



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

MAY 9 2002

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Military Health System Definition of Quality in Health Care

This memorandum responds to the Healthcare Quality Initiatives Review Panel's recommendation to promulgate a definition of "quality" concerning healthcare and related services within the Military Health System to orient current and future measurement initiatives. The attached definition of quality health care, adopted by the TRICARE Clinical Quality Forum (TCQF) reflects elements of definitions already existent in the medical literature, specifically in publications by the Institute of Medicine, the Joint Commission on Accreditation of Healthcare Organizations, and the Center for Quality (Health Resources and Services Administration). The definition encompasses specific elements developed by such resources as modified by the TCQF. This definition will be incorporated into DoD Directive 6025.13 "Clinical Quality Management in the Military Health Services System" during its next scheduled revision.

This definition is effective immediately. My point of contact is Colonel John Powers, Program Director, Quality and GME, who may be reached at (703) 681-1703 extension 5215, or by e-mail at John.Powers@ha.osd.mil.

A handwritten signature in black ink that reads "William Winkenwerder, Jr.".

William Winkenwerder, Jr., MD

Attachments:

As stated

HA POLICY: 02-016

TRICARE Military Health System (MHS) Definition of Quality in Health Care

The definition of quality health care adopted by the TRICARE Clinical Quality Forum (TCQF) reflects elements of definitions already existent in the medical literature, specifically in publications by the Institute of Medicine, the Joint Commission on Accreditation of Healthcare Organizations and the Center for Quality (Health Resources and Services Administration). The definition below encompasses specific elements developed by such resources as modified by the TCQF.

Definition:

Quality in Health Care will be defined as “the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge¹.” More specifically, the services provided will be safe, effective, patient centered, timely, efficient, and equitable as outlined by the Institute of Medicine².

Additionally, the healthcare system must emphasize the following principles:

- Accountability -- Is accountable to healthcare providers, military leadership and beneficiaries, and places an inherent value on the scientific measurement of individual and system performance characteristics, providing timely relevant feedback in a continuous fashion.
- Continuity of care -- Health care is provided by professionals whose commitment extends beyond the individual patient encounter or incident of healthcare delivery and encompasses a continuum of concern and care extending indefinitely.
- Quality improvement -- Employs strategies to continuously study and improve the processes and outcomes of providing healthcare services to meet the needs of individuals³.
- Medical readiness -- Able to field a uniquely trained, equipped, and qualified team to meet the health needs of the fighting forces anytime, anywhere, and is capable of projecting military healthcare forces worldwide to advance our national security interests.

Within the MHS, the quality of health care will be assessed by performance measures relating to a triad of functions, each addressing specific questions. Each question should be posed with respect to care within the direct and purchased care components of the MHS, though comparability of oversight may not be achievable in all aspects:

1. Is the foundation for the provision of high quality care in place and is this foundation robust?
Examples (not all-inclusive): patient safety programs, infection control programs and other risk management activities, professional staff credentialing and privileging activities, hospital accreditation, board certification and licensure status of all health care professionals and technical support staff, proficiency training of professional and technical staff, medical malpractice analysis and reporting to the National Practitioner Data Bank, Centralized

Credentials Quality Assurance System, National Quality Monitoring Contract, clinical research activities and human protection, etc.

2. How well does our healthcare system perform with respect to measurable processes and outcomes of care and other comparable data?

Examples (not all-inclusive): National Quality Management Program special studies, clinical guideline studies, focused disease and case management programs, Health-plan Employer Data and Information Set, TRICARE Operations Performance Statement performance data elements, etc.

3. How is our healthcare delivery system and the quality of health care provided viewed by our beneficiaries, military leadership and Congress?

Examples (not all-inclusive): beneficiary surveys, Congressional inquiries, etc.

References:

1. **Institute of Medicine Definition - Quality of Care**
Medicare, A Strategy for Quality Assurance, Vol. I (1990).
2. **Crossing the Quality Chasm, A New Health System for the 21st Century.** Committee on Quality of Health Care in America, Institute of Medicine, ©National Academy of Sciences Press, Washington, D.C., 2001, pp5-6; <http://www.nap.edu>.
3. **2001-2002 Comprehensive Accreditation Manual for Behavioral Health Care.** Joint Commission on Accreditation of Healthcare Organizations, ©2001, JCAHO, Joint Commission Resources, Inc, Oakbrook Terrace, Illinois, pGL-15.