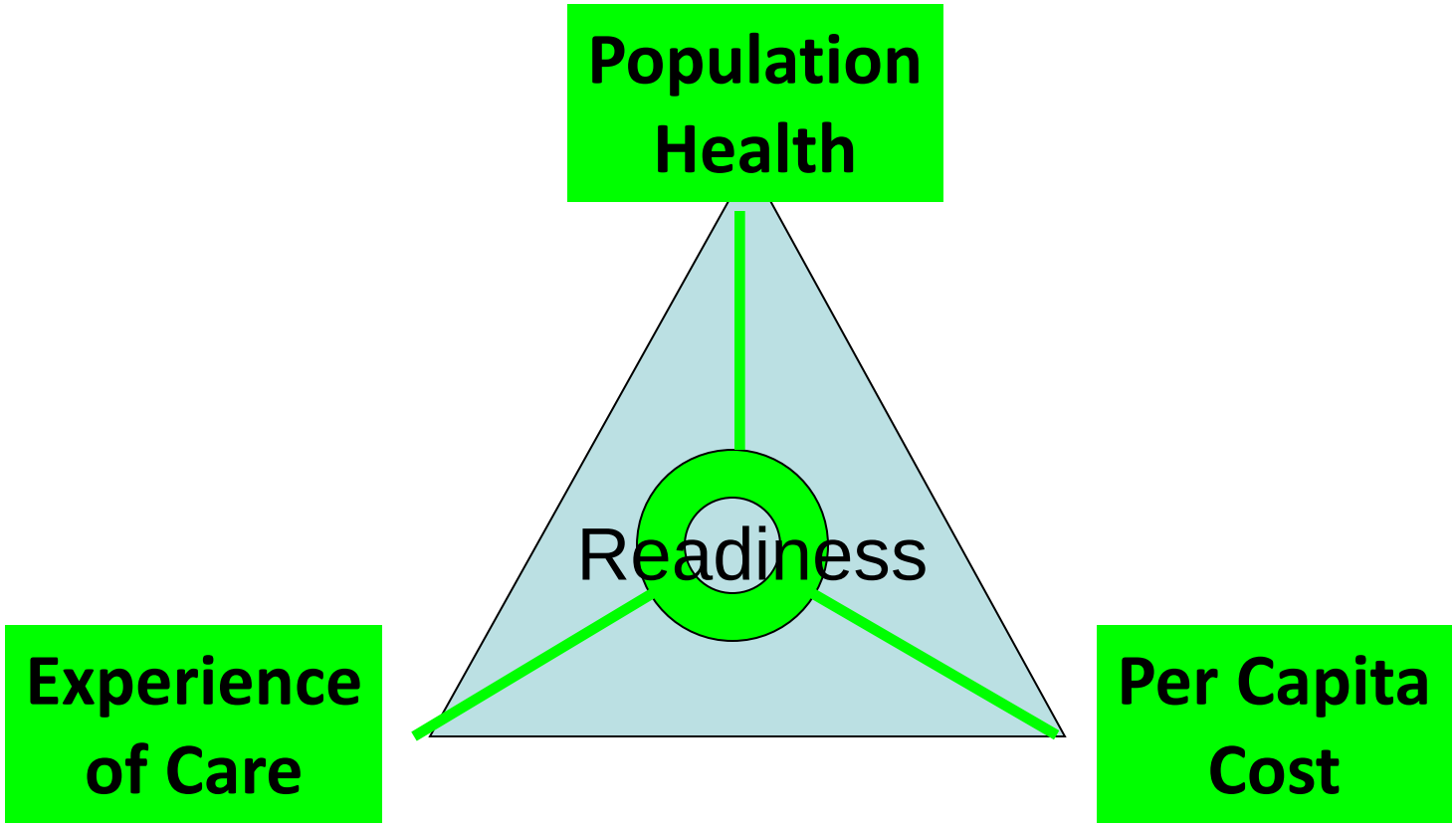
Population Health:
How to measure it, How to improve It

Matt Stiefel and Mike Dinneen
Adapted From IHI Presentation

The Triple Aim



Institute for Healthcare Improvement

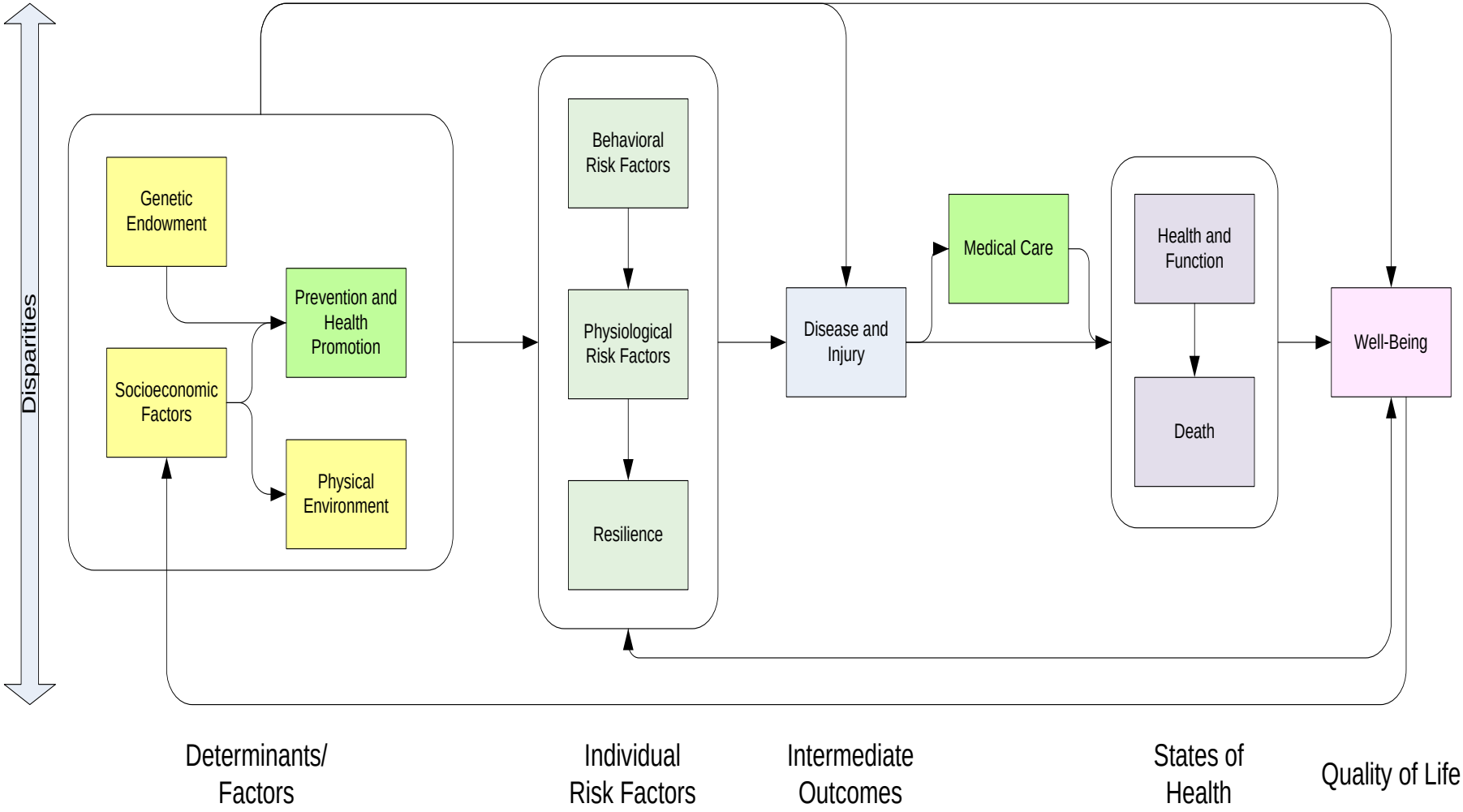
Potential Triple Aim Population Outcome Measures

Dimension	Measure
Population Health	1. Health Outcomes: -Mortality: Years of potential life lost; Life expectancy; Standardized mortality rates -Health/Functional Status: single question (e.g. from CDC HRQOL-4) or multi-domain (e.g. SF-12) Note: Healthy Life Expectancy (HLE) combines life expectancy and health status into a single measure, reflecting remaining years of life in good health
	2. Disease Burden: Incidence (yearly rate of onset, avg. age of onset) and/or prevalence of major chronic conditions
	3. Risk Status: composite health risk appraisal (HRA) score
Experience of Care	1. Standard questions from patient surveys, for example: -Global questions from US CAHPS or How's Your Health surveys -Experience questions from NHS World Class Commissioning or CareQuality Commission -Likelihood to recommend
	2. Set of measures based on key dimensions (e.g., US IOM Quality Chasm aims: Safe, Effective, Timely, Efficient, Equitable and Patient-centered)
Per Capita Cost	1. Total cost per member of the population per month
	2. Hospital and ED utilization rate

Four Questions

- What is population health?
- What influences it?
- How do we measure it?
- How do we improve it?

Population Health



Population Health Measures

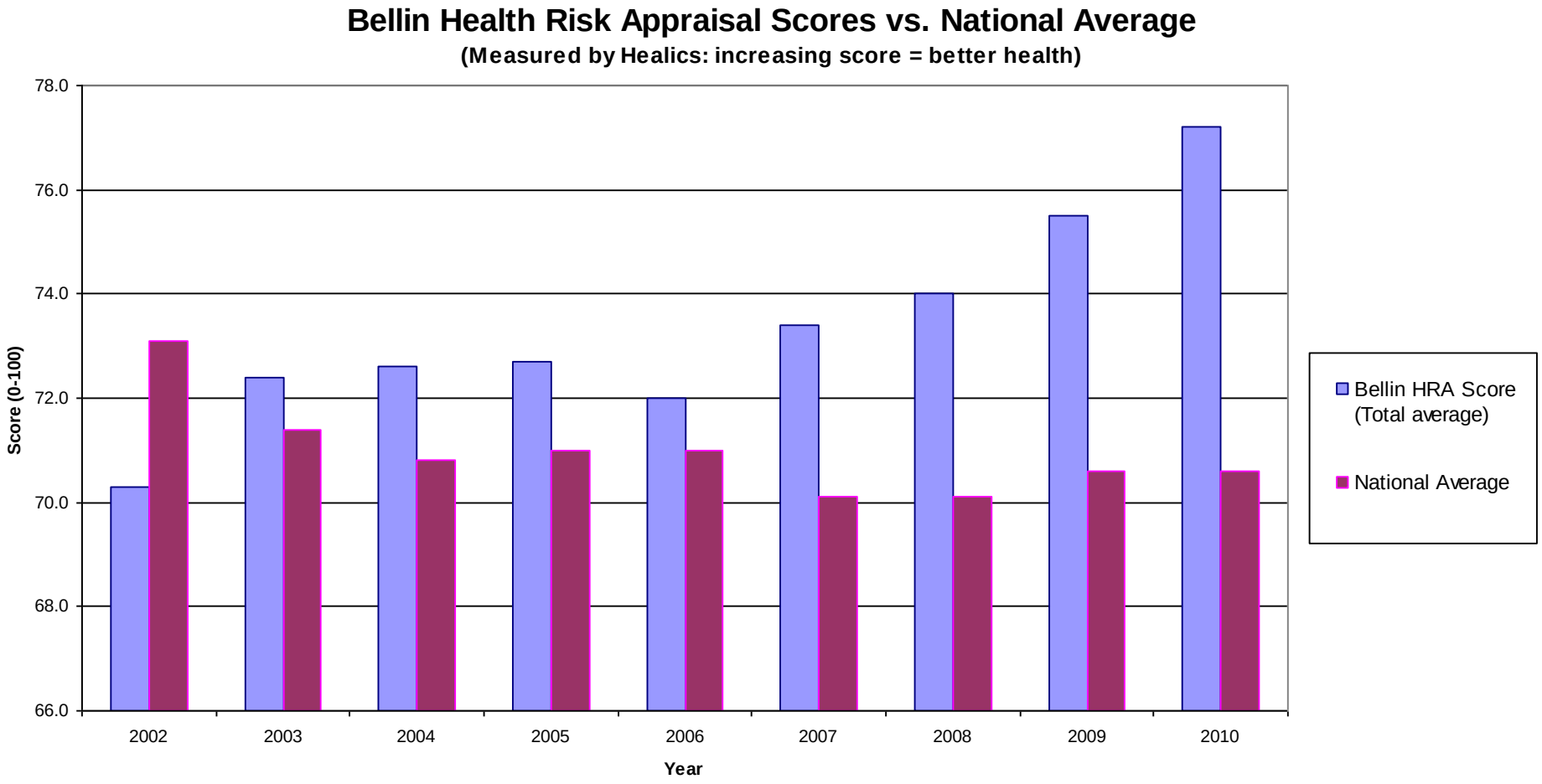
1. **Health Outcomes**
   - Mortality**:** For example, Years of potential life lost; Life expectancy; Standardized mortality rates
   - Health/Functional Status (self-reported): Single question or multi-domain (e.g. SF-12)

2. **Disease Burden**: Incidence and/or prevalence of chronic illness

3. **Risk Status:** Composite health risk appraisal (HRA) score

Population Health

Bellin Health:
Health Dashboard Measures



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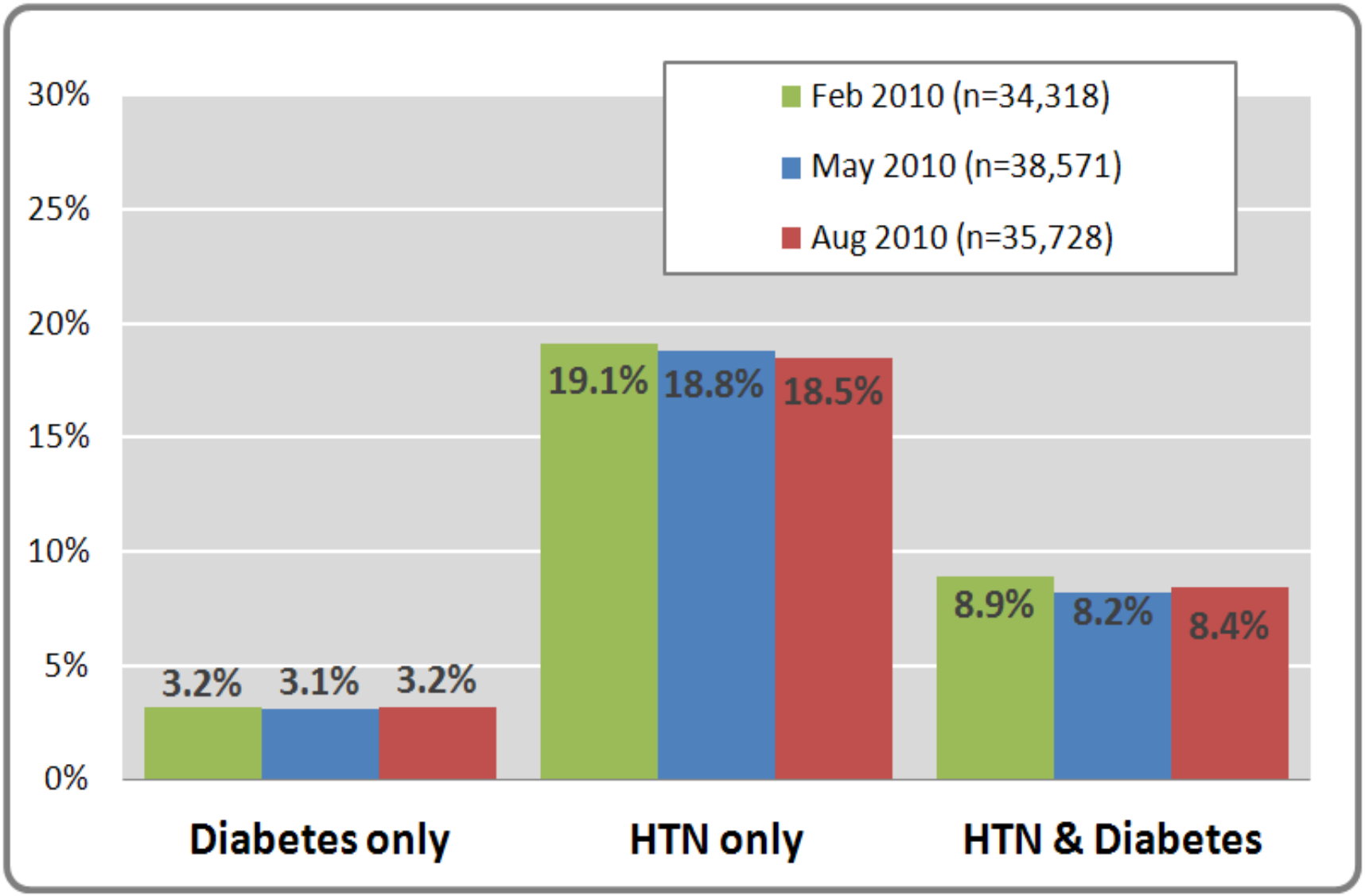
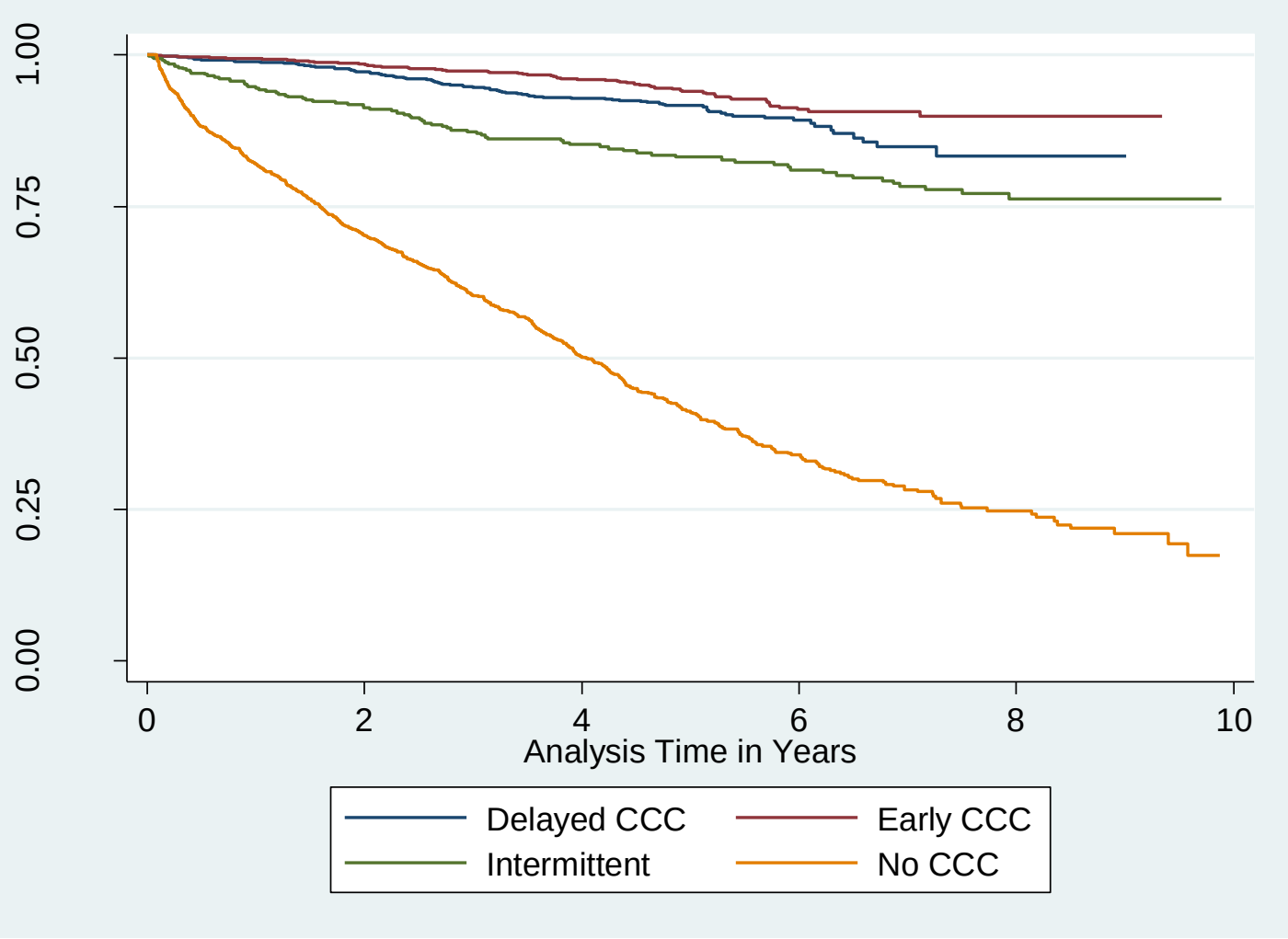
CareOregon: Prevalence of Diabetes and Hypertension



KP: Cardiovascular Mortality

- Population
  - 13,000 KP Colorado members with cardiovascular disease
- Data collection methods
  - Mortality data from clinical records, vital statistics, Social Security
  - Self-perceived health and health behaviors from member survey
- Approach to improving results
  - Clinical Pharmacy Cardiac Risk Service care management program

KP Colorado:
CVD Care Management Reduces Mortality



Pharmacotherapy 2007;27:1370-1378.

