

SHARING KNOWLEDGE:

Achieving Breakthrough Performance

2010

MHS STAKEHOLDERS' REPORT



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A Message from the Office of the Assistant Secretary of Defense for Health Affairs

Dear Colleague:

In a departure from publications of the past, readers will find few words in this year's report. Its content is mostly graphs and charts. We have two goals in presenting information this way: First, we want to be fully transparent; and second, we want to share as much information as possible about our performance. Using graphics helps us achieve both.

Graphics also allow the reader to more quickly interpret results; recognize gaps in performance; appreciate areas where the Military Health System is leading the way; and most importantly, formulate solutions that will achieve breakthrough performance. As we become more data-driven as an organization, information will also enable us to scan the horizon for new and exciting developments.

These are the building blocks that will allow the Military Health System to meet its challenges head-on, to not just perform, but learn – which is the only way to truly grow and improve.

So, I sincerely hope that this document will not sit on a shelf with past MHS Conference reports, but become a dog-eared and coffee-stained reference tool that helps you excel each and every day.

Thank you for your dedicated service to our nation, and to the men and women who sacrifice so much to keep us strong and free.

Ellen P. Embrey

Performing the Duties of Assistant Secretary of Defense for Health Affairs



Surgeon General of the Navy and Chief of the Navy's Bureau of Medicine and Surgery

VADM Adam M. Robinson, Jr.

Navy Medicine – World Class Care, Anytime, Anywhere. This poignant phrase is arguably the most telling description of Navy Medicