



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

MAY - 5 2003

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Military Health System – Measures for Success

The Military Health System (MHS) senior leadership recently completed a set of performance measures aligned with our strategic priorities. Each of our measures provides important and regularly scheduled assessments of our system performance – in medical readiness, health care quality, efficient use of resources, and customer satisfaction. A subset of these measures will form the basis of a revised quarterly Military Health System Executive Review (MHSER).

I have selected three specific measures that I intend to highlight throughout the Military Health System – both with line and medical leadership and in medical facilities worldwide. Although we will establish performance targets and regularly measure other items, I believe that these three indicators will provide focus and offer the greatest leverage for overall system improvement. These measures are:

- ***Individual Medical Readiness.*** This new tri-service composite measure will provide commanders and the medical leadership with indications of a comprehensive summary picture of individual medical readiness. Although not all Service Medical Departments can easily report this information today, each Service will have reporting mechanisms in place within 90 days. While our objective is to ensure we have a fit and ready force, I want to ensure the accuracy of our data. In that regard, initial reports that indicate low individual medical readiness will be viewed with appropriate caution as we work to improve our information systems reporting, and focus attention on those areas requiring greater attention.
- ***Satisfaction with Telephone Access.*** Although we are interested in a number of measures regarding access to health care, I have found that telephone access is perhaps the leading indicator that affects overall perceptions of access. By focusing on this one element of access to care, we can alter overall satisfaction and improve the efficiency of our operations.
- ***Satisfaction with the Health Plan.*** This measure focuses on overall satisfaction with TRICARE, and encompasses the entire beneficiary experience with access to care, quality of care, timeliness and accuracy of claims processing, and general customer service.

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The latter two metrics will be compared to civilian benchmark standards and to our own past performance. Rather than purely “monitoring” performance, we have established targets by which we will improve performance each year, and close the gap with leading civilian health plans.

The attached documents provide greater detail on the measurements – data sources, timeliness, and even limitations. I request your support in highlighting these measures, and in your continued support for our military health system.



William Winkenwerder, Jr., MD

Attachments:

1. Individual Medical Readiness Measure
2. Satisfaction with Telephone Access
3. Satisfaction with Health Plan

cc:

USD(P&R)

ASD(RA)

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Performance Measure: Individual Medical Readiness

The following are the six key elements identified for monitoring IMR:

- Periodic health assessment. Service specific requirements for currency and methodology of periodic health assessment have been defined.
- Deployment-limiting conditions. Deployment-limiting conditions are defined by Service-specific policies.
- Dental readiness. All Services use the same classification system to assess and monitor dental readiness.
- Immunization status. Immunizations effectively prevent infectious diseases in the deployed as well as non-deployed environments. Immunizations will be monitored and kept current according to Service policy and occupational or deployment considerations.
- Readiness laboratory studies. Service-specific policies identify readiness labs such as DNA samples, blood type, etc.
- Individual medical equipment. Medical equipment will be monitored as appropriate for personnel subject to deployment, such as two pairs of glasses/contact lenses, and other Service and deployment-specific requirements (e.g., gas mask lens inserts, hearing protectors, and laser protection).

The IMR of each Service member will be assessed according to the following system:

- Fully medically ready = current in all categories including dental class 1 or 2.
- Partially medically ready = lacking only immunizations, readiness laboratory studies, or medical equipment.
- Not medically ready = deployment limiting condition (including those hospitalized or convalescing from serious illness or injury), or dental class 3.
- Medical readiness indeterminate = inability to determine health status because of missing health record, overdue periodic health assessment or dental class 4.

Performance Measure: Satisfaction with Access

Performance Measure X - Satisfaction with Access						
	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Target/Actual	FY 2003 Target	FY 2004 Projected Performance
Satisfaction with Access	82.7%	82.2%	81.8%	~84%/80.8%	>=84%	>=84%

Metric Description. Access to medical care has always been a significant factor in the overall satisfaction with medical care, and an area for focused improvement. With the implementation of Prime enrollment within the Military Health System (MHS), the focus of the metric is on improving satisfaction with access to appointments for those individuals who have chosen to enroll with the MHS. This metric is based on a monthly Customer Satisfaction Survey for those individuals who had an outpatient medical visit at a Military hospital or clinic during the previous month. While there are a number of measures related to access, ease of making appointment by phone has been considered a key measure for access and has been tracked over the last couple of years.

The metric is based on Question 10a of the Customer Satisfaction Survey::

"How would you rate the (Clinic Name) on Ease of Making this Appointment by Phone?"

The percentage of respondents (weighted by appropriate sampling weights) that answer "Good", "Very Good", or "Excellent" on a scale from "Poor" to "Excellent" is computed.

While information is available by the Military Service branch that is financially responsible for the Military Treatment Facility (MTF), only an aggregate MHS score is shown. Satisfaction with Access is calculated only for TRICARE PRIME Enrollees (a Health Maintenance Organization (HMO) like plan) with a visit to the Military Treatment Facility.

	FY99	FY00	FY01	FY02	FY 02 Goals	FY 03 Goals	FY04 Goals
Army	81.2%	81.7%	81.2%	80.1%	83.5%	83.5%	83.5%
Navy	82.3%	81.4%	81.0%	81.1%	83.5%	83.5%	83.5%
Air Force	84.8%	84.6%	82.9%	81.5%	85.0%	85.0%	85.0%
MHS	82.7%	82.2%	81.8%	80.8%	84.0%	84.0%	84.0%

Performance Measure: Satisfaction with Military Health Plan

Performance Measure X – Satisfaction with Military Health Plan						
	FY 1999 Actual (a)	FY 2000 Actual	FY 2001 Actual	FY 2002 Target/Actual	FY 2003 (b) Target	FY 2004 Projected Performance (e)
Satisfaction with Military Health Plan	N/A	39.6	44.6	45/46.5	>= Civ Avg	>= Civ Avg
<p>NOTE: Performance targets should be objective and quantifiable (i.e., numerical target level or other measurable value). Provide historical data, if available.</p> <p>(a) The survey instrument was changed to add the Consumer Assessment of Health Plans Survey questions with the November 1999 instrument, so there are no results for FY1999.</p> <p>(b) The civilian average is based on a representative population from the national Consumer Assessment of Health Plans Survey Database (CAHPSD) for the same time period and this will be the target for the Military Health System. (Example: a July 2003 Survey would be compared to July 2003 data from the CAHPSD.) Due to the nature of the program, only a DoD level goal is tracked.</p>						

Metric Description. A person's satisfaction with their health plan is a key indicator of the performance of the Military Health System in meeting its mission to provide health care to the 8 million eligible beneficiaries. For this metric, the following survey item is used:

We want to know your rating of all your experience with your health plan. Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

The percentage of respondents (weighted by appropriate sampling weights) that answer 8, 9, or 10 is computed. The survey is fielded on a quarterly basis, and asks respondents questions regarding the plan during the prior year. Currently the results for the year are based on the surveys fielded during the Fiscal Year, which means the results are actually based on the respondent's interactions with the health system during the prior Fiscal Year.

The goals established for this metric in FY2003 and FY2004 are considered stretch goals that will drive the organization forward, but will likely not be achieved during those years. These goals are established based on a civilian survey.