MHS Strategic Imperatives Scorecard

	Strategic Imperative	Exec Sponsor	Performance Measure	Development Status	Previous Performance	Current Performance	Imprvmnt	FY2010 Target	FY2011 Target	FY2012 Target	FY2014 Target	Strategic Initiatives
Readiness	Improve Individual and Family Medical Readiness	FHPC	Individual Medical Readiness		74%	75%	+1	80%	81%	82%	85%	○ IMR programs (e.g., addressing dental class 4, overdue PHAs, etc.)
		TBD	Measure of Family Readiness (i.e., PHA for families)									
	Enhance Psychological Health & Resiliency	FHPC	PTSD Screening, Referral and Engagement (R/T)		49%/65%	50%/78%	+1/+13	40%/65%	50%/75%	50%/75%	50%/75%	○ Psychological Health
		FHPC	Depression Screening, Referral & Engagement (R/T)		64%/67%	65%/83%	+1/+16	40%/65%	50%/75%	50%/75%	50%/75%	
Population Health	Engage Patients in Healthy Behaviors	CPSC	MHS Cigarette Use Rate (AD 18-24)		29%	26%	+3	20%	19%	18%	16%	○ Healthy Behaviors/Lifestyle Programs
		CPSC	Overweight/Obesity Documenting (Adults)		-	17%/54%	-	-	30%/75%	50%/90%	100%/100%	
		CPSC	Overweight/Obesity Documenting (Children/Adolescents)		-	11%/33%	-	-	30%/50%	50%/75%	100%/100%	
		CPSC	Exclusive Breastfeeding		-	56%	-		65%	70%	80%	
		CPSC	HEDIS Index: Preventive Screens (DC/PC)		-	9/7	-	-	10/9	12/11	12/16	
Experience of Care	Deliver Evidence-Based Care	CPSC	HEDIS Index: Evidence Based Guidelines (DC/PC)		-	9/3	-	-	25/--	30/--	40/--	○ Evidence Based Care
		CPSC	Readmission Rate									
		CPSC	Patient Safety - Wrong Site Surgery		-	-	-	-	-	-	-	
		CPSC	Antibiotic Received Within 1 Hour Prior to Surgical Incision		92%	94%	+2	95%	100%	100%	100%	○ Wounded Warrior Programs
	Excel in Wounded, Ill and Injured Care	CPSC	MEBs Completed Within 30 Days (DAR & IDES)		53%	41%	-12	80%	60%	TBD	TBD	○ Disability Evaluation System Redesign
		CPSC	Favorable MEB Experience Rating		52%	51%	-1	45%	65%	70%	75%	
	Optimize Access to Care	JHOC	Primary Care 3rd Available Appt. (Routine/Acute)		74%/49%	72%/50%	-2/+1	90%/75%	91/68%	92%/70%	94%/75%	● Patient Centered Medical Home
		JHOC	Getting Timely Care Rate		77%	76%	-1	78%	78%	80%	82%	
		JHOC	Potential Recapturable Primary Care Workload for MTF Enrollees		28%	30%	-2	29%	26%	24%	22%	
	Promote Patient-Centeredness	JHOC	% of Visits Where MTF Enrollees See Their PCM		45%	51%	+6	60%	60%	65%	70%	
		JHOC	Satisfaction with Health Care		60%	59%	-1	60%	61%	62%	64%	
Per Capita Cost	Manage Health Care Costs	CFOIC	Annual Cost Per Equivalent Life (PMPM)		5%	5.8%	- 0.8	6.1%	3.1%	-	-	● Performance Planning Pilots
		CFOIC	Enrollee Utilization of Emergency Services		46/100	47/100	-1	35/100	35/100	30/100	25/100	
Learning & Growth	Enable Better Decisions	CPSC	EHR Usability									● EHR Way Ahead
	Foster Innovation	CFOIC	Effectiveness in Going from Product to Practice (Translational Research)									◑ Centers of Excellence
	Develop Our People	CFOIC	Human Capital Readiness / Build Skills & Currency									● BRAC / Facility Transformation
		CFOIC	Primary Care Staff Satisfaction									

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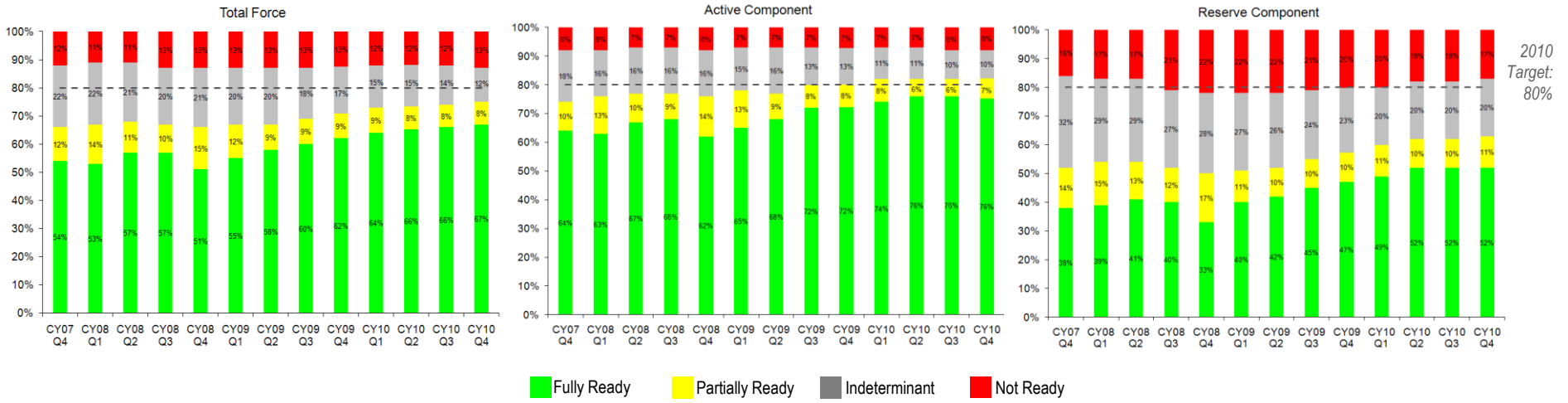
Concept Only | Measure Algorithm Developed | Current Performance Known and Current Target Approved | Out-Year Targets Approved

○ Design Phase | ◔ Approved | ● Funded

As of 01 Apr 2011

Individual Medical Readiness

We have steadily improved our readiness in both the Active and Reserve Components over the last year two years. Our greatest opportunity for improvement remains to be the Reserve Component.



	CY 10 - 4th Quarter														
	Army			Navy			AF			Marines			Coast Guard		
	Active	Guard/ Reserve	Total	Active	Guard/ Reserve	Total	Active	Guard/ Reserve	Total	Active	Guard/ Reserve	Total	Active	Guard/ Reserve	Total
Fully Ready	293,744	222,290	516,034	197,351	39,415	236,766	205,066	110,804	315,870	105,257	17,990	123,247	24,428	4,435	29,021
Partially Ready	15,805	65,396	81,201	25,630	4,490	30,120	12,279	6,196	18,475	11,487	8,319	19,806	7,581	1,425	9,006
Indeterminant	52,499	128,067	180,566	20,504	1,497	22,001	7,624	11,739	19,363	12,950	5,136	18,086	9,687	1,425	11,008
Not Ready	32,532	115,184	147,716	12,815	4,490	17,305	24,352	7,162	31,514	13,419	3,415	16,834	421	634	1,001
Total Strength	394,580	530,937	925,517	256,300	49,893	306,193	249,321	135,901	385,222	143,113	34,860	177,973	42,117	7,919	50,036

About the Measure

What are we measuring? This measure is the best-available indicator of the medical readiness of the total force based on requirements in DoDI 6025.19 and as reported by the Services via the DoD IMR Working Group. The elements of IMR are: (1) dental readiness, (2) immunization status, (3) individual medical equipment, (4) medical readiness laboratory studies, (5) no deployment limiting medical condition and (6) periodic health assessment (PHA). The Directive sets a goal of 75% fully medically ready; the IMR working group has set a target of 80% total force medically ready (i.e., fully + partially ready).

Why is it important? This measure provides operational commanders, Military Department leaders, and primary care managers the ability to monitor the medical readiness status of their personnel, ensuring a healthy and fit fighting force medically ready to deploy.

What does our performance tell us? The Total Force medical readiness rate has grown 1% since last quarter to 75%. Active component rates continue to be higher than reserve component rates. We are continuing to work on the drivers of readiness to improve performance. These include:: (1) reduced delinquent PHAs, (2) reduced deployment-limiting medical conditions, (3) reduced percentage of delinquent dental exams (Dental Class 4), and (4) reduced percentage of non-deployable dental conditions (Dental Class 3).

Executive Sponsor: FHPC

Working Group: IMR Working Group

Measure Advocate:
Col José Rodriguez-Vazquez,
TMA-FHP&RP; (703) 578-8572

Monitoring: Quarterly

Data Source: Service Data Repositories

Other Reporting: Service Assistant Secretaries (M&RA); Status of the Forces

Status Thresholds:

- Green: ≥ 81%
- Yellow: 71% ~ 80%
- Red: ≤ 70%

Targets*:

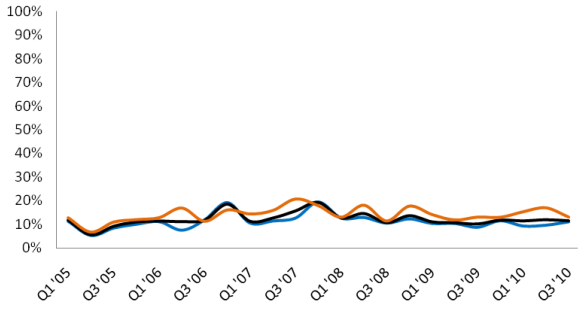
- 2011: 81%
- 2012: 82%
- 2014: 85%

*Fully + Partially Ready

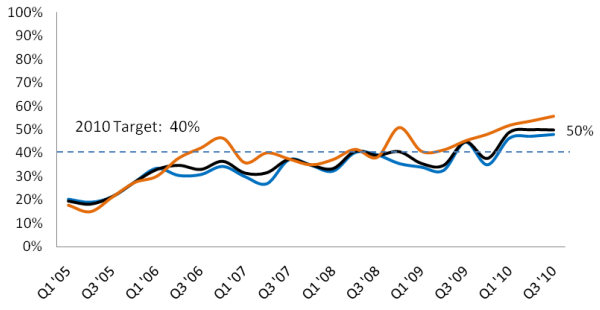
PTSD Screening, Referral and Engagement (R/T)

Positive screens have stabilized in the last year while Referrals and Engagements continue to increase.

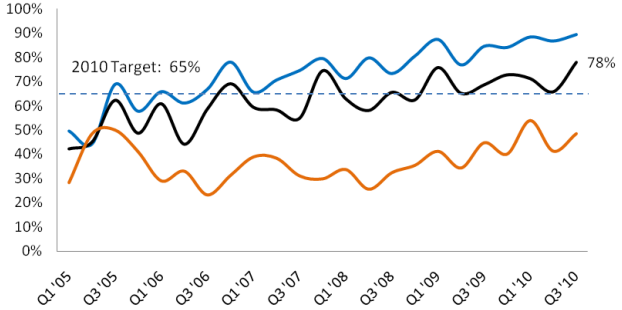
Positively Screened (P-rate)



Referred (R-rate)



Engaged in Treatment (T-rate)



Active Reserve Total

Total Persons Screened, By Service and Component

Service / Component	Q1 '05	Q2 '05	Q3 '05	Q4 '05	Q1 '06	Q2 '06	Q3 '06	Q4 '06	Q1 '07	Q2 '07	Q3 '07	Q4 '07	Q1 '08	Q2 '08	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10	Q3 '10
DoD Total	104,348	44,058	53,377	70,063	78,877	44,399	69,599	75,775	49,419	41,671	62,292	73,586	63,873	79,895	54,585	83,211	73,004	67,595	80,611	75,155	73,440	74,718	89,083
Army Active	39,321	9,420	10,135	23,636	35,386	7,782	28,646	47,583	12,375	8,275	13,915	43,280	23,490	27,067	21,808	39,057	32,808	28,546	30,352	38,335	24,796	29,011	46,835
Army Reserve	33,548	5,093	10,717	32,812	7,826	12,680	8,875	12,242	5,137	6,658	18,415	6,026	7,489	19,444	4,044	17,110	8,293	8,783	19,767	9,993	21,745	18,633	15,295
AF Active	13,470	13,027	12,744	5,459	14,690	13,520	13,251	8,171	14,514	14,214	13,680	9,455	15,421	14,520	12,859	10,076	15,272	12,430	14,106	11,422	14,461	13,394	13,778
AF Reserve	2,329	2,715	4,304	2,595	2,931	3,577	3,687	1,684	3,184	3,269	4,399	2,008	3,462	3,801	4,284	2,535	3,930	3,978	4,138	2,993	3,743	4,032	3,923
Marines Active	12,539	4,254	8,803	2,494	9,527	4,094	10,109	3,088	10,961	5,330	8,934	9,219	9,609	9,277	6,047	8,691	8,190	8,930	6,148	7,483	4,637	4,968	4,953
Marines Reserve	194	460	835	631	525	279	199	885	444	929	329	30	1,140	1,783	1,337	1,008	323	1,120	1,188	475	253	133	133
Navy Active	2,337	8,214	5,360	1,589	7,164	1,608	3,799	1,223	2,055	1,947	2,029	2,658	2,288	2,831	3,108	3,819	3,524	2,959	3,402	3,747	2,502	3,501	3,156
Navy Reserve	610	875	479	847	828	859	1,033	899	749	1,049	591	910	974	1,172	1,098	915	664	849	1,510	707	1,303	1,046	1,010

About the Measure

What are we measuring? Population is defined as returning deployers with a DD2796 (PDHA) or DD2900 (PDHRA) on file. Those with positive screen or referral on either form are counted. Screen positive percent = those who endorsed 2 or more symptoms on the PC-PTSD screen / form completers. Referral percent = those referred to mental health specialty or primary care, substance abuse, chaplain, or Military One Source / form completers screening positive. Follow up percent = those with mental health-related clinic encounter during 180 days following return / form completers who screened positive and were referred to mental health primary or specialty care.

Why is it important? We monitor our positive screened percentage (p-rate) as this reflects the level of PTSD symptoms in returning deployers. We also monitor the percentage of persons screened positive who were referred for treatment (R-rate) as a reflection of the effectiveness of the process for face to face review. Finally, we monitor the percentage of persons who engaged in treatment (T-rate).

What does our performance tell us? Percentage of Service members returning from OIF/OEF deployments showing PTSD symptoms remains at 10%. For the R-rate, we are now 10% above the goal at 50% . The T-rate is 13% above our goal at 78%. T-rate in Active Component continues to be higher than that in the Reserve Component.

Executive Sponsor: CPSC

Working Group: None

Measure Advocate: Mr.Tim Powers AFHSC; (301) 319-3242

Monitoring: Quarterly

Data Source: AFHSC

Other Reporting: Well Being of the Force

Status Thresholds:

- Green: R-rate > 40% AND T-rate > 65%
- Yellow: R-rate 20%- 40% AND T-rate 50-65%
- Red: R-rate < 20% or T-rate < 50%

Targets:

- 2011: R-rate: 50%, T-rate: 75%
- 2012: R-rate: 50%, T-rate: 75%
- 2014: R-rate: 50%, T-rate: 75%

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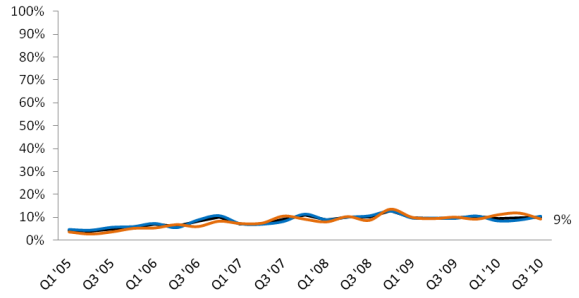
Depression Screening, Referral and Engagement (R/T)

The referral rate for a positive Depression Screening is 15% higher than PTSD.

Positively Screened (P-rate)



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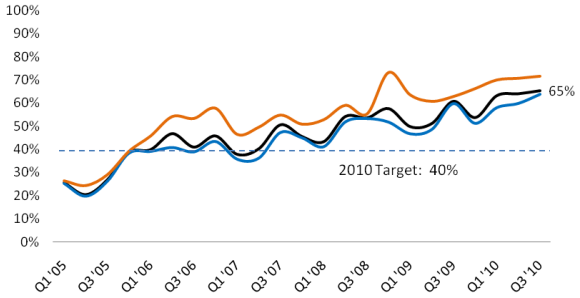
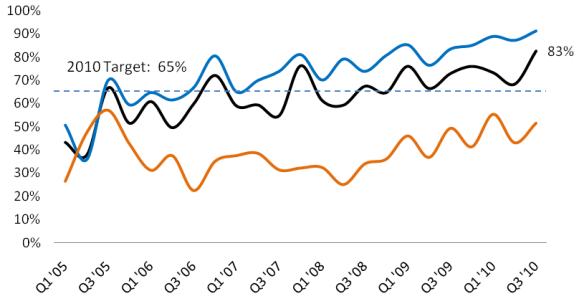


Engaged in Treatment (T-rate)



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About the Measure

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Why is it important? We must monitor fluctuations in our positive screened percentage (p-rate) as this may suggest more/less stress or increased/reduced stigma associated with depression. We must also monitor the percentage of persons screened positive who were referred for treatment (R-rate) to ensure it is meeting a clinically appropriate level. Finally, monitoring the percentage of persons who engaged in treatment (T-rate) will help us understand how effectively we are serving those who need help.

What does our performance tell us? Percentage of Service members returning from OIF/OEF deployments showing PTSD symptoms remains at 9%. For the R-rate, we are now 15% above the goal at 65%. The T-rate is 18% above our goal at 83%. T-rate in Active Component continues to be higher than that in the Reserve Component.

