughout U.S. health care.

The external experts validated that the review was conducted appropriately and that the MHS is using measures consistent with other health organizations. They confirmed that greater focus and improvement is required for the MHS to become a top-tier health system in all facets of our delivery system.

The MHS is committed to full performance transparency, and will highlight both the positive performance indicators and areas where the MHS is performing below standards. Below is a summary of each area, along with many of the key recommendations. The full report is available at http://www.defense.gov/home/features/2014/0614_healthreview/

Access

Key Findings:

- The majority of MTFs meet established access standards for TRICARE Prime beneficiaries. For example, the average number of days for TRICARE Prime patients to obtain an appointment to a specialty care provider in an MTF is 12.4 days, well below the 28 days required by regulation.
- There was a notable difference between access standards being met and the satisfaction of patients with the ability to receive timely access to care. This observation requires greater examination by MHS leaders.
- Access measures for beneficiaries who get their care from purchased sector providers are limited, and the reviewers were unable to compare how access to military providers compared to those in purchased care.

Key Recommendations:

- The Department will improve business processes for access to care to include: standardize rules for specialty care access; implement a Joint Service survey tool; standardize access reporting from TRICARE Regional Offices and purchased care; and standardize customer service training across the MTFs.
- In addition, the MHS will conduct a study to better understand TRICARE patients' access to private sector care, with a specific focus on patient satisfaction in both our direct care system and purchased care.

Safety

Key Findings:

- The MHS would benefit from communicating that patient safety and quality is the top priority.
- Using a nationally standardized survey, the MHS culture of safety, is comparable to that found in the civilian sector.
- By implementing the Partnership for Patients program, the MHS has improved on many hospital acquired condition measures. Select safety measures, however, are below national standards.
- Despite a long-standing policy requirement that all root-cause analyses (RCAs) be reported to the Patient Safety Analysis Center (PSAC), not all RCAs performed by the Services are submitted. The execution and content of RCAs are not standard across the Services. In addition, there is variability across the MHS on how specific actions stemming from RCAs are implemented to correct identified issues.
- The review identified potential issues with staffs' participation in reporting of patient safety events. Consequently, the reviewers found that the Patient Safety Reporting System (PSRS) may not provide an accurate indication of the MHS' level of harm rate.

Key Recommendations:

- The Department will implement the principles of a high reliability organization, focused on leadership, culture and robust process improvement; MHS leadership will set safety culture expectations and conduct follow-on monitoring; and the MHS will expand transparency of patient safety information.

Quality

Key Findings:

- Health Employer Data Information Set (HEDIS) measures (which capture preventive services and select health outcomes) showed high variation among MTFs. Of the 18 HEDIS measures monitored by the MHS, eight were above the 50th percentile (i.e., above national averages), seven were between the 25th and 50th percentile, and three measures were below the 25th percentile. In 2013, 10 of the 18 measures showed statistically significant improvement while six of the 18 measures showed statistically significant decline.
- Perinatal care shows the MHS overall is performing better on infant mortality than the National Perinatal Information Center (NPIC) averages. NPIC's benchmark is comprised of 85 high volume obstetric care hospitals. However, on several specific measures (to include postpartum hemorrhage and undefined neonatal trauma), the MHS is performing below the NPIC benchmarks.
- Surgical mortality rates (death rates) are within expected rates at all 17 DoD MTFs that participate in the National Surgical Quality Improvement Program (NSQIP). The surgical morbidity (surgical complications) rate was statistically significantly below average in eight of 17 participating MTFs in 2013. For three other MTFs, below average performance has persisted for several years. Three of 17 MTFs in the most recent reporting period are performing at the top tier nationally.
- Clinical quality and outcome data for care rendered in the purchased care sector is less than what is collected for direct care.
- There are gaps in the ability of ASD(HA) to validate and ensure Service compliance with HA Quality and Safety Policy.

Key Recommendations:

- The Department will expand its collaboration with external health care organizations to improve as a learning organization; develop and implement a process to manage and track Service and DHA compliance with applicable DoD policies and directives. The Services and the DHA will implement procedures to effect improvement with oversight from the ASD(HA) with respect to all performance metrics. The DHA will evaluate alternative methods of incentivizing contractors and / or providers to improve the provision of clinical preventive services.

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