



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

OCT 11 1996

MEMORANDUM FOR LEAD AGENTS

THROUGH: SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy for TRICARE Health Enrollment Assessment Review (HEAR) Survey

This memorandum establishes the HEAR as the TRICARE health assessment survey instrument. Please ensure that this is implemented no later than 1 January 1997.

[The HEAR survey](#) (Tab A) represents the current best practice in health assessment. It was initially developed for use in TRICARE Regions Four and Six by the Air Force's Office for Prevention and Health Services Assessment (OPHSA), the Centers for Disease Control and Prevention (CDC), and the Battelle Memorial Institute. A scientific development process was used to develop the survey, the algorithms, and associated computer software. Virtually all questions on the survey were taken from proven, validated, national health survey instruments. This process greatly enhanced validation and testing procedures and endured data comparability to previously administered surveys. The HEAR software automatically generates several reports and stores data in a database which is easily accessed for analysis and other ad hoc reports. [More information about the instrument](#) is contained at Tab B.

The majority of TRICARE Lead Agents have already elected to use the HEAR as their health assessment tool and have included provisions for the administration and processing of the HEAR survey in their Request For Proposals. It is my expectation that the HEAR be used DoD-wide for collecting health assessment data on all our TRICARE enrollees.

Edward D. Martin

Stephen C. Joseph, M.D., M.P.H.

Attachments:
As stated

HA POLICY 97-003

HEAR Survey



Health Enrollment Assessment Review



This questionnaire was developed by the Office for Prevention and Health Service Assessment (OPHSA), the National Center for Environmental Health (NCEH), and the Battelle Memorial Institute for TRICARE Region VI and IV through a Memorandum of Agreement between Armstrong Laboratory Human Services Command, U.S. Air Force Medical Command, and the Centers for Disease Control and Prevention (CDC).

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HEALTH ENROLLMENT ASSESSMENT REVIEW (HEAR) TALKING PAPER

- **Summer 1994: Tricare Region 6 Identified That The Critical Component To Successfully Implementing Managed Care Is A Tool That Identifies Health Status Of Our Population And Helps Focus Scarce Resources For Intervention And Demand Management--We Must Identify:**

Currency for Preventive Services

Based on the TRICARE Clinical Preventive Services Benefit

| | |
|--|-----------------------------------|
| Cholesterol | Blood pressure |
| Mammography | Pap smear |
| Testicular and prostate cancer screening | Currency for tetanus immunization |

Health Risk Factors

Smoking (also solicits information regarding a smoker's desire to quit smoking)

| | |
|------------------------|-----------------------|
| Obesity | Alcohol use |
| Stress & mental health | Satisfaction & family |

Physical activity

Chronic Diseases (16 in all)

| | | |
|----------------------------|---------------|---------------------------------|
| Diabetes | Stroke | Heart attack |
| Arthritis | Asthma | Emphysema/chronic bronchitis |
| Neurological disease | Depression | HIV/AIDS |
| Cancer | Stomach ulcer | Anxiety or personality disorder |
| Heart disease/angina | Liver disease | Kidney Disease |
| Muscle/joint/bone problems | | |

Health Care Utilization/Probable High-Resource-Use Enrollees

Collects information (combination of risk factors) which is used to generate a "prediction" of the individual's future use of medical resources:

| | |
|---|-----------------------|
| Number and length of hospitalization | Prescription drug use |
| Number of outpatient visits during the last 12 months | |

Primary Care Level

Utilization data plus risk factor and chronic disease history data used to generate a "prediction" of the individual's level of care required

- **TRICARE Region 6 Lead Agent Requested The Air Force Surgeon General's OPHSA To Help Identify And/Or Build The Best Tool Available**

OPHSA created integrated product team (IPT)

that included representatives from OPHSA, Armstrong Laboratory of the Human Systems Center, TRICARE Region 6, Centers for Disease Control and Prevention (CDC), Air Force Medical System,

Battelle Memorial Institute, and nationally known consultants in health risk appraisals

Scientific development process identified

Ensured validation and testing procedures Ensured data comparability to previously administered surveys

Extensive review of existing survey instruments completed

Determined no instrument met Region 6 needs Technical report submitted October 1994

OPHSA created new survey instrument January 1995

Virtually all questions on the survey taken from proven validated national survey instruments "Murder Board" (critical evaluation by 25 civilian/military experts) and final approval

Algorithms and associated computer software developed

Beta test March 1995

HEAR software automatically generates several reports and stores the data in a database, easily accessed for analysis and ad hoc reporting

Enrollee Report

Each enrollee receives a concise report

Addresses currency for preventive services, health risk factors, chronic disease history

Primary Care Manager (PCM) Panel Report

Contains a more detailed explanation of the enrollee's need for preventive services (also lists the recommended screening frequency)

Lists health risk factors, chronic disease history, self-reported health status, and utilization and PCL predictions

Identifies any areas of the survey (i.e., alcohol questions) the patient did not complete

PCM Panel Report

Complete picture of the individuals enrolled to the PCM (Example: identifies the number of smokers, hypertensives, diabetics, individuals needing tetanus immunization, etc., for that PCM

Ad Hoc Reports

Database can be analyzed by nearly any method

Reports can easily be generated which provide demographic, health risk factor, chronic disease, and resource utilization information at regional, medical treatment facility, and PCM levels

Designed for use of health promoters, PCMs, commanders, and health care planners at all levels

Five page questionnaire/software support accepted July 1995

- **October 1995: Initial Operating Capability In Tricare Region 6 Established With Foundation Health Plan**

December 1995/ May 1996: TEC briefings

June 1996: AIS briefing initial operating capability in Region 4

July 1996: MHSS Proponent Committee briefing

- The Hear Represents The Best Practice In Health Assessment

PCMs in Region 6 are using to manage their panels

Lead Agent Region 6 are using to focus prevention and demand management activities
Majority of Lead Agents have already elected to use the HEAR as their health assessment tool
Included provisions for the administration and processing of the HEAR in their RFPs

Lt Col John G. Meyer, OPHSA, August 13, 1996