Executive Sponsor: CPSC

Working Group: None

Measure Advocate:
Mr. Tim Powers
AFHSC; (301) 319-3242

Monitoring: Quarterly

Data Source: RESPECT-Mil

Other Reporting: None

Status Thresholds:

- Green: R-rate > 40% AND T-rate > 65%
- Yellow: R-rate 20%- 40% AND T-rate 50-65%
- Red: R-rate < 20% or T-rate < 50%

Targets:

- 2011: R-rate: 50%, T-rate: 75%
- 2012: R-rate: 50%, T-rate: 75%
- 2014: R-rate: 50%, T-rate: 75%

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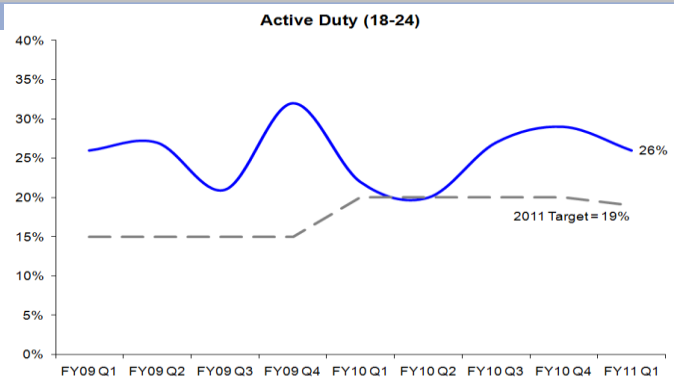
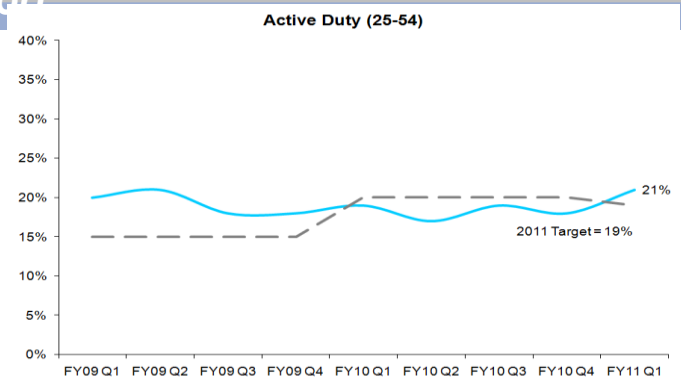
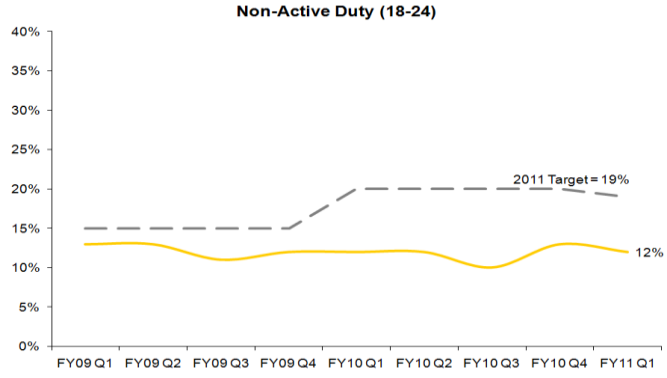
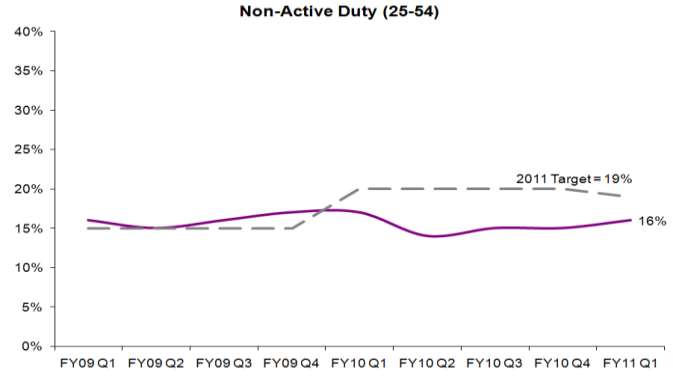
MHS Cigarette Use Rate

Active Duty (18-24) cigarette use rate has dropped by 2 percentage points since the last report









About the Measure

What are we measuring? We are measuring the incidence of cigarette use among four categories of the MHS beneficiaries. All data have been converted to CAHPS 4.0 for consistency. This is survey self-reported data and is therefore subject to recall bias. Note: This measure currently does not include tobacco products other than cigarettes (e.g. cigars, pipes) and smokeless tobacco products (e.g. dip, chewing tobacco). Data from 4Q '07 to current was recalculated to conform to CAHPS 4.0, which dropped requirement to indicate when last smoked.

Why is it important? Tobacco smoking among young people aged 18-24 is a particular focus of tobacco cessation efforts because difficult-to-change habits can be formed during these years and because young people aged 18-24 are generally regarded as the group most vulnerable for habit formation. This allows the MHS to assess the success rate of tobacco use cessation programs and other healthy lifestyle/health promotion efforts among specific high risk demographic groups.

What does our performance tell us? In general, tobacco use among Active Duty Service members aged 18-24 has trended upward over the last two years. There has been a 2% drop since the last reporting. Since this data does not include other tobacco products, the actual rate of overall tobacco use is higher.

Executive Sponsor: CPSC

Working Group: Tri-Service Survey Work Group

Measure Advocate:
Dr. Rich Bannick,
TMA-HPA&E; (703) 681-3636

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

Status Thresholds:

- Green: ≤ 20%
- Yellow: > 20 - < 25%
- Red: ≥ 25%

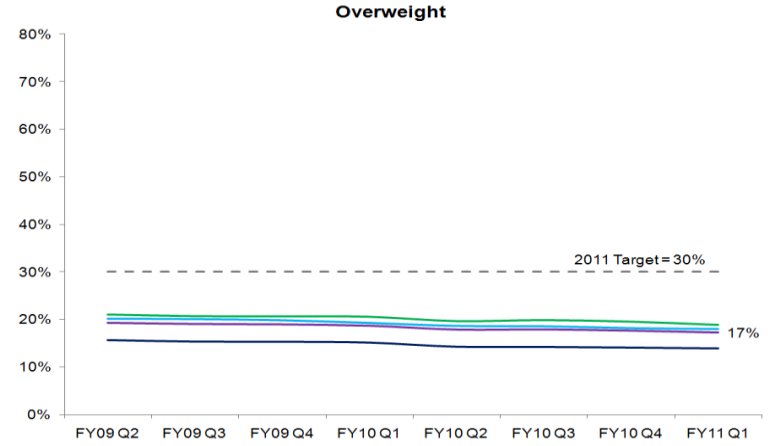
Targets:

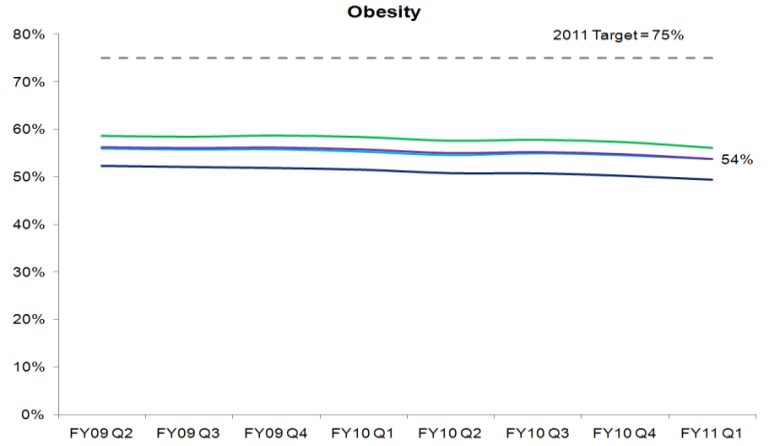
- 2011: 19%
- 2012: 18 %
- 2014: 16%

KAISER PERMANENTE®

Overweight & Obese Adults With Documented Problem List

Over 50% of obese patients have obesity-related problems indicated in their medical record.





Army Navy Air Force Direct Care

Adults with BMI Taken, 1st Quarter FY2011

		Overweight				Obesity			
	Visits	Persons Overweight	Rate	Documented Problem List	Problem List Rate	Persons Obese	Rate	Documented Problem List	Problem List Rate
Army	418,184	167,588	40%	31,530	19%	117,989	28%	66,107	56%
Navy	263,268	108,864	41%	15,146	14%	62,833	24%	31,028	49%
Air Force	327,809	130,591	40%	23,422	18%	83,567	25%	44,875	54%
MHS	1,009,261	407,043	40%	70,098	17%	264,389	26%	142,010	54%

About the Measure

What are we measuring? We are measuring the % of obese and overweight adults that have a weight condition documented their medical records. The denominator includes all patients who had a Direct Care ambulatory visit(s) at which their height and weight were recorded and their calculated BMI was 25 ≤ BMI ≥29 for overweight or BMI ≥ 30 for obese. The numerator includes all such visits where a weight condition was documented in their problem list. Patients' BMI was calculated as weight in kilograms divided by height in meters squared or [(weight in lb) x 703)] / (height in in^2).

Why is it important? Obese and overweight adults are at increased risk for many serious health conditions including coronary heart disease, hypertension, stroke, type 2 diabetes, certain types of cancer, and premature death. According to the Department of Health and Human Services, diseases associated with obesity accounted for 27% of the increases in U.S. medical costs from 1997-2001. This measure is important because it tells us the extent to which MHS is identifying those beneficiaries who are at risk due to their weight, and presumably, communicating with and developing treatment plans for these patients.

What does our performance tell us? Our rate of documentation has been flat for the last 8 quarters. Obese patients are much more likely to have a weight condition documented than patient who are over weight, but both are below target.

Executive Sponsor: CPSC

Working Group: CMSP

Measure Advocate:
CDR Aileen Buckler
TMA-OCMO; 703-681-6717

Monitoring: Monthly

Data Source:
Clinical Data Mart

Other Reporting: CQF

Status Thresholds (Overweight):
- Green: ≥ 30%
- Yellow: 27-29%
- Red: < 27%

Targets (Overweight):
- 2011: 30%
- 2012: 50%
- 2014: 100%

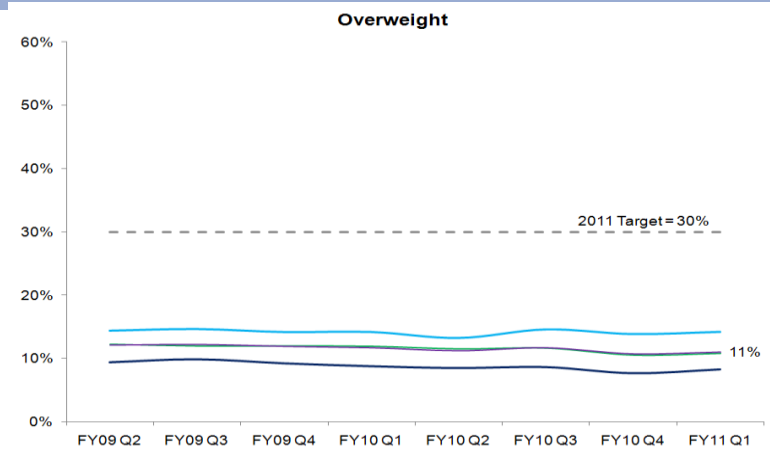
Status Thresholds (Obesity):
- Green: ≥ 75%
- Yellow: 70-74%
- Red: < 70%

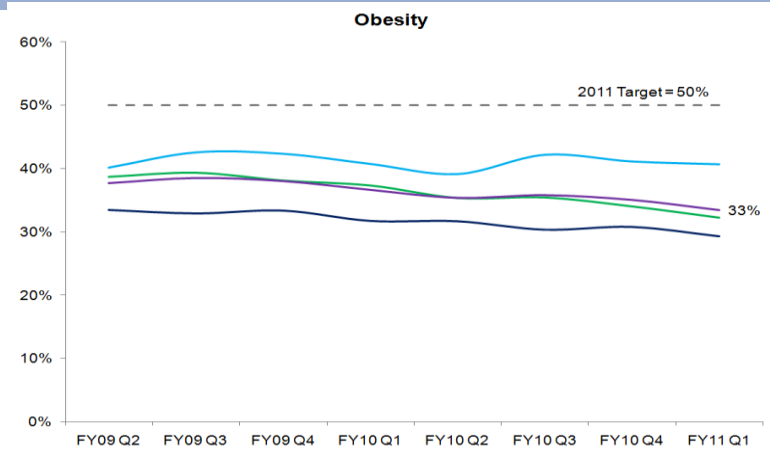
Targets (Obesity):
- 2011: 75%
- 2012: 90%
- 2014: 100%

KAISER PERMANENTE®

Overweight & Obese Children/Adolescents With Documented Problem List

Less than 40% of obese pediatric patients have obesity-related problems indicated in their medical record.





Army Navy Air Force Direct Care

Children and Adolescents with BMI Taken, 1st Quarter FY2011

		Overweight				Obesity			
	Visits	Persons Overweight	Rate	Documented Problem List	Problem List Rate	Persons Obese	Rate	Documented Problem List	Problem List Rate
Army	82,126	12,362	15%	1,328	11%	8,187	10%	2,637	32%
Navy	45,583	6,679	15%	554	8%	4,526	10%	1,326	29%
Air Force	48,925	6,840	14%	972	14%	3,927	8%	1,598	41%
MHS	176,634	25,881	15%	2,854	11%	16,640	9%	5,561	33%

About the Measure

What are we measuring? We are measuring the % of obese and overweight children/adolescents that have a weight condition documented their medical records. The denominator includes all patients who had a Direct Care ambulatory visit(s) at which their height and weight were recorded and their BMI was calculated. Using height and weight, BMI is calculated as weight in kilograms divided by height in meters squared or [(weight in lb) x 703)] / (height in in^2). For children/adolescents (ages 2–19), BMI values are plotted on the CDC growth chart to determine the corresponding BMI-for-age percentiles and then the percentile ranges are used to determine an individual child/adolescent's weight status. Children/adolescents with BMIs between the 85th and 95th percentile are considered overweight and those in the 95th percentile or greater are considered obese.

Why is it important? Childhood and adolescent obesity and being overweight is one of the most serious health problems in the U.S. and the problem is worsening rapidly. Overweight and obese children are at risk for cardiovascular diseases, diabetes, and other serious health problems. This measure is important because it tells us the extent to which MHS is identifying those beneficiaries who are at risk due to their weight, and presumably, communicating with and developing treatment plans for these patients.

What does our performance tell us? Our rate of documentation has been flat for the last 8 quarters. Obese patients are much more likely to have a weight condition documented than patient who are over weight, but both are below target .

Executive Sponsor: CPSC

Working Group: CMSP

Measure Advocate: CDR Aileen Buckler TMA-OCMO; 703-681-6717

Monitoring: Monthly

Data Source: Clinical Data Mart

Other Reporting: CQF

Status Thresholds (Overweight):
- Green: ≥ 30%
- Yellow: 27-29%
- Red: < 27%

Targets (Overweight):
- 2011: 30%
- 2012: 50%
- 2014: 100%

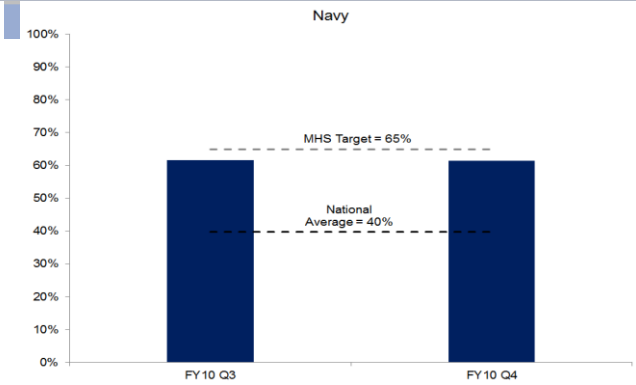
Status Thresholds (Obesity):
- Green: ≥ 50%
- Yellow: 45-49%
- Red: < 45%

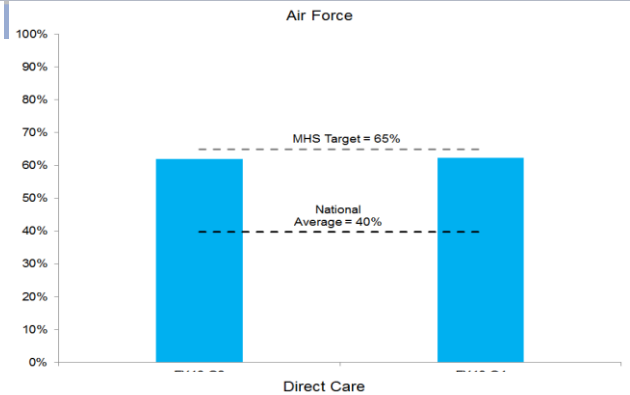
Targets (Obesity):
- 2011: 50%
- 2012: 75%
- 2014: 100%

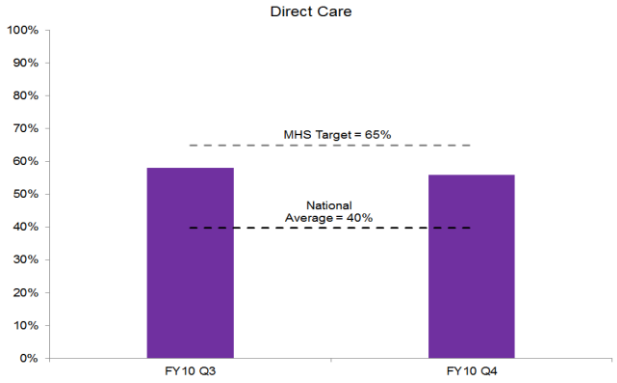
KAISER PERMANENTE®

Exclusive Breastfeeding

MHS is exceeding the national average by 16%.







	Army		Navy		Air Force		Direct Care	
Period	Count	Total	Count	Total	Count	Total	Count	Total
FY10 Q3	1,119	2,083	805	1,306	447	721	2,372	4,092
FY10 Q4	1,242	2,504	880	1,434	468	750	2,590	4,632

About the Measure

What are we measuring? We are measuring % of mothers who are exclusively breastfeeding (no formula) during the newborn's hospitalization. The numerator is number of newborns that were fed breast milk only since birth and denominator is total number of newborns discharged from the hospital. The Joint Commission currently suggests the following sources for collecting data on this measure: discharge summery, feeding flow sheets, individual treatment plans, intake and output sheets, nursing notes, and physician progress notes. Definition of exclusive breast milk feeding is: "a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines." Breast milk feeding includes expressed mother's milk as well as donor human milk.

Why is it important? Exclusive breast milk feeding for the first 6 months of neonatal is a goal of World Health Organization, the Department of Health and Human Services (DHHS), and the American Academy of Pediatrics and American College of Obstetricians and Gynecologists. The benefits of breastfeeding extend well beyond basic nutrition. Containing all the vitamins and nutrients for infants, breast milk contains disease-fighting substances that protect infants from illness. Some studies have shown that breastfed infants are less likely to be obese as they mature and mothers achieve health benefits when they breastfeed their infants.

What does our performance tell us? The direct care system is exceeding the national standard for supporting exclusive breastfeeding. We are doing a good job of documenting and promoting the healthy choice of breastfeeding to improve the health of our infants and mothers. In order to improve this measure, it will be helpful to review reasons for not breastfeeding.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate:
Ms. Theresa Hart
TMA-OCMO; (703) 681-7518

Monitoring: Quarterly

Data Source: HEDIS, TJC

Other Reporting: None

Status Thresholds:

- Green: ≥ 65%
- Yellow: 55% - 64%
- Red: < 55%

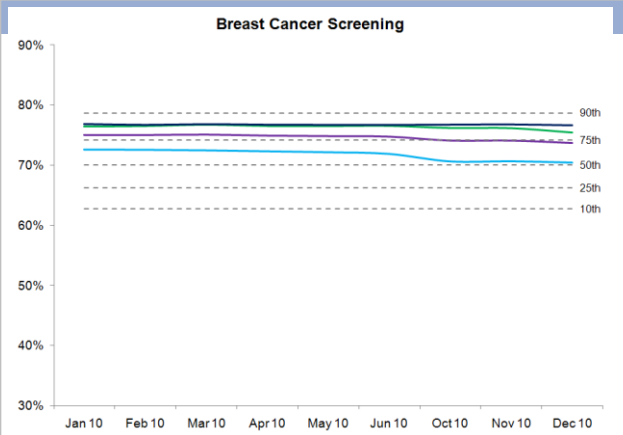
Targets:

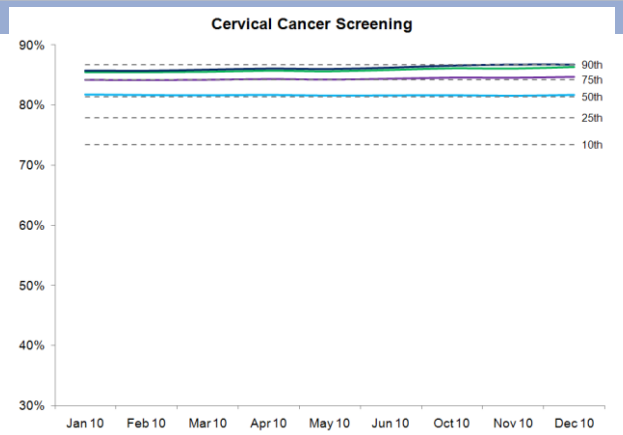
- 2011: 65%
- 2012: 70%
- 2014: 80%

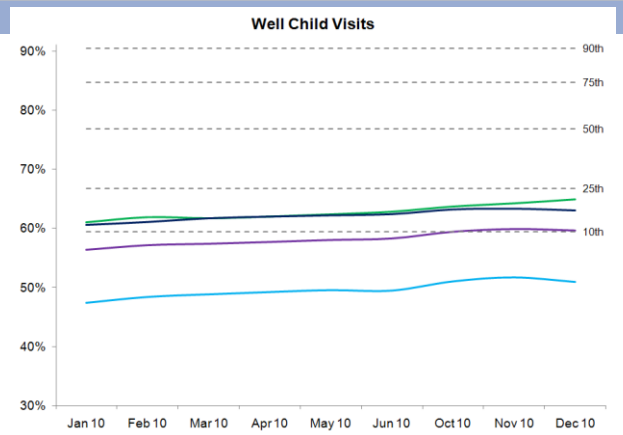
KAISER PERMANENTE®

HEDIS Index – Preventive Screens (Direct Care)

Service performance in Breast Cancer and Cervical Cancer Screening was fairly consistent over the past 3 months.







Note: Y-Axis Set at Non-Zero

Army Navy Air Force Direct Care

		Oct 10				Nov 10				Dec 10			
	Service	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Breast Cancer Screening	Army	90,833	119,185	76.2%	4	90,477	118,770	76.2%	4	90,269	119,623	75.5%	4
	Navy	52,438	68,354	76.7%	4	52,102	67,887	76.7%	4	52,448	68,457	76.6%	4
	Air Force	87,838	124,299	70.7%	3	87,723	124,084	70.7%	3	87,665	124,404	70.5%	3
	Direct Care	231,109	311,838	74.1%	3	230,302	310,741	74.1%	3	230,382	312,484	73.7%	4
Cervical Cancer Screening	Army	175,313	203,603	86.1%	4	164,926	191,626	86.1%	4	175,227	203,054	86.3%	4
	Navy	115,403	133,246	86.6%	4	107,854	124,265	86.8%	5	115,129	132,655	86.8%	5
	Air Force	160,857	196,980	81.7%	3	151,940	186,323	81.5%	3	160,677	196,592	81.7%	3
	Direct Care	451,573	533,829	84.6%	4	424,720	502,214	84.6%	4	451,033	532,301	84.7%	4
Well Child Visits >=6 Visits	Army	10,987	17,246	63.7%	1	11,046	17,196	64.2%	1	8,476	13,059	64.9%	1
	Navy	7,204	11,395	63.2%	1	7,288	11,505	63.3%	1	5,985	9,493	63.0%	1
	Air Force	7,027	13,784	51.0%	0	7,108	13,764	51.6%	0	5,836	11,468	50.9%	0
	Direct Care	25,218	42,425	59.4%	1	25,442	42,465	59.9%	1	20,297	34,020	59.7%	1

MHS Index

MHS Direct Care
Current Index: 9

5	>= 90th %
4	< 90th % and >= 75th %
3	< 75th % and >= 50th %
2	< 50th % and >= 25th %
1	< 25th % and >= 10th %
0	< 10th %

Commercial HEDIS Audit Percentiles

	Breast	Cervical	Well Child
P10	62.7	73.4	59.4
P25	66.2	77.9	66.7
P50	70.0	81.4	76.8
P75	74.2	84.2	84.7
P90	78.7	86.7	90.4

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 3 preventive screenings. Breast cancer screening assesses the percentage of women 42 - 69 who have had at least one mammogram in past 2 years. Cervical cancer screening measures the percentage of women 24 - 64 who have had at least one pap test during the past 3 years. The well child visits measure assesses the percentage of children with 6 Primary Care Provider well child visits during the first 15 months of life. The rate of performance for each Service and an aggregated for direct care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for this measure set is 15 points.

Why is it important? The selected measures support an evidence-based approach to population health and quality assessment. It also provides a direct comparison with civilian health plans and a means of tracking improvements in preventive screening. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? Service performance in Breast Cancer Screening and Cervical Cancer Screening remains fairly consistent over the past 3 months. The Navy has reached the 90th percentile for Cervical Cancer Screening. The Well Child Visits measure is a new measure recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Population Health Portal

Other Reporting: None

Status Thresholds:

- Green: ≥ 12 Points with all Services at or above 75th percentile
- Yellow: 9 – 11 Points
- Red: < 9 Points

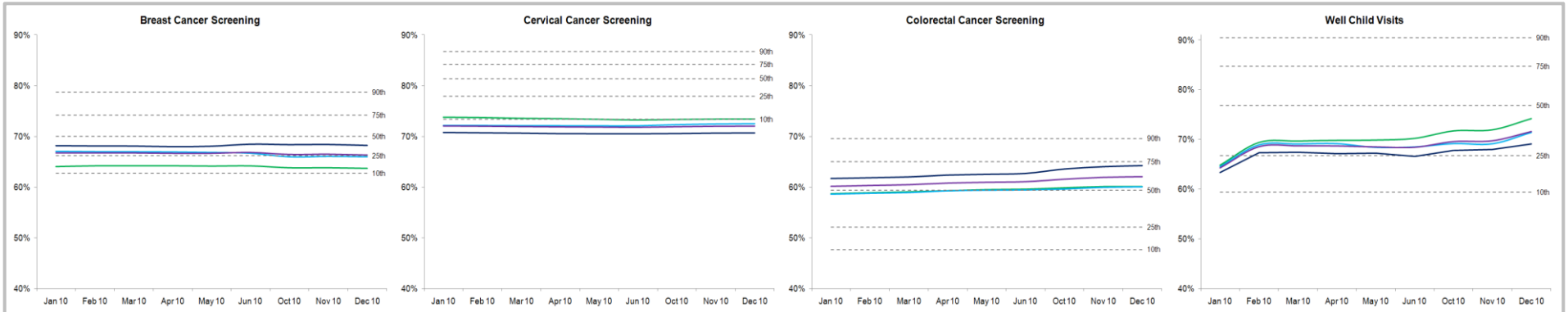
Targets:

- 2011: 10
- 2012: 12
- 2014: 13

KAISER PERMANENTE®

HEDIS Index – Preventive Screens (Purchased Care)

Performance for Breast Cancer and Cervical Cancer Screening remained flat for the past quarter at the 25th percentile and below the10th percentile, respectively.



Note: Y-Axis Set at Non-Zero

North South West Purchased Care

		Oct 10				Nov 10				Dec 10			
	Service	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Breast Cancer Screening	North	47,917	75,129	63.8%	1	48,383	75,854	63.8%	1	48,643	76,419	63.7%	1
	South	84,531	123,683	68.3%	2	85,533	125,090	68.4%	2	85,594	125,525	68.2%	2
	West	45,700	69,293	66.0%	1	45,931	69,548	66.0%	1	46,138	69,942	66.0%	1
	Purchased Care	178,148	268,105	66.5%	2	179,847	270,492	66.5%	2	180,375	271,886	66.3%	2
Cervical Cancer Screening	North	71,972	98,115	73.4%	1	72,824	99,174	73.4%	1	72,651	98,921	73.4%	1
	South	92,269	130,815	70.5%	0	93,420	132,273	70.6%	0	93,009	131,633	70.7%	0
	West	63,184	87,361	72.3%	0	63,577	87,737	72.5%	0	63,587	87,666	72.5%	0
	Purchased Care	227,425	316,291	71.9%	0	229,821	319,184	72.0%	0	229,247	318,220	72.0%	0
Colorectal Cancer Screening	North	46,966	78,444	59.9%	3	47,774	79,456	60.1%	3	48,262	80,273	60.1%	3
	South	93,582	147,225	63.6%	3	95,412	149,046	64.0%	3	96,203	149,784	64.2%	3
	West	49,345	82,727	59.6%	3	49,783	82,983	60.0%	3	50,215	83,545	60.1%	3
	Purchased Care	189,893	308,396	61.6%	3	192,969	311,485	62.0%	3	194,680	313,602	62.1%	3
Well Child Visits >=6 Visits	North	4,979	6,943	71.7%	2	5,163	7,178	71.9%	2	4,984	6,719	74.2%	2
	South	4,673	6,897	67.8%	2	4,722	6,944	68.0%	2	4,471	6,471	69.1%	2
	West	4,509	6,522	69.1%	2	4,599	6,656	69.1%	2	4,349	6,095	71.4%	2
	Purchased Care	14,161	20,362	69.6%	2	14,484	20,778	69.7%	2	13,804	19,285	71.6%	2

MHS Purchased Care Current Index: 7

MHS Index

5	>= 90th %
4	< 90th % and >= 75th %
3	< 75th % and >= 50th %
2	< 50th % and >= 25th %
1	< 25th % and >= 10th %
0	< 10th %

Commercial HEDIS Audit Percentiles

	Breast	Cervical	Colorectal	Well Child
P10	62.7	73.4	47.7	59.4
P25	66.2	77.9	52.1	66.7
P50	70.0	81.4	59.4	76.8
P75	74.2	84.2	65.0	84.7
P90	78.7	86.7	69.6	90.4

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 preventive screenings. Breast cancer screening assesses the percentage of women 42 - 69 who have had at least one mammogram in past 2 years. Cervical cancer screening measures the percentage of women 24 - 64 who have had at least one pap test during the past 3 years. Colorectal cancer screening assesses whether adults 50-75 have had "appropriate" screening for colorectal cancer. The well child visits measure assesses the percentage of children with 6 Primary Care Provider well child visits during the first 15 months of life. The rate of performance for each Region and an aggregated for purchase care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for this measure set is 20 points.

Why is it important? The selected measures support an evidence-based approach to population health and quality assessment. It also provides a direct comparison with civilian health plans and a means of tracking improvements in preventive screening. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? Region performance for breast and cervical cancer screening remain consistent for past quarter while colorectal cancer screening and well child visits measures are improving. Access to measures data recently improved with deployment of enhanced Population Health Portal functionality.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Population Health Portal

Other Reporting: None

Status Thresholds:

- Green: ≥ 16 Points with all Regions at or above 75th percentile
- Yellow: 15 – 12 Points
- Red: < 12 Points

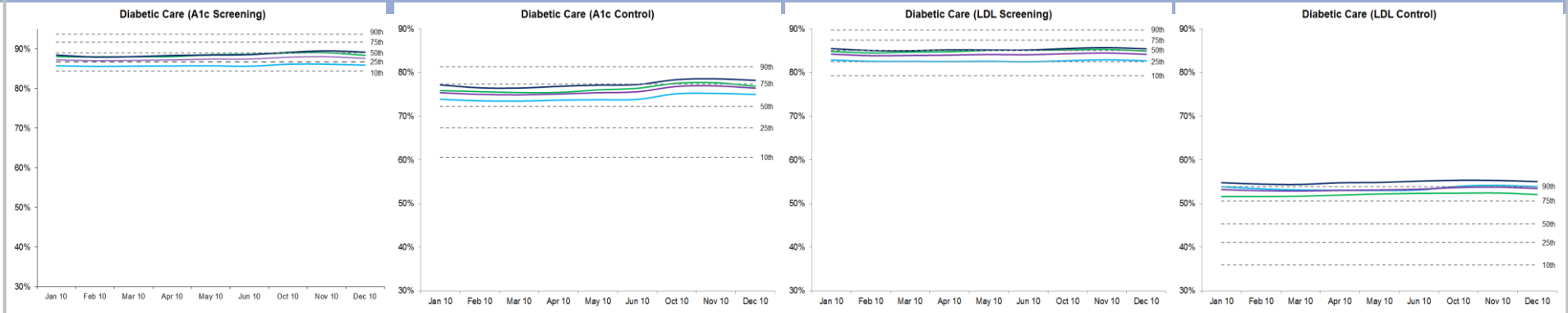
Targets:

- 2011: 9
- 2012: 12
- 2014: 16

KAISER PERMANENTE®

HEDIS Index – Evidence Based Guidelines (Direct Care)

Performance has remained relatively flat for the last year.



Note: Y-Axis Set at Non-Zero

Army Navy Air Force Direct Care

		Oct 10				Nov 10				Dec 10			
	Service	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Diabetes HbA1c Screening	Army	35,993	40,458	89.0%	3	35,936	40,357	89.0%	3	36,213	40,977	88.4%	2
	Navy	21,769	24,422	89.1%	3	21,801	24,357	89.5%	3	21,945	24,605	89.2%	3
	Air Force	35,324	41,010	86.1%	1	35,310	40,988	86.1%	1	35,720	41,584	85.9%	1
	Direct Care	93,086	105,890	87.9%	2	93,047	105,702	88.0%	2	93,878	107,166	87.6%	2
Diabetes HbA1c <=9 Control	Army	31,378	40,458	77.6%	4	31,345	40,357	77.7%	4	31,494	40,977	76.9%	3
	Navy	19,145	24,422	78.4%	4	19,139	24,357	78.6%	4	19,246	24,605	78.2%	4
	Air Force	30,821	41,010	75.2%	3	30,839	40,988	75.2%	3	31,182	41,584	75.0%	3
	Direct Care	81,344	105,890	76.8%	3	81,323	105,702	76.9%	3	81,922	107,166	76.4%	3
Diabetes LDL Screening	Army	34,467	40,458	85.2%	3	34,423	40,357	85.3%	3	34,802	40,977	84.9%	2
	Navy	20,888	24,422	85.5%	3	20,885	24,357	85.7%	3	21,024	24,605	85.4%	3
	Air Force	33,927	41,010	82.7%	2	33,991	40,988	82.9%	2	34,391	41,584	82.7%	2
	Direct Care	89,282	105,890	84.3%	2	89,299	105,702	84.5%	2	90,217	107,166	84.2%	2
Diabetes LDL Control	Army	21,186	40,458	52.4%	4	21,156	40,357	52.4%	4	21,334	40,977	52.1%	4
	Navy	13,514	24,422	55.3%	5	13,469	24,357	55.3%	5	13,543	24,605	55.0%	5
	Air Force	22,128	41,010	54.0%	5	22,203	40,988	54.2%	5	22,406	41,584	53.9%	5
	Direct Care	56,828	105,890	53.7%	4	56,828	105,702	53.8%	4	57,283	107,166	53.5%	4

MHS Index

	5	>= 90th %
	4	< 90th % and >= 75th %
MHS Direct Care	3	< 75th % and >= 50th %
Current Index: 9	2	< 50th % and >= 25th %
	1	< 25th % and >= 10th %
	0	< 10th %

Commercial HEDIS Audit Percentiles

	Diabetes HbA1c Screening	Diabetes HbA1c <=9 Control	Diabetes LDL Screening	Diabetes LDL Control
P10	84.4	60.6	79.3	35.9
P25	86.7	67.3	82.5	41.0
P50	89.0	72.2	85.1	45.3
P75	91.7	77.4	87.4	50.6
P90	93.7	81.3	89.8	53.9

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesterol management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the diabetic care measure set. We evaluate 4 measures for members 18-75 with diabetes: (1) A1c screening; (2) A1c control (< 9.0%) (3) LDL-C screening, and LDL-C level < 100mg/dl. Service and an aggregated rate for direct care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for this subset measure set.

Why is it important? The selected measures evaluate the effectiveness of care, the extent to which we follow evidence-based guidelines in caring for our population. It also provides a direct comparison with civilian health plans and a means of tracking improvements in treating common chronic conditions. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? Current performance has remained stable over past quarter. The focus for improvement needs to be on increasing the screening rates as enrollees with no test on record will be assumed to be above the control level for both A1c and LDL-C.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate:
Dr. John Kugler,
TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Population Health Portal

Other Reporting: None

Status Thresholds:

- Green: ≥ 16 Points with all Services at or above 75th percentile
- Yellow: 15 – 12 Points
- Red: < 12 Points

Targets:

- 2011: 10
- 2012: 12
- 2014: 16

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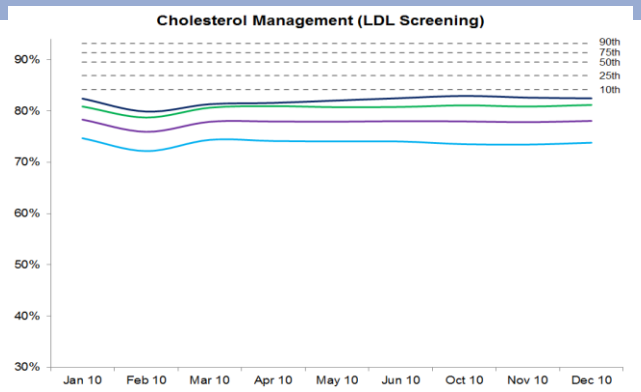
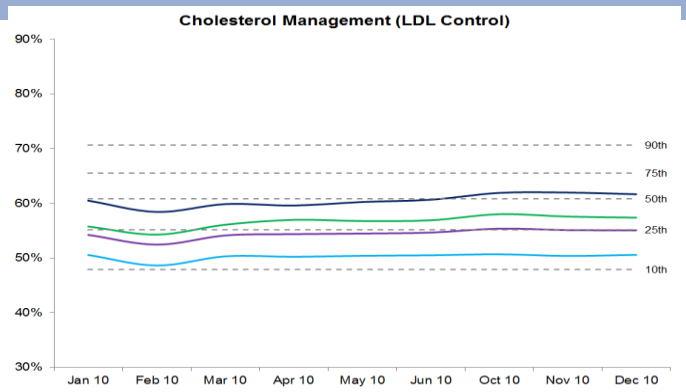
HEDIS Index – Evidence Based Guidelines (Direct Care) *Continued*

LDL Screening is performing below the 10th percentile and LDL Control is in the 25th percentile.





Note: Y-Axis Set at Non-Zero

Army Navy Air Force Direct Care

		Oct 10				Nov 10				Dec 10			
	Service	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Cholesterol Management LDL Screening	Army	7,742	9,547	81.1%	0	7,980	9,867	80.9%	0	8,034	9,897	81.2%	0
	Navy	3,903	4,706	82.9%	0	4,037	4,887	82.6%	0	4,010	4,863	82.5%	0
	Air Force	8,814	11,988	73.5%	0	9,025	12,287	73.5%	0	9,039	12,247	73.8%	0
	Direct Care	20,459	26,241	78.0%	0	21,042	27,041	77.8%	0	21,083	27,007	78.1%	0
Cholesterol Management LDL Control	Army	5,538	9,547	58.0%	2	5,680	9,867	57.6%	2	5,678	9,897	57.4%	2
	Navy	2,913	4,706	61.9%	3	3,028	4,887	62.0%	3	2,998	4,863	61.6%	3
	Air Force	6,075	11,988	50.7%	1	6,189	12,287	50.4%	1	6,194	12,247	50.6%	1
	Direct Care	14,526	26,241	55.4%	2	14,897	27,041	55.1%	2	14,870	27,007	55.1%	2

MHS Index

5	>= 90th %
4	< 90th % and >= 75th %
3	< 75th % and >= 50th %
2	< 50th % and >= 25th %
1	< 25th % and >= 10th %
0	< 10th %

Commercial HEDIS Audit Percentiles

	Cholesterol Management LDL Screening	Cholesterol Management LDL Control
P10	84.2	47.9
P25	86.9	55.1
P50	89.5	60.8
P75	91.4	65.5
P90	93.2	70.6

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesterol management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the cholesterol management measure set. The cholesterol management for patients with cardiovascular conditions measures include patients age 18-75 who were discharged alive for AMI, CABG, or PTCA or who had a diagnosis of IVD. The measures assess the percentage of enrollees with a LDL-C screening and LDL-C level is below 100 mg/dL. The rate of performance for each Service and an aggregated for direct care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for this subset measure set.

Why is it important? The selected measures support an evidence-based approach to population health and quality assessment. It also provides a direct comparison with civilian health plans and a means of tracking improvements in preventive screening. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? The cholesterol management measure set is a new measure recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance. Current performance has remained stable over past quarter.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Population Health Portal

Other Reporting: None

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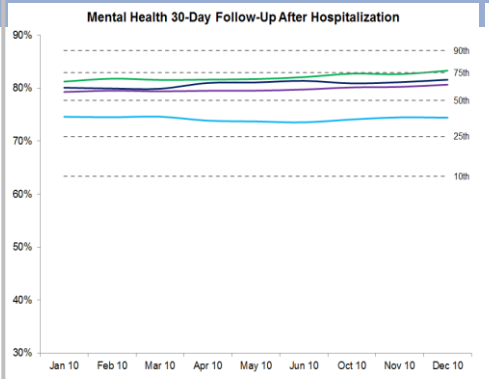
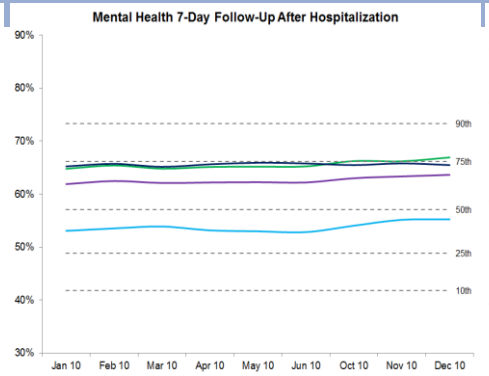
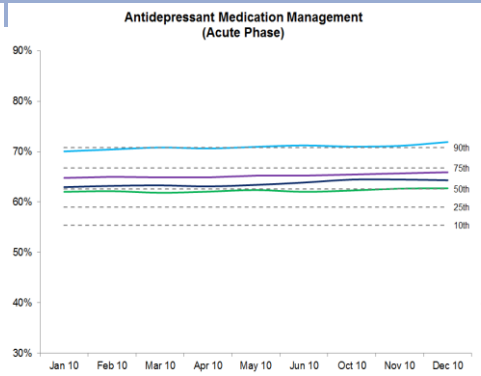
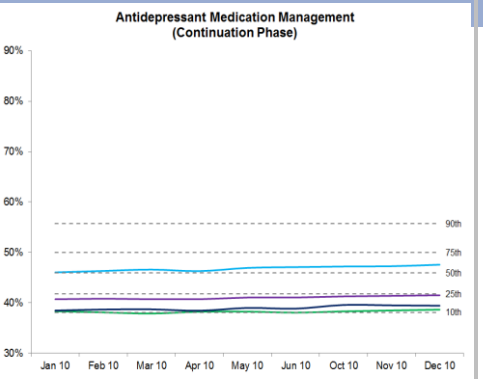
HEDIS Index – Evidence Based Guidelines (Direct Care) *Continued*

The greatest improvement can be made in Antidepressant Medication Mgmt for Continuation Phase, performing in the 25th percentile.









Note: Y-Axis Set at Non-Zero

Army Navy Air Force Direct Care

		Oct 10				Nov 10				Dec 10			
	Service	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Mental Health Follow-Up 30 Days	Army	5,502	6,650	82.7%	3	5,430	6,571	82.6%	3	5,621	6,748	83.3%	4
	Navy	2,496	3,085	80.9%	3	2,457	3,029	81.1%	3	2,588	3,172	81.6%	3
	Air Force	2,410	3,253	74.1%	2	2,385	3,202	74.5%	2	2,474	3,324	74.4%	2
	Direct Care	10,408	12,988	80.1%	3	10,272	12,802	80.2%	3	10,683	13,244	80.7%	3
Mental Health Follow-Up 7 Days	Army	4,405	6,650	66.2%	4	4,350	6,571	66.2%	4	4,516	6,748	66.9%	4
	Navy	2,020	3,085	65.5%	3	1,993	3,029	65.8%	3	2,077	3,172	65.5%	3
	Air Force	1,758	3,253	54.0%	2	1,766	3,202	55.2%	2	1,836	3,324	55.2%	2
	Direct Care	8,183	12,988	63.0%	3	8,109	12,802	63.3%	3	8,429	13,244	63.6%	3
Antidepressant Med Mgt (Acute)	Army	11,839	19,007	62.3%	2	11,803	18,838	62.7%	3	11,815	18,835	62.7%	3
	Navy	5,820	9,031	64.4%	3	5,854	9,082	64.5%	3	5,815	9,040	64.3%	3
	Air Force	8,655	12,193	71.0%	5	8,677	12,195	71.2%	5	8,694	12,090	71.9%	5
	Direct Care	26,314	40,231	65.4%	3	26,334	40,115	65.7%	3	26,324	39,965	65.9%	3
Antidepressant Med Mgt (Cont)	Army	7,280	19,007	38.3%	1	7,248	18,838	38.5%	1	7,279	18,835	38.6%	1
	Navy	3,574	9,031	39.6%	1	3,587	9,082	39.5%	1	3,564	9,040	39.4%	1
	Air Force	5,756	12,193	47.2%	3	5,763	12,195	47.3%	3	5,750	12,090	47.6%	3
	Direct Care	16,610	40,231	41.3%	1	16,598	40,115	41.4%	1	16,593	39,965	41.5%	1

MHS Index

5	>= 90th %
4	< 90th % and >= 75th %
3	< 75th % and >= 50th %
2	< 50th % and >= 25th %
1	< 25th % and >= 10th %
0	< 10th %

Commercial HEDIS Audit Percentiles

	Mental Health Follow-Up 30 Days	Mental Health Follow-Up 7 Days	Antidepressant Med Mgt (Acute)	Antidepressant Med Mgt (Cont)
P10	63.4	41.8	55.4	38.1
P25	70.9	48.8	59.0	41.8
P50	77.7	57.1	62.6	45.9
P75	82.9	66.1	66.7	50.0
P90	87.1	73.3	70.8	55.7

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesterol management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the mental health follow-up and antidepressant medication management measure sets. The mental health follow-up measures assess the percentage of patients enrolled to MTFs who received follow-up within 7 and 30 days of discharge mental health hospitalization. The antidepressant medication management measures percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 (acute) and 180 (continuation) days. The rate of performance for each Service and an aggregated for direct care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for each of this subset measure sets.

Why is it important? The selected measures support an evidence-based approach to population health and quality assessment. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? These are new measures recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate:
Dr. John Kugler,
TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Population Health Portal

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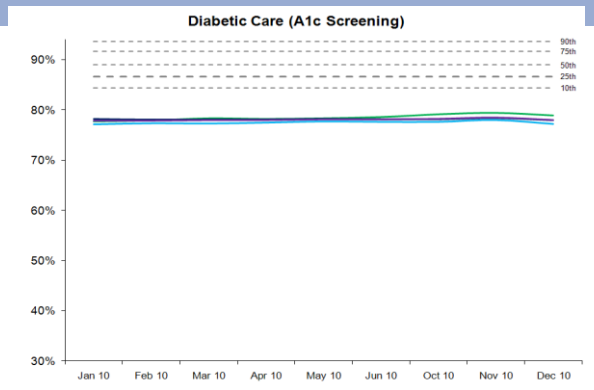
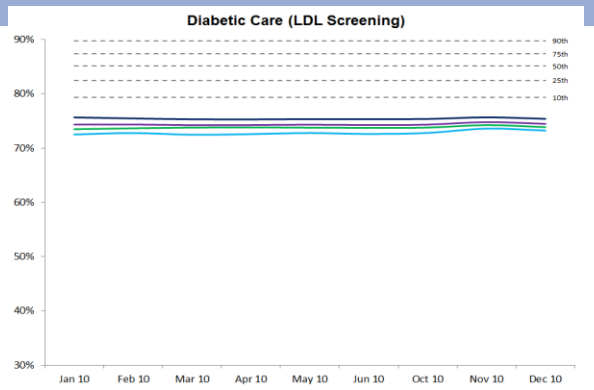
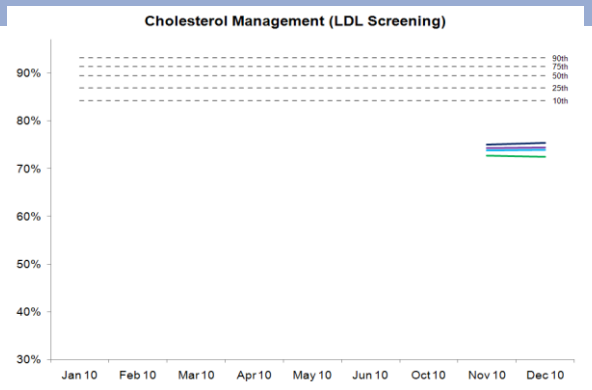
Other Reporting: None

HEDIS Index – Evidence Based Guidelines (Purchased Care)

We are expecting improvements in diabetic care as incentive programs are implemented.







Note: Y-Axis Set at Non-Zero

North South West Purchased Care

		Oct 10				Nov 10				Dec 10			
	Service	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Diabetes HbA1c Screening	North	15,563	19,672	79.1%	0	15,776	19,868	79.4%	0	16,004	20,286	78.9%	0
	South	29,671	37,976	78.1%	0	30,112	38,416	78.4%	0	30,390	38,997	77.9%	0
	West	14,585	18,783	77.7%	0	14,751	18,904	78.0%	0	14,931	19,336	77.2%	0
	Purchased Car	59,819	76,431	78.3%	0	60,639	77,188	78.6%	0	61,325	78,619	78.0%	0
Diabetes LDL Screening	North	14,514	19,672	73.8%	0	14,750	19,868	74.2%	0	14,984	20,286	73.9%	0
	South	28,622	37,976	75.4%	0	29,069	38,416	75.7%	0	29,400	38,997	75.4%	0
	West	13,674	18,783	72.8%	0	13,912	18,904	73.6%	0	14,162	19,336	73.2%	0
	Purchased Car	56,810	76,431	74.3%	0	57,731	77,188	74.8%	0	58,546	78,619	74.5%	0
Cholesterol Management LDL Screening	North					3,765	5,181	72.7%	0	3,743	5,165	72.5%	0
	South					9,529	12,692	75.1%	0	9,572	12,692	75.4%	0
	West					3,485	4,722	73.8%	0	3,494	4,730	73.9%	0
	Purchased Care					16,779	22,595	74.3%	0	16,809	22,587	74.4%	0

MHS Index

MHS Purchased Care Current Index: 3

5	>= 90th %
4	< 90th % and >= 75th %
3	< 75th % and >= 50th %
2	< 50th % and >= 25th %
1	< 25th % and >= 10th %
0	< 10th %

Commercial HEDIS Audit Percentiles

	Diabetes HbA1c Screening	Diabetes LDL Screening	Cholesterol Management LDL Screening
P10	84.4	79.3	84.2
P25	86.7	82.5	86.9
P50	89.0	85.1	89.5
P75	91.7	87.4	91.4
P90	93.7	89.8	93.2

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesterol management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the diabetic care and cholesterol management measure sets. We evaluate 2 measures for members 18-75 with diabetes: (1) A1c screening and LDL-C screening. The cholesterol management for patients with cardiovascular conditions measure assess the percentage of enrollees with a LDL-C screening for patients age 18-75 who were discharged alive for AMI, CABG, or PTCA or who had a diagnosis of IVD. Region and an aggregated rate for purchase care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for each of this subset measure sets.

Why is it important? The selected measures evaluate the effectiveness of care, the extent to which we follow evidence-based guidelines in caring for our population. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? Current performance has remained stable over past quarter. T3 includes incentives to improve the diabetes measures. The cholesterol management measure set is a new measure recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Population Health Portal

Other Reporting: None

Status Thresholds:

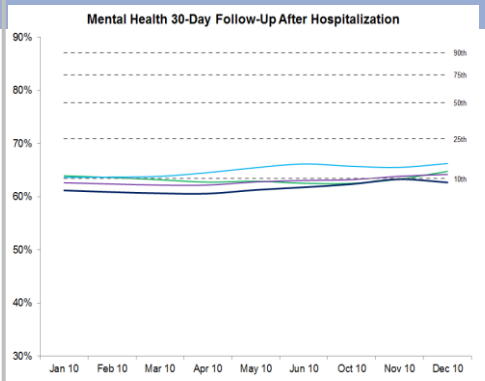
- Green: ≥ 12 Points with all Services at or above 75th percentile
- Yellow: 9 – 11 Points
- Red: < 11 Points

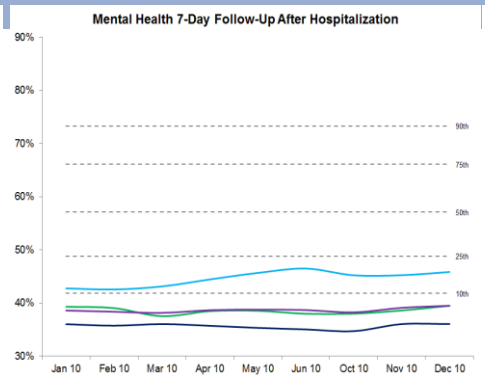
Targets:

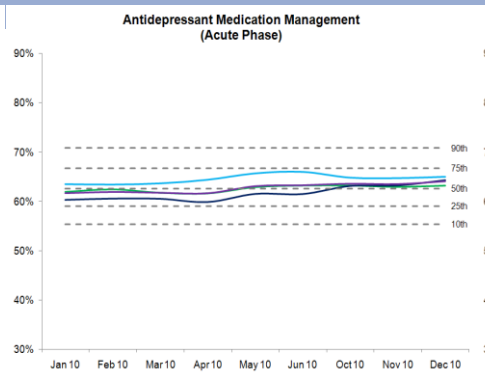
- 2011: 6
- 2012: 8
- 2014: 12

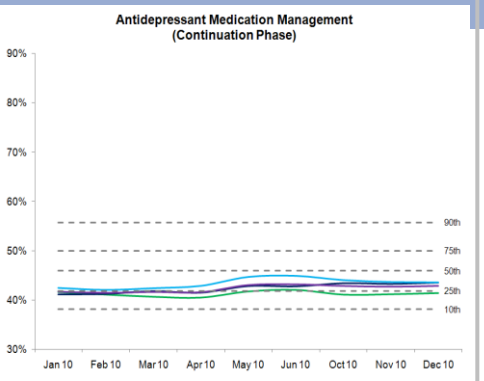
HEDIS Index – Evidence Based Guidelines (Purchased Care) *Continued*

Purchased Care is showing poor performance in 7-day mental health follow-up, falling below the 10th percentile.









Note: Y-Axis Set at Non-Zero

North South West Purchased Care

		Oct 10				Nov 10				Dec 10			
	Service	Screens	Total	Rate	Index	Screens	Total	Rate	Index	Screens	Total	Rate	Index
Mental Health Follow-Up 30 Days	North	1,130	1,808	62.5%	0	1,121	1,770	63.3%	0	1,173	1,811	64.8%	1
	South	1,619	2,596	62.4%	0	1,572	2,484	63.3%	0	1,656	2,642	62.7%	0
	West	907	1,380	65.7%	1	914	1,395	65.5%	1	948	1,431	66.2%	1
	Purchased Care	3,656	5,784	63.2%	0	3,607	5,649	63.9%	1	3,777	5,884	64.2%	1
Mental Health Follow-Up 7 Days	North	687	1,808	38.0%	0	683	1,770	38.6%	0	715	1,811	39.5%	0
	South	901	2,596	34.7%	0	895	2,484	36.0%	0	952	2,642	36.0%	0
	West	624	1,380	45.2%	1	631	1,395	45.2%	1	656	1,431	45.8%	1
	Purchased Care	2,212	5,784	38.2%	0	2,209	5,649	39.1%	0	2,323	5,884	39.5%	0
Antidepressant Med Mgt (Acute)	North	2,680	4,243	63.2%	3	2,730	4,340	62.9%	3	2,768	4,383	63.2%	3
	South	2,996	4,743	63.2%	3	3,033	4,793	63.3%	3	3,021	4,695	64.3%	3
	West	2,208	3,408	64.8%	3	2,234	3,453	64.7%	3	2,250	3,463	65.0%	3
	Purchased Care	7,884	12,394	63.6%	3	7,997	12,586	63.5%	3	8,039	12,541	64.1%	3
Antidepressant Med Mgt (Cont)	North	1,743	4,243	41.1%	1	1,786	4,340	41.2%	1	1,814	4,383	41.4%	1
	South	2,058	4,743	43.4%	2	2,073	4,793	43.3%	2	2,043	4,695	43.5%	2
	West	1,502	3,408	44.1%	2	1,508	3,453	43.7%	2	1,510	3,463	43.6%	2
	Purchased Care	5,303	12,394	42.8%	2	5,367	12,586	42.6%	2	5,367	12,541	42.8%	2

MHS Index

5	>= 90th %
4	< 90th % and >= 75th %
3	< 75th % and >= 50th %
2	< 50th % and >= 25th %
1	< 25th % and >= 10th %
0	< 10th %

Commercial HEDIS Audit Percentiles

	Mental Health Follow-Up 30 Days	Mental Health Follow-Up 7 Days	Antidepressant Med Mgt (Acute)	Antidepressant Med Mgt (Cont)
P10	63.4	41.8	55.4	38.1
P25	70.9	48.8	59.0	41.8
P50	77.7	57.1	62.6	45.9
P75	82.9	66.1	66.7	50.0
P90	87.1	73.3	70.8	55.7

About the Measure

What are we measuring? We are measuring compliance with HEDIS on 4 sets of effectiveness of care measures including diabetes care; cholesterol management for cardiovascular conditions; follow-up after hospitalization for mental illness; and antidepressant medication management. These graphs focus on the mental health follow-up and antidepressant medication management measure sets. The mental health follow-up measures assess the percentage of patients enrolled to MTFs who received follow-up within 7 and 30 days of discharge mental health hospitalization. The antidepressant medication management measures percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 (acute) and 180 (continuation) days. The rate of performance for each Region and an aggregated for purchase care are converted to percentile rankings based on civilian benchmarks. The percentile rankings are captured in an MHS Index (0 to 5) to determine overall performance. The maximum index score for 4 sets of effectiveness of care measures is 20 points with the maximum of 5 for each of this subset measure sets.

Why is it important? The selected measures evaluate the effectiveness of care, the extent to which we follow evidence-based guidelines in caring for our population. Improved scores in this measure should translate directly to a healthier beneficiary population, reduced acute care needs, and appropriate use of health system resources.

What does our performance tell us? These are new measures recently made available to providers. New measures need a maturation period of 6-12 months to assess and address administrative and clinical processes to better understand variables affecting performance.

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate: Dr. John Kugler, TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Population Health Portal

Other Reporting: None

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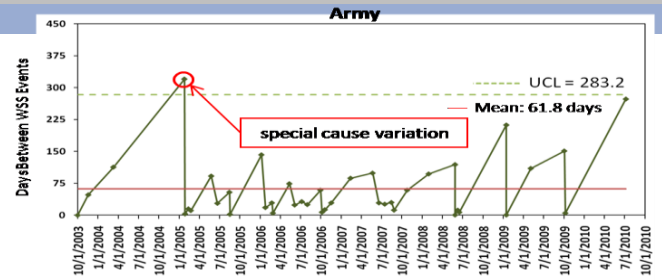
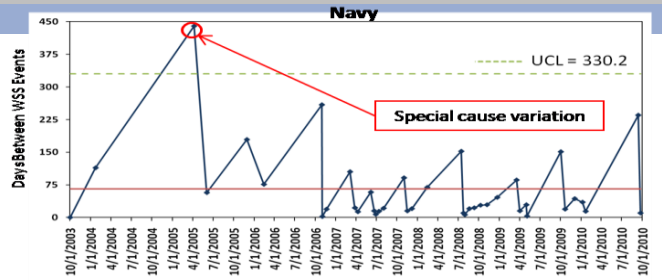
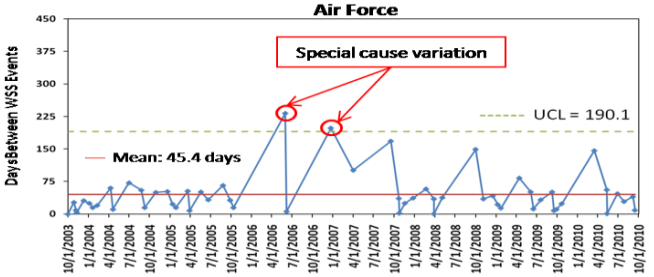
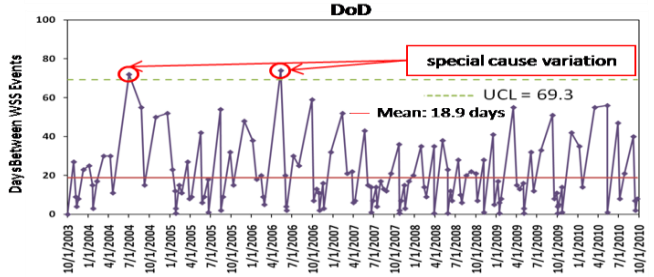
Wrong Site Surgery

There is room for improvement with the goal of lengthening the time between events.









Army WSS Event Date	11/18/2003	3/10/2004	1/24/2005	1/27/2005	2/11/2005	5/4/2009	10/2/2009	10/7/2009	7/7/2010
Days Between Army WSS Event	48	113	320	3	15	110	151	5	273
Navy WSS Event Date	1/23/2004	4/7/2005	6/3/2005	11/29/2005	2/13/2006	1/7/2010	1/21/2010	9/13/2010	9/23/2010
Days Between Navy WSS Event	114	440	57	179	76	35	14	235	10
Air Force WSS Event Date	10/28/2003	11/6/2003	11/10/2003	12/11/2003	1/5/2004	6/29/2010	7/28/2010	9/6/2010	9/15/2010
Days Between Air Force WSS Event	27	9	4	31	25	47	29	40	9
DoD WSS Event Date	10/28/2003	11/6/2003	11/10/2003	11/18/2003	12/11/2003	9/6/2010	9/13/2010	9/15/2010	9/23/2010
Days Between DoD WSS Event	27	9	4	8	23	40	7	2	8

	Min	Max	Mean	Std Dev	UCL
Army	0.5	320	61.8	73.8	283.2
Navy	2	440	65.4	88.3	330.2
Air Force	0.5	232	45.4	48.2	190.1
DoD	0.5	74	18.9	16.8	69.3

About the Measure

What are we measuring? WSS should never occur! We are measuring the time between incidents of wrong site surgeries/procedures (WSS) in the Direct Care setting from reports from the Patient Safety Reporting System (PSR) and Root Cause Analysis (RCA) databases.

Why is it important? All of graphs are T-Charts. T-Charts measure time between incidents, while frequency charts display counts. Therefore, the higher the line/peaks, the longer the time between incidents, which is better. Additionally with a T-Chart, identification of trends are easier and statistically relevant, whereas frequency graphs are dependent on counts, which are highly variable. For the T-Charts, the red circles indicate one aspect of special cause variation, where the time between incidents is statistically significant meaning the DoD was performing at an extraordinarily high level to achieve such a large time between incidents. Identification of goals and benchmarks are easier with the T-Chart UCL. Any point or line above the UCL indicates exceptional performance and is part of the special cause variation. With frequency graphs, the maximum count is often used (or a percentage of it), which may lead to unreasonable goals. Following simple criteria for special cause variation, it is easier to identify trends in a T-Chart. Furthermore, changes in process improvements are better gauged with a T-Chart.

What does our performance tell us? There is room for improvement as WSS continues to happen too frequently.

Executive Sponsor:
PSP, PSPCC

Measure Advocate:
LTC Donald Robinson

Monitoring:
Quarterly

Data Source:
PSR, RCA Database

Other Reporting:

Status Thresholds:

- Green: ≥ 90 days
- Yellow: 65 days – 90 days
- Red: ≤ 65 days

Targets:

- 2012: 0 WSS Events
- 2013: 0 WSS Events
- 2014: 0 WSS Events

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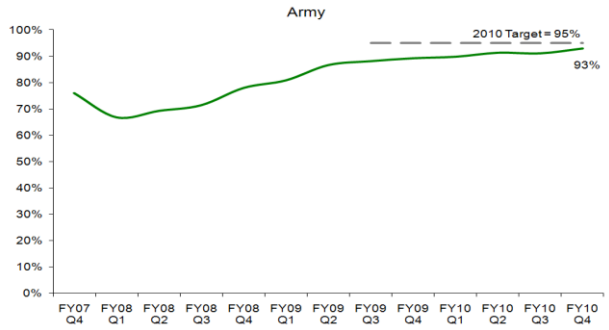
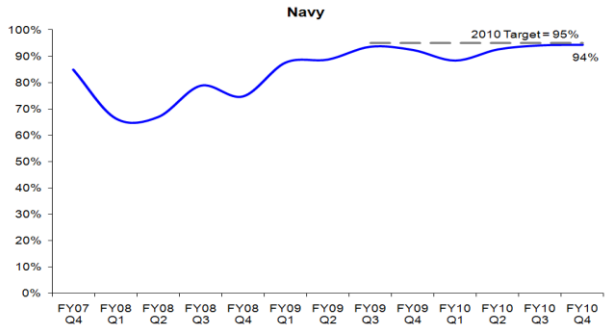
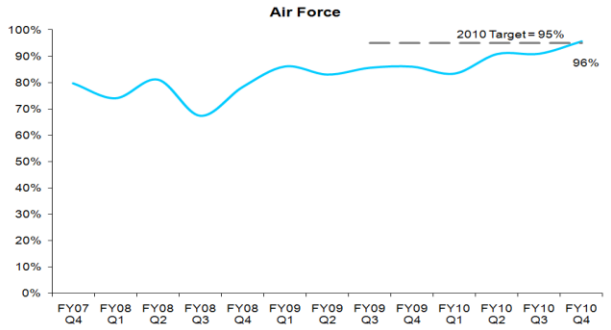
Antibiotic Received Within 1 Hour Prior to Surgical Incision

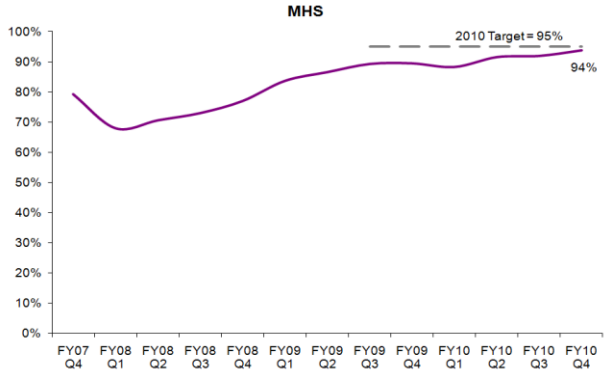
MHS has shown consistent improvement for two years.







	Army		Navy		Air Force		MHS	
Period	Number of surgical patients with antibiotics initiated within 1 hour of surgical incision	All selected surgical patients with no evidence of prior infection	Number of surgical patients with antibiotics initiated within 1 hour of surgical incision	All selected surgical patients with no evidence of prior infection	Number of surgical patients with antibiotics initiated within 1 hour of surgical incision	All selected surgical patients with no evidence of prior infection	Number of surgical patients with antibiotics initiated within 1 hour of surgical incision	All selected surgical patients with no evidence of prior infection
FY09 Q2	667	770	396	446	235	283	1,298	1,499
FY09 Q3	689	782	384	410	202	236	1,275	1,428
FY09 Q4	662	742	318	344	203	236	1,183	1,322
FY10 Q1	677	754	351	397	201	241	1,229	1,392
FY10 Q2	746	817	377	407	276	304	1,399	1,528
FY10 Q3	725	796	419	445	260	286	1,404	1,527
FY10 Q4	669	720	302	320	238	249	1,209	1,289



About the Measure

What are we measuring? We are measuring the percentage of surgical patients who received prophylactic antibiotics within 1 hour prior to surgical incision. The measure is included in the Joint Commission (TJC) National Hospital Quality Measure sets. Studies show a strong association of reduced incidence of post-operative infection with administration of antibiotics within the one hour prior to surgery; however, after the incision is closed, prolonged administration of prophylaxis with antibiotics may increase the risk of infections at no additional benefit to the patient. Our overall measure rate includes our performance for colon surgery, hip and knee arthroplasty, abdominal and vaginal hysterectomy, cardiac surgery (including coronary artery bypass grafts (CABG)) and vascular surgery.

Why is it important? This measure educates providers about evidence based practice, improves the quality of surgical procedures, and is part of TJC accreditation process requirements. We can reduce the risk of wound infection after surgery by providing the right medicines at the right time on the day of surgery. If we are able to demonstrate that we are achieving very high levels of adherence with best clinical practices, we will earn beneficiary trust, and more people will wish to come to our hospitals for their care.

What does our performance tell us? All Services are showing an upward trend. Army is showing the most consistent performance improvement and Navy had the most improvement since the last reporting (5% increase).

Executive Sponsor: CPSC

Working Group: Clinical Quality Forum

Measure Advocate:
Dr. John Kugler
TMA-OCMO; (703) 681-0064

Monitoring: Quarterly

Data Source: Inpatient Chart Extractions

Other Reporting: Joint Commission

Status Thresholds:

- Green: ≥ 95%
- Yellow: 90% - 94%
- Red: < 90%

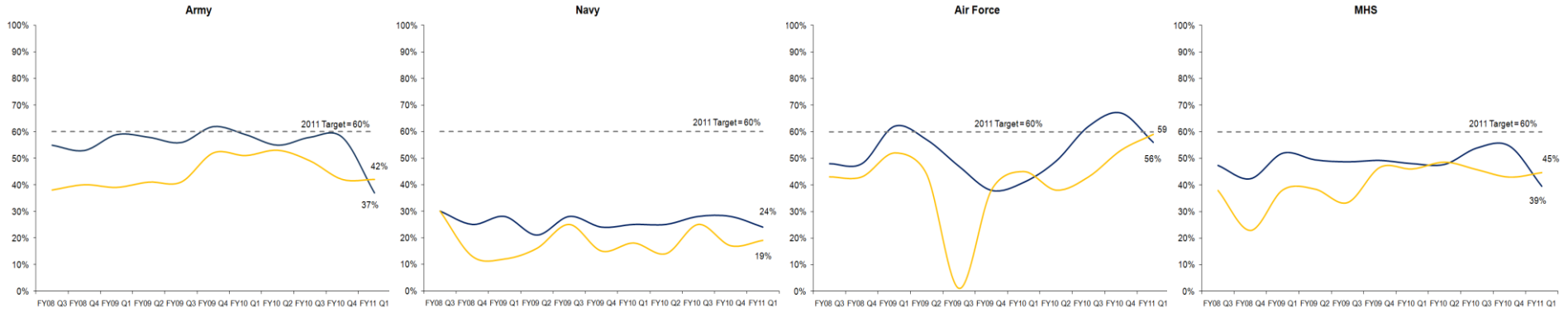
Targets:

- 2011: 100%
- 2012: 100%
- 2014: 100%

KAISER PERMANENTE®

Percentage of Medical Boards Completed Within 30 Days – DAR

Overall performance is below our target and we continue to see variation across the Services.



		Army							Navy							Air Force						
Component	Indicator	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1
Active	Mean Days Processing	39	37	38	43	43	43	63	61	61	75	57	51	55	66	38	43	43	37	32	29	35
	Cases < 30 Days	1,401	1,467	1,338	999	878	684	348	234	214	248	153	148	165	109	351	276	194	257	534	639	313
	Total Cases	2,501	2,366	2,249	1,817	1,505	1,183	940	837	890	991	613	530	591	453	746	725	472	525	862	953	559
Reserve	Mean Days Processing	46	46	46	42	50	56	63	72	68	67	68	62	66	65	103	45	32	41	46	38	32
	Cases < 30 Days	273	323	249	249	207	137	140	20	10	14	6	12	9	7	1	50	38	21	61	82	73
	Total Cases	665	622	489	470	420	323	334	78	68	79	43	48	52	35	137	131	85	54	143	155	123
Total	Mean Days Processing	40	39	39	43	45	46	63	62	61	74	58	52	56	66	48	43	41	37	34	30	34
	Cases < 30 Days	1,674	1,790	1,587	1,248	1,085	821	488	254	224	262	159	160	174	116	352	326	232	278	595	721	386
	Total Cases	3,166	2,988	2,738	2,287	1,925	1,506	1,274	915	958	1,070	656	578	643	488	883	856	557	579	1,005	1,108	682

About the Measure

What are we measuring? We are measuring percentage of MEB cases completed in less than 30 days. Case processing begins when a provider dictates a Clinical Narrative Summary (NARSUM) and ends when the case file is received by the PEB. New requirements policy (effective in Oct 08) for an impartial medical provider and official rebuttal of the MEB findings may affect processing timelines.

Why is it important? Our goal is to improve the quality and efficiency of the disability evaluation process. Although the process begins well before the NARSUM is dictated and continues well after the MEB report is completed, this part of the process is largely under the control of military health care system and has established targets. If we optimize this part of the process we will avoid some delays that contribute to dissatisfaction and rework.

What does our performance tell us? Overall MHS rate decreased by 19% from last FY10 quarter. All three Services are showing decreased performance, with Army showing the most (decreased 21%).

Executive Sponsor: CPSC

Working Group Disability Advisory Council

Measure Advocate:
Kathie McCracken
HA-C&PP; 703-681-1716

Monitoring: Monthly

Data Source: Data call to Services

Other Reporting: DES Report to USD(P/R)

Status Thresholds:

- Green: ≥ 60% MEB Completed in 30 Days or Less
- Red: < 60% MEB Completed in 30 Days or Less

Targets:

- 2011: 60%
- 2012: TBD
- 2014: TBD

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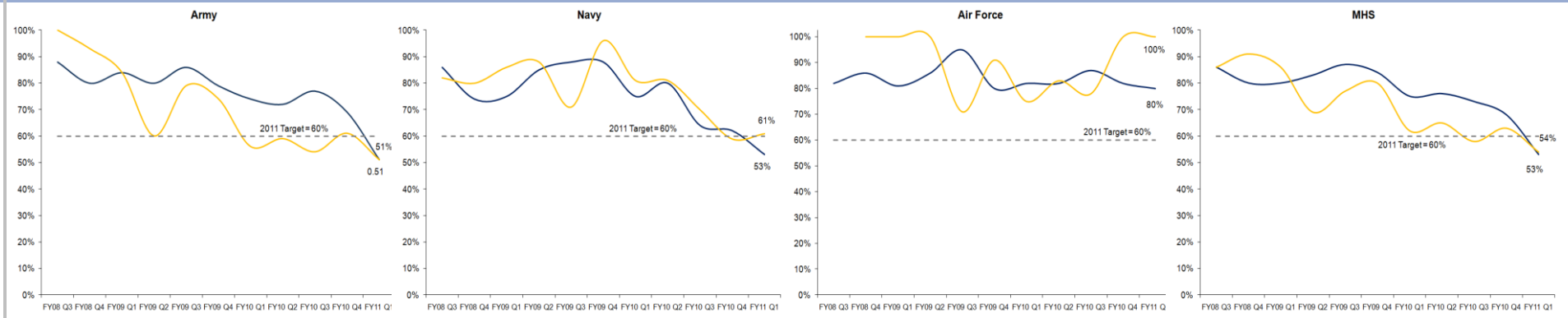
Percentage of Medical Boards Completed Within 30 Days – IDES

Since the pilot program started, overall rate for MHS has decreased as the number of total cases increased.



		Army							Navy							Air Force						
Component	Indicator	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1
Active	Mean Days Processing	17	19	25	26	23	30	41	14	14	21	21	30	33	43	15	25	26	18	17	20	26
	Cases < 30 Days	166	285	339	365	579	755	433	202	367	317	273	316	328	283	19	39	41	94	74	61	44
	Total Cases	193	359	461	509	753	1,089	852	230	418	421	343	491	527	534	20	49	50	114	85	74	55
Reserve	Mean Days Processing	27	25	34	39	43	35	40	20	9	18	20	26	28	32	26	23	17	18	20	8	10
	Cases < 30 Days	45	69	50	69	67	97	81	10	22	17	22	19	16	14	5	10	6	10	7	12	7
	Total Cases	57	93	89	116	123	159	160	14	23	21	27	27	27	23	7	11	8	12	9	12	7
Total	Mean Days Processing	19	20	26	28	26	31	41	14	14	21	21	30	33	43	18	25	25	18	17	18	24
	Cases < 30 Days	211	354	389	434	646	852	514	212	389	334	295	335	344	297	24	49	47	104	81	73	51
	Total Cases	250	452	550	625	876	1,248	1,012	244	441	442	370	518	554	557	27	60	58	126	94	86	62

About the Measure

What are we measuring? We are measuring percentage of MEB cases completed in less than 30 days. Case processing begins when a provider dictates the Clinical Narrative Summary (NARSUM) and ends when the board has made a final decision. New requirements policy (effective in Oct 08) for impartial medical provider review and official rebuttal of MEB findings may change processing timelines.

Why is it important? Our goal is to improve the quality and efficiency of the disability evaluation process. Although the process begins well before the NARSUM is dictated and continues well after the MEB report is completed. This part of the process is largely under the control of the military health care system and has established targets. If we optimize this part of the process we will avoid some delays that contribute to dissatisfaction and rework.

What does our performance tell us? Both the Active and Reserve Component performances have dipped below our desired level of performance. We are approximately 6-7 percentage points below our new FY2011 target for the Active and Reserve Components. We have realized a steady downward trend in performance since 3rd quarter, FY09, which may be linked to expansion of the IDES expansion. Roll out of the new process across the MHS continues.

Executive Sponsor: CPSC

Working Group Disability Advisory Council

Measure Advocate:
Kathie McCracken
HA-C&PP; 703-681-1716

Monitoring: Monthly

Data Source: Data call to Services

Other Reporting: DES
Report to USD(P/R)

Status Thresholds:

- Green: ≥ 60% MEB Completed in 30 Days or Less
- Red: < 60% MEB Completed in 30 Days or Less

Targets:

- 2011: 60%
- 2012: TBD
- 2014: TBD

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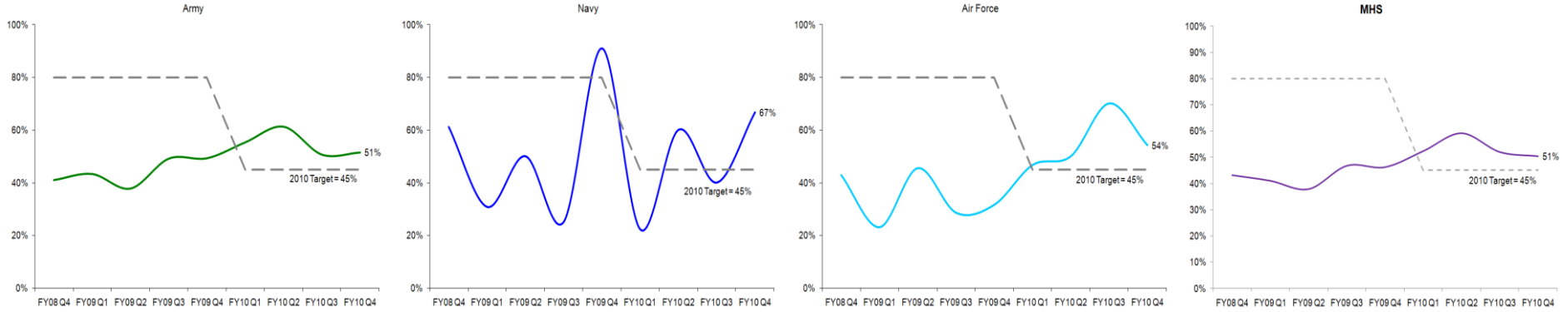
Favorable Medical Evaluation Board Experience Rating

We have ended FY2010 at 51%, 6 percentage points above our goal.



Detail on Top 2 Ratings (4 or 5 on 1-5 Scale)

	Army			Navy			Air Force			Marines			MHS		
Period	N	Total	Percent	N	Total	Percent	N	Total	Percent	N	Total	Percent	N	Total	Percent
FY09 Q1	117	270	43.3%	4	13	30.8%	9	39	23.1%	16	33	48.5%	146	355	41.1%
FY09 Q2	65	172	37.8%	3	6	50.0%	10	22	45.5%	4	16	25.0%	82	216	38.0%
FY09 Q3	88	179	49.2%	3	12	25.0%	4	14	28.6%	10	19	52.6%	105	224	46.9%
FY09 Q4	72	146	49.3%	10	11	90.9%	6	19	31.6%	7	29	24.1%	95	205	46.3%
FY10 Q1	62	112	55.4%	2	9	22.2%	7	15	46.7%	14	26	53.9%	85	162	52.5%
FY10 Q2	141	230	61.3%	6	10	60.0%	11	22	50.0%	8	18	44.4%	166	280	59.3%
FY10 Q3	108	213	50.7%	2	5	40.0%	14	20	70.0%	12	23	52.2%	136	261	52.1%
FY10 Q4	121	235	51.5%	2	3	66.7%	13	24	54.2%	14	35	40.0%	150	297	50.5%

About the Measure

What are we measuring? This measure comes from a monthly telephonic survey that began in May 2007. It initially surveyed 100% of all Service members returning from operational deployment via aeromedical evacuation, but was expanded in Q3 FY08 to include 100% follow-up of all aerovac patients and 100% of referrals to the VA resulting in a claim. It expanded again in Q4 FY08 to a substantial sample (nearing 100%) of Service members who completed a PDHA or PDHRA one year prior and were recommended for referral to the PEB. It does not measure all Service members undergoing MEB/PEB. The survey uses a 5-point scale to assess patients' self-reported experience with the medical and physical evaluation board process with a 25% yield and 41% adjusted response rate of eligibles. The question is: "Please think about your Medical Evaluation Board (MEB) experience. Using a scale of 1 to 5, with 1 being "Poor" and 5 being "Outstanding", how would you rate your experience with the MEB process?"

Why is it important? Our goal is to improve the disability evaluation process. This measure provides direct feedback from Wounded Warriors on their initial satisfaction with the medical board portion of the process. Many things can influence satisfaction but, we believe some of the factors that positively influence satisfaction include having an individualized care plan, open communication, and efficient administrative processes (access, referrals, MEB timeliness). These factors are all addressed in the DES reengineering initiative. Other than the war itself, there is no more important mission than caring for these service members.

What does our performance tell us? Since the last report on FY10 Q2, we have experienced a 10% decrease in satisfaction rating and have achieved our FY2010 goal. We will continue to monitor for additional improvement to see if it correlates to expansion of DES improvement initiatives beyond the pilots.

Executive Sponsor: CPSC

Working Group: Tri-Service Survey Work Group

Measure Advocate:
Dr. Rich Bannick,
TMA-HPA&E; (703) 681-3636

Monitoring: Monthly

Data Source: Service Member Survey

Other Reporting: None

Status Thresholds:

- Green: ≥ 45%
- Yellow: 40% - 44%
- Red: < 40%

Targets:

- 2011: 65%
- 2012: 70%
- 2014: 75%

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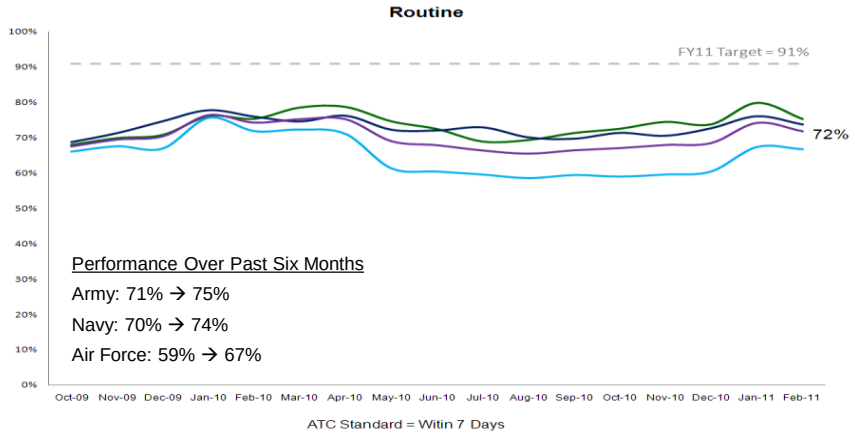
Primary Care 3rd Available Appointment (Routine/Acute)

Routine 3rd available appointments has improved by 3% since last quarter.

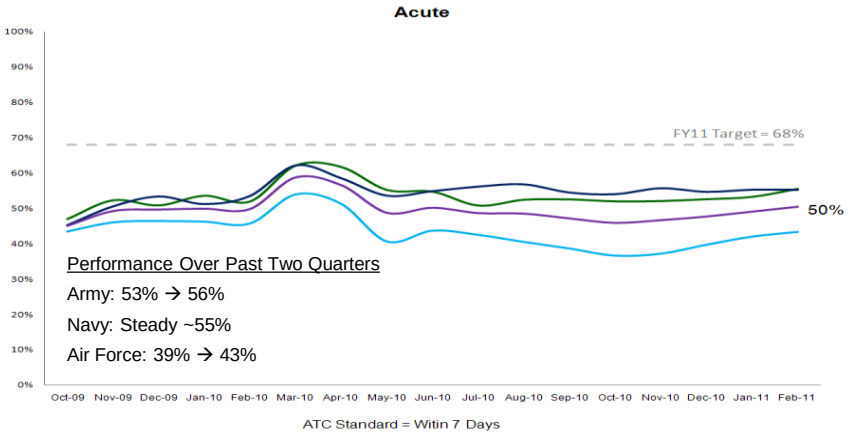


Performance Over Past Six Months

Army: 71% → 75%

Navy: 70% → 74%

Air Force: 59% → 67%



Performance Over Past Two Quarters

Army: 53% → 56%

Navy: Steady ~55%

Air Force: 39% → 43%

Army Navy Air Force MHS

	Army		Navy		Air Force	
	Clinics Passed	Clinics Tested	Clinics Passed	Clinics Tested	Clinics Passed	Clinics Tested
Oct-10	8,320	11,473	4,710	6,602	6,828	11,570
Nov-10	8,242	11,072	4,677	6,632	6,510	10,922
Dec-10	8,575	11,627	5,234	7,205	7,039	11,643
Jan-11	8,591	10,769	5,275	6,940	7,389	10,962
Feb-11	7,078	9,405	4,413	5,987	6,029	9,028

	Army		Navy		Air Force	
	Clinics Passed	Clinics Tested	Clinics Passed	Clinics Tested	Clinics Passed	Clinics Tested
Oct-10	4,249	8,163	3,359	6,217	3,946	10,806
Nov-10	4,048	7,765	3,409	6,119	3,805	10,262
Dec-10	4,347	8,256	3,620	6,619	4,295	10,844
Jan-11	4,147	7,778	3,477	6,289	4,232	10,097
Feb-11	3,784	6,807	3,060	5,537	3,707	8,569

About the Measure

What are we measuring? This is a prospective daily measure from a point in time when one looks for an appointment to when the third appointment is available for an acute appointment. Rate is a ratio of the # of clinics that meet the ATC standard compared to the total number of clinics having the particular ATC category.

Why is it important? We want it to be as convenient as possible for people to make appointments. Our hypothesis is that if we have constructed our appointment templates appropriately and have adequate staffing, then appointments will be available when people call. If one finds 3 appointments within the access standards one should be able to give beneficiaries some choice further improving satisfaction. This measure reflects the ability of a clinic to maintain availability for the 3rd available appointment.

What does our performance tell us? We are making progress to eliminate variation in appointing templates and processes across the Services. During this quarter, we have increased the availability of appointments for routine by 3% since last quarter, but have decreased by 1% in acute. As more MTFs implement the PCMH, we expect this to fuel improvement across the enterprise. Air Force uses 4th level MEPRS to show access at the team level and Navy is moving to this model. This may initially result in an overall downward trend before we see an improvement.

Executive Sponsor: JHOC

Working Group: None

Measure Advocate: Dr. Mike Dinneen HA-OSM; (703) 681-1712

Monitoring: Weekly

Data Source: TOC/ CHCS/AHLTA

Other Reporting: None

Status Threshold for Routine:

- Green: ≥ 91%
- Yellow: 80% - 90%
- Red: < 80%

Routine Targets:

- 2011: 91%
- 2012: 92%
- 2014: 94%

Status Threshold for Acute:

- Green: ≥ 68%
- Yellow: 57% - 67%
- Red: < 57%

Acute Targets:

- 2011: 68%
- 2012: 70%
- 2014: 75%

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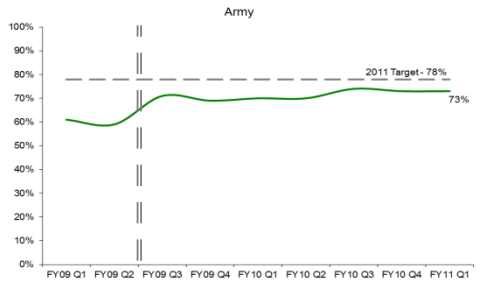
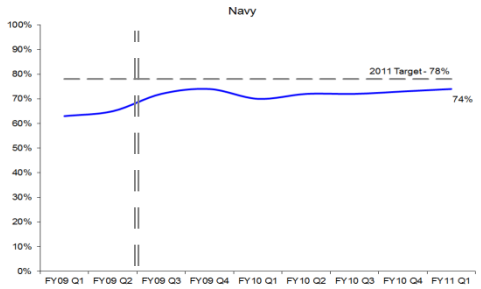
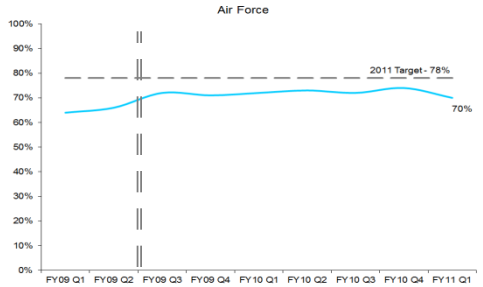
Getting Timely Care Rate

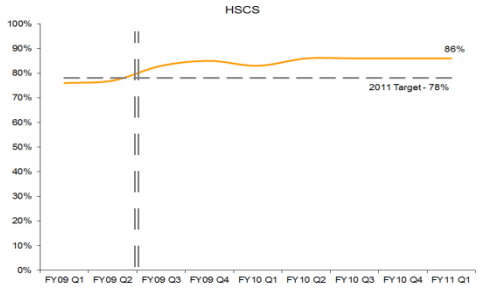
Satisfaction with access appears to be improving.

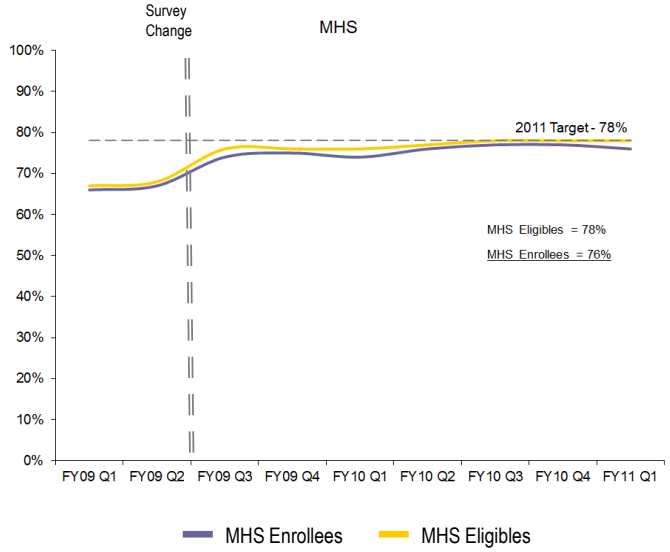
Those seeking care from the Health Care Support Contractors report a higher satisfaction with getting timely care.











	U.S. Rate by Quarter (Percent With Little or No Problem)																	
	FY09 Q1		FY09 Q2		FY09 Q3		FY09 Q4		FY10 Q1		FY10 Q2		FY10 Q3		FY10 Q4		FY11 Q1	
	Rate	Volume	Rate	Volume	Rate	Volume	Rate	Volume	Rate	Volume	Rate	Volume	Rate	Volume	Rate	Volume	Rate	Volume
Routine Responses	70%	3,507	71%	3,517	75%	6,326	75%	6,281	75%	6,231	75%	7,120	76%	7,464	77%	6,918	76%	6,714
Urgent Responses	73%	1,895	75%	1,907	78%	3,210	78%	3,147	77%	3,245	79%	3,782	81%	3,840	80%	3,569	80%	3,380

About the Measure

What are we measuring? We are measuring beneficiary satisfaction rate with getting timely care through a composite of two questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 4.0. The questions are: In the last 12 months, (1) When you needed care right away, how often did you get care as soon as you thought you needed? (2) Not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? Responses of 'Usually' and ' Always' are counted positive.

Why is it important? We believe that if patients are able to access care more quickly, they will avoid harmful delays, reduce the likelihood of progression of illness and be more satisfied with the care experience.

What does our performance tell us? Army and Navy have shown improvements, but Air Force experienced a drop from last quarter. MSCS continues to report higher performance than the Services. We anticipate implementation of the PCMH efforts will improve access across the enterprise.

Executive Sponsor: JHOC

Working Group: Tri-Service Survey Work Group

Measure Advocate:
Dr. Rich Bannick,
TMA-HPA&E; (703) 681-3636

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: None

Status Thresholds:

- Green: ≥ 78%
- Yellow: 73% -77%
- Red: ≤ 72%

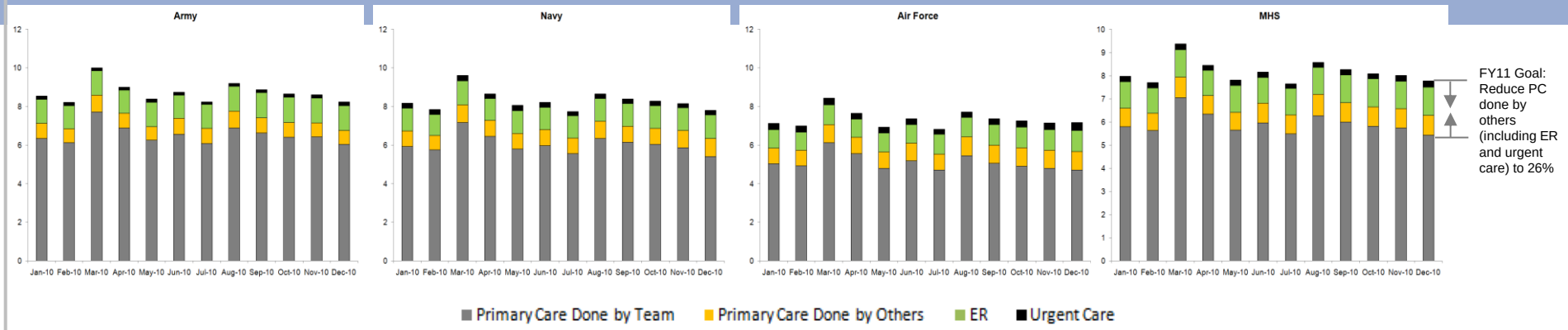
Targets:

- 2011: 78%
- 2012: 80%
- 2014: 82%

KAISER PERMANENTE®

Potential Recapturable Primary Care Workload for MTF Enrollees

For the most recent quarter MTF enrollees are receiving on average 30% of their primary care from other venues.



	Army					Navy					Air Force					MHS				
Period	Primry Care (Others)	ER Cre	Urgent Care	Total	Amount	Primry Care (Others)	ER Cre	Urgent Care	Total	Amount	Primry Care (Others)	ER Cre	Urgent Care	Total	Amount	Primry Care (Others)	ER Cre	Urgent Care	Total	Amount
Jan-10	9%	15%	2%	26%	$ 9,098,098	10%	14%	3%	27%	$ 4,877,982	11%	13%	5%	29%	$ 6,948,023	10%	14%	3%	27%	$ 20,928,143
Feb-10	9%	15%	2%	25%	$ 8,576,994	10%	14%	3%	27%	$ 4,587,007	12%	13%	5%	30%	$ 6,958,846	10%	14%	3%	27%	$ 20,126,642
Mar-10	9%	13%	2%	23%	$ 9,480,926	10%	13%	3%	25%	$ 5,330,050	11%	12%	4%	28%	$ 7,749,233	10%	13%	3%	25%	$ 22,564,768
Apr-10	8%	13%	2%	23%	$ 8,728,422	9%	13%	3%	25%	$ 4,780,269	11%	12%	4%	27%	$ 6,983,405	10%	13%	3%	25%	$ 20,495,574
May-10	9%	15%	2%	26%	$ 8,887,972	10%	15%	3%	28%	$ 4,929,466	12%	14%	4%	31%	$ 7,120,943	10%	15%	3%	28%	$ 20,940,942
Jun-10	9%	14%	2%	25%	$ 9,049,907	10%	14%	3%	27%	$ 4,833,657	12%	13%	4%	30%	$ 7,289,483	10%	14%	3%	27%	$ 21,175,950
Jul-10	10%	15%	2%	26%	$ 9,136,274	10%	15%	3%	28%	$ 4,705,613	12%	15%	4%	31%	$ 7,051,382	11%	15%	3%	28%	$ 20,894,474
Aug-10	10%	14%	2%	25%	$ 9,791,205	10%	13%	3%	27%	$ 4,946,619	13%	13%	4%	29%	$ 7,511,509	11%	14%	2%	27%	$ 22,250,794
Sep-10	9%	15%	2%	25%	$ 9,494,151	10%	14%	3%	27%	$ 4,832,391	13%	14%	4%	32%	$ 7,685,501	10%	14%	3%	28%	$ 22,012,504
Oct-10	9%	15%	2%	26%	$ 9,425,131	10%	14%	3%	27%	$ 4,769,656	13%	15%	4%	32%	$ 7,725,798	10%	15%	3%	28%	$ 21,922,798
Nov-10	8%	15%	2%	25%	$ 9,170,140	11%	14%	3%	28%	$ 4,910,066	13%	15%	5%	33%	$ 7,735,362	10%	15%	3%	28%	$ 21,817,519
Dec-10	9%	16%	2%	27%	$ 9,336,365	12%	16%	3%	31%	$ 5,092,997	13%	15%	6%	34%	$ 8,123,605	11%	16%	4%	30%	$ 22,553,821

About the Measure

What are we measuring? We are measuring the amount of workload for MTF Prime enrollees that could be prevented or redirected to the enrollment site, including a) primary care delivered at any site other than the enrollment site, both direct care (DC) and purchased care (PC); b) Urgent care workload for DC and PC; and c) ER workload for DC and PC. This methodology purposely over-estimates the workload that could be returned to the primary care setting or prevented. In addition, experts from Kaiser Permanente reported that efforts to identify only inappropriate workload to an ER were unsuccessful; they advised that we count all ER workload and simply try to reduce the total over time.

Why is it important? The MHS has embraced the Patient Centered Medical Home (PCMH) as the delivery model for primary care. The goal of this model is for enrolled patients to receive the majority of their care from their primary care manager or team. Measuring the amount of primary care that is delivered outside of the enrollment site will enable MTFs to make practice adjustments to increase continuity for enrollees.

What does our performance tell us? Over the past year, 30% of primary care for MTF enrollees was done in places other than their enrollment MTF. As more MTFs implement the medical home model, we believe it will have a positive impact on this measure.

Executive Sponsor: JHOC

Working Group: N/A

Monitoring: Monthly

Data Source: M2

Other Reporting: None

Status Thresholds:

- Green: ≤26%
- Yellow: 27%-28%
- Red: >29%

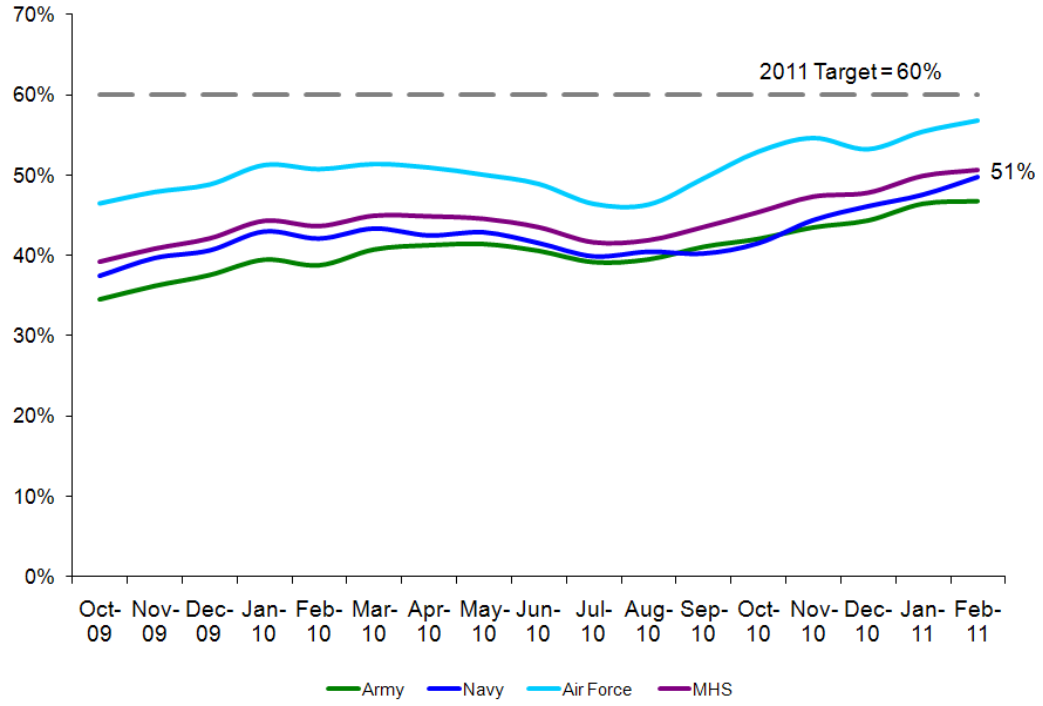
Targets:

- 2011: 26%
- 2012: 24%
- 2014: 22%

KAISER PERMANENTE®

Percentage of Visits Where MTF Enrollees See Their PCM

Since the last reporting, PCM continuity maintained its positive upward trend, increasing by 6 percentage points.



	Facility	Percent of Appts Where Patients Saw Their Assigned PCM	Number of Appts Where Patients Saw Their Assigned PCM	Total Number of Appointments
Army	SCREAMING EAGLE MEDICAL HOME	90.96%	463	509
	US ARMY HEALTH CLINIC-MCCHORD AFB	79.33%	1,186	1,495
	DUNHAM AHC	71.96%	1,581	2,197
	AHC HOHENFELS	70.21%	535	762
	AHC KAISERSLAUTERN	69.13%	674	975
	LA POINTE HEALTH CLINIC	23.93%	656	2,741
	NISQUALLY FAMILY MEDICINE CLINIC-FT. I	22.41%	1,040	4,640
	USAHC CAMP CASEY	20.52%	134	653
	USAHC CAMP HUMPHREYS	16.14%	167	1,035
	AVIATION MEDICINE CLINIC	7.59%	42	553
Navy	NHC QUANTICO	77.92%	2,230	2,862
	NBHC NTC SAN DIEGO	76.75%	2,185	2,847
	NH OAK HARBOR	73.45%	2,028	2,761
	NBHC MCRD PARRIS ISLAND	71.71%	540	753
	BMC MCAS MIRAMAR	70.55%	1,246	1,766
	NBHC BANCROFT HALL	18.13%	299	1,649
	NBHC NSA BAHRAIN	15.08%	163	1,081
	NBHC ALBANY	15.08%	79	524
	NBHC NAS JACKSONVILLE	9.80%	107	1,092
	NBHC KEY WEST	0.00%	-	620
Air Force	45th MEDICAL GROUP	81.58%	2,374	2,910
	470 MEDICAL FLIGHT	79.92%	426	533
	579TH MEDICAL GROUP	78.41%	1,318	1,681
	39th MEDICAL GROUP	77.89%	620	796
	61st MEDICAL GROUP	75.42%	1,126	1,493
	5th MEDICAL GROUP	40.99%	990	2,415
	27th SPECIAL OPERATIONS MEDICAL GRO	40.26%	1,104	2,742
	18th MEDICAL GROUP	40.02%	1,296	3,238
	48th MEDICAL GROUP	36.92%	1,058	2,866
	MIKE O'CALLAGHAN FEDERAL HOSPITAL	35.27%	2,695	7,641

* Only includes facilities with 500 or more appointments.

About the Measure

What are we measuring? We are measuring the percentage of visits that MTF prime enrollees see their primary care manager (PCM). Numerator is # of appointments where patients saw their assigned PCM and denominator is Total number of appointments. Note: This measure no longer filters out visits where the patient's PCM is not in clinic.

Why is it important? We believe PCM continuity improves patient-provider communication and trust, which leads to more activated patients and a positive impact on every aspect of the Quadruple Aim. Our hypothesis is that this rate will be positively influenced as MHS continues to implement the medical home model.

What does our performance tell us? Starting in 2010 July, PCM continuity has increased, with the MHS as a whole reaching 51%, its highest rate in 2 years.

Executive Sponsor: JHOC

Working Group: None

Measure Advocate: TBD

Monitoring: TBD

Data Source: CHCS

Other Reporting: None

Status Thresholds:

- Green: ≥ 60%
- Yellow: 40% -59%
- Red: ≤ 39%

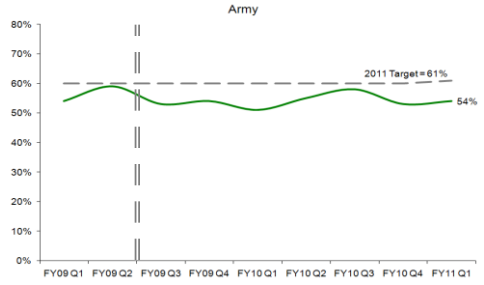
Targets:

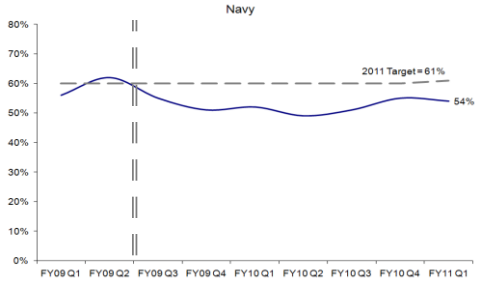
- 2011: 60%
- 2012: 65%
- 2014: 70%

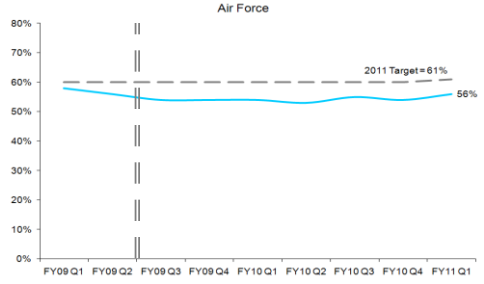
KAISER PERMANENTE®

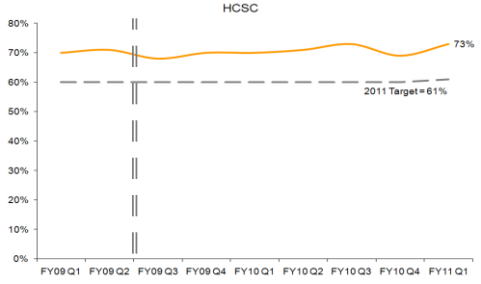
Satisfaction with Health Care

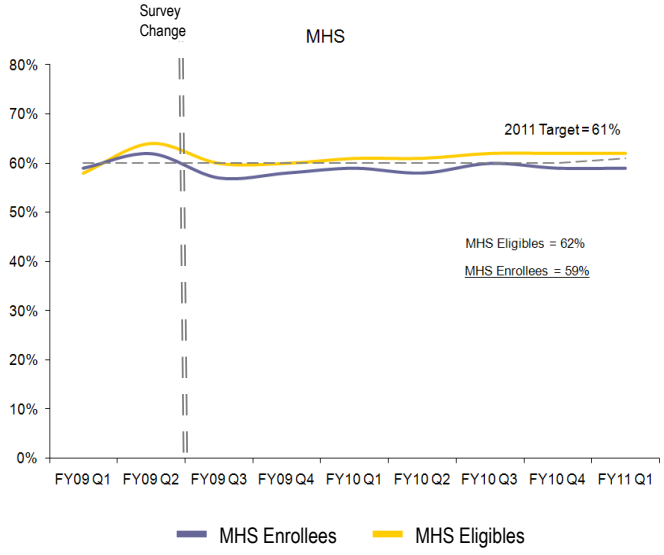
Satisfaction in the private sector continues to be higher than that in the direct care system.











Responses of 8, 9, and 10 (using scale of 0 to 10)

	FY09 Q2		FY09 Q3		FY09 Q4		FY10 Q1		FY10 Q2		FY10 Q3		FY10 Q4		FY11 Q1	
	Percent	Volume	Percent	Volume	Percent	Volume	Percent	Volume	Percent	Volume	Percent	Volume	Percent	Volume	Percent	Volume
Army Prime Enrollees	59%	686	53%	1,158	54%	1,086	51%	1,230	55%	1,384	58%	1,433	53%	1,318	54%	1,269
Navy Prime Enrollees	62%	840	55%	1,431	51%	1,465	52%	1,486	49%	1,695	51%	1,744	55%	1,632	54%	1,631
AF Prime Enrollees	56%	1,492	54%	2,559	54%	2,447	54%	2,385	53%	2,969	55%	3,146	54%	2,818	56%	2,884
HCSC Prime Enrollees	71%	398	68%	718	70%	707	70%	657	71%	722	73%	782	69%	650	73%	583
MHS Enrollees	62%	3,294	57%	5,782	58%	5,570	59%	5,684	58%	6,614	60%	6,927	59%	6,340	59%	6,208
MHS Eligibles	64%	3,768	60%	7,823	60%	6,594	61%	6,596	61%	7,532	62%	7,990	62%	7,299	62%	7,109

About the Measure

What are we measuring? We are measuring beneficiary satisfaction with overall health care using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 4.0. Beneficiaries are asked: Using any number from 1 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months? Responses of 8, 9, or 10 indicate patient satisfaction. The benchmark comes from CAHPS average of 250 health plans.

Why is it important? More satisfied beneficiaries are more likely to follow our advice regarding health choices and are more likely to come to our providers for health services.

What does our performance tell us? First quarter in FY11 performance is relatively flat from the FY2010 with more improvement showing in HCSC.

Executive Sponsor: JHOC

Working Group: Tri-Service Survey Work Group

Measure Advocate:
Dr. Rich Bannick,
TMA-HPA&E; (703) 681-3636

Monitoring: Quarterly

Data Source: Health Care Survey of DoD Beneficiaries

Other Reporting: Status of Forces

Status Thresholds:

- Green: ≥ 61%
- Yellow: 55% - 60%
- Red: ≤ 54%

Targets:

- 2011: 61%
- 2012: 62%
- 2014: 64%

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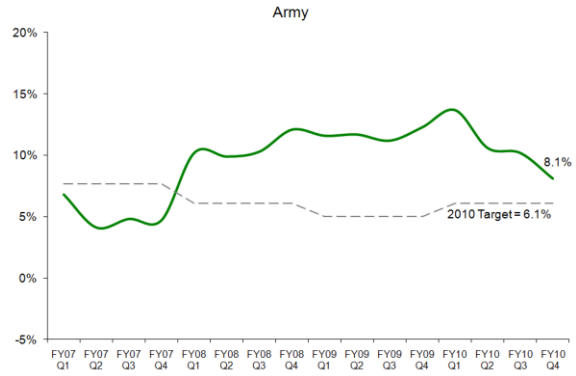
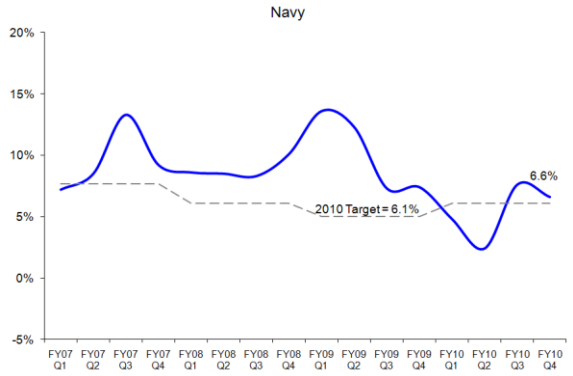
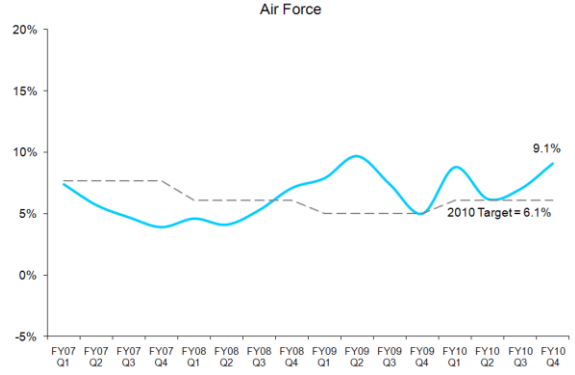
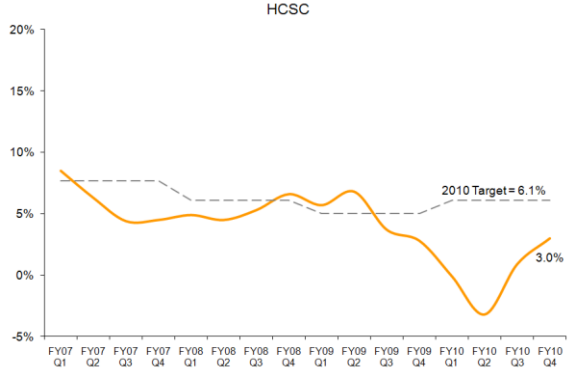
Annual Cost Per Equivalent Life (PMPM)

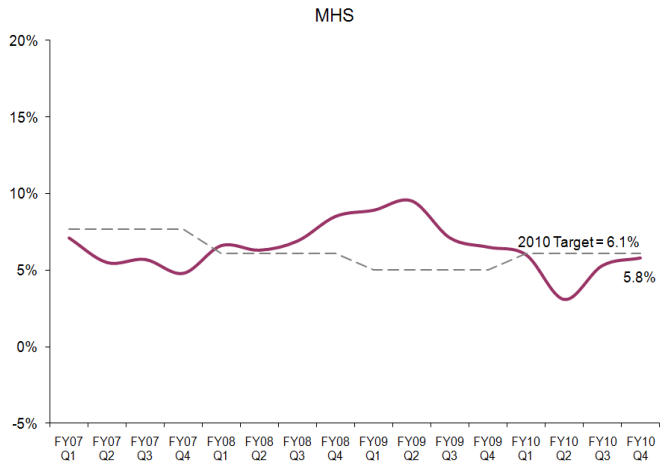
The rate of increase is still below that of the Kaiser Family Foundation, but is on an upward trend from the last quarter.











Note: 4th quarter, FY10 data is preliminary.

	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Army	$ 301	$ 312	$ 315	$ 324	$ 342	$ 344	$ 347	$ 350
Navy	$ 301	$ 309	$ 303	$ 304	$ 316	$ 317	$ 326	$ 324
Air Force	$ 265	$ 277	$ 274	$ 274	$ 288	$ 294	$ 294	$ 299
HCSC	$ 230	$ 244	$ 235	$ 235	$ 230	$ 236	$ 237	$ 242
MHS	$ 267	$ 279	$ 275	$ 277	$ 283	$ 287	$ 290	$ 293

About the Measure

What are we measuring? The average percent Defense Health Program annual cost per equivalent life increase compared to average civilian sector premium increase.

Why is it important? This metric looks at how well the Military Health System manages the care for those individuals who have chosen to enroll in a health maintenance organization-type of benefit. It is designed to capture aspects of three major management issues: (1) how efficiently the Military Treatment Facilities (MTF) provides care; (2) how efficiently the MTF manages the demand of its enrollees; and (3) how well the MTF determines which care should be produced inside the facility versus that purchased from a managed care support contractor.

What does our performance tell us? OPPS has considerably reduced the rate of increase for Managed Care enrollees and to a lesser extent MTF enrollees. However, Direct Care for Inpatient and Outpatient are still increasing significantly faster than PSC rates. Additionally, there has been a rise in outpatient utilization. The challenge for the Direct Care as we begin to report FY11 data will be to lower costs since the FY11 target using the Kaiser Family Foundation rate and adjusted for our population is set at 3.1 %.

Executive Sponsor: CFOIC

Working Group: None

Measure Advocate:
Dr. Bob Opsut,
HA-HB&FP; (703) 681-1724

Monitoring: Monthly

Data Source: M2

Other Reporting: Services, Well Being of the Force

Status Thresholds:

- Green: < +6.1%
- Yellow: +6.1% - 8.1%
- Red: > +8.1%

Targets:

- **2011: 3.1%**
- 2012: N/A
- 2014: N/A

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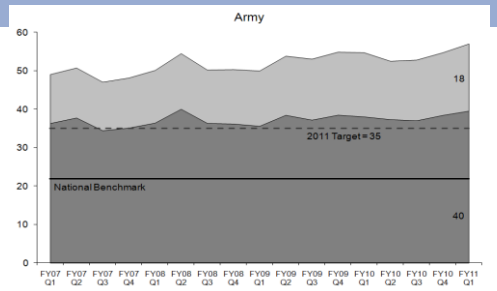
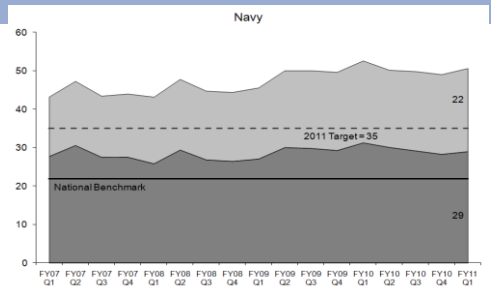
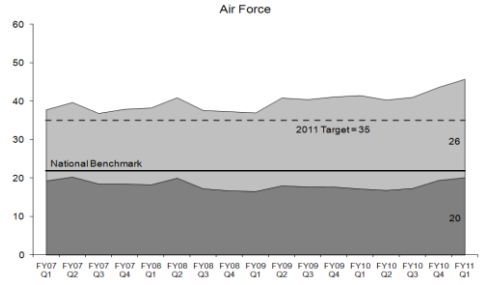
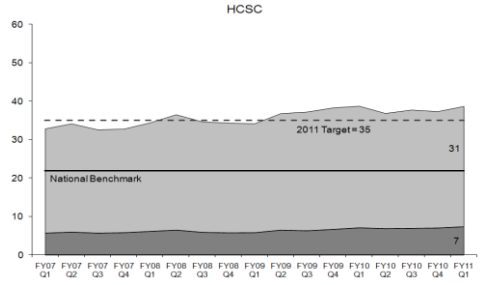
Enrollee Utilization of Emergency Services

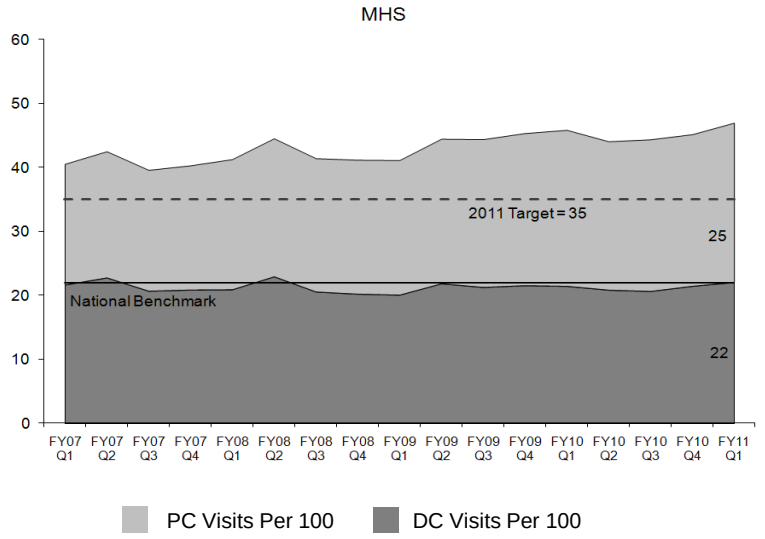
Utilization rate is more than 2 times the national benchmark for MHS beneficiaries.











	Army								Navy								Air Force								HCSC							
Top Five Diagnostic Categories	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4	FY09 Q1	FY09 Q2	FY09 Q3	FY09 Q4	FY10 Q1	FY10 Q2	FY10 Q3	FY10 Q4
Diseases & Disorders of the Ear, Nose, Mouth, Throat	26,713	32,696	27,213	26,445	33,663	28,301	24,206	23,447	12,703	16,320	14,238	12,863	18,503	15,154	12,428	10,709	14,665	18,230	15,254	15,503	19,484	16,239	14,400	14,317	18,179	22,586	19,874	19,897	27,946	23,188	20,994	18,627
Diseases & Disorders of the Musculoskeletal System & Connective Tissue	21,118	21,307	23,644	25,369	21,806	21,718	23,930	25,934	10,480	10,406	11,542	11,727	10,360	10,432	11,659	12,004	13,704	13,710	14,686	14,956	13,166	13,518	15,174	17,266	16,834	16,601	19,147	20,003	18,457	18,725	21,418	22,131
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	19,150	18,537	24,633	25,630	18,672	17,835	24,289	26,577	9,558	9,109	11,696	12,339	9,533	8,945	11,851	12,013	11,110	10,890	13,830	14,034	10,772	10,489	14,192	15,877	14,954	14,378	19,515	20,986	16,402	15,767	21,960	23,368
Diseases & Disorders of the Digestive System	19,895	22,542	19,073	18,529	19,361	23,613	20,036	20,491	9,932	11,077	9,460	9,046	9,200	11,919	9,592	9,363	13,133	14,325	13,277	12,672	13,048	15,613	14,051	13,644	17,363	19,481	17,926	17,941	19,219	22,741	20,508	20,301
Diseases & Disorders of the Respiratory System	11,411	13,523	10,126	10,422	13,261	11,502	9,280	8,462	5,726	6,763	5,232	4,671	6,941	6,246	4,521	4,017	7,033	9,028	6,735	6,584	8,840	8,587	6,574	5,920	10,089	12,041	9,413	9,377	13,883	13,039	9,703	8,525
Grand Total	98,287	108,605	104,689	106,395	106,763	102,969	101,741	104,911	48,399	53,675	52,168	50,646	54,537	52,696	50,051	48,106	59,645	66,183	63,782	63,749	65,310	64,446	64,391	67,024	77,419	85,087	85,875	88,204	95,907	93,460	94,583	92,952

About the Measure

What are we measuring? This measure is derived using E&M codes 99281 through 99285. Purchased care is limited to the non-institutional program indicator code and place of service being an emergency room or hospital outpatient treatment. Direct care parameters were limited to the MEPRS3 code BIA (emergency room). Enrollees were restricted to those in region's North, South, West and Alaska. The expected rate of utilization is based on the National Hospital Ambulatory Care Survey (2006) Emergency Department Utilization, adjusted for the MHS population constituting each Service.

Why is it important? Measuring emergency room utilization enables us to determine if our enrollees are appropriately using this service or is this being used as a fall back because of access issues. Since the MHS has embraced the Patient Centered Medical Home (PCMH) as the delivery model for primary care, our belief is this measure will improve as access improves.

What does our performance tell us? Utilization of ER services among TRICARE Prime enrollees is increasing over time. Prime enrollees are using these services 2 times more than the national utilization rate. Direct Care ER services may currently be an alternative to Primary Care and thus increasing the utilization rate.

Executive Sponsor: CPSC

Working Group: None

Measure Advocate:
Dr. Bob Opsut
HA-HB&FP; (703) 681-1724

Monitoring: Monthly

Data Source: M2

Other Reporting: None

Status Thresholds:

- Green: < 35 Visits Per 100
- Yellow: 35 - 40 Visits Per 100
- Red: ≥ 40 Visits Per 100

Targets:

- 2011: 35/100
- 2012: 30/100
- 2014: 25/100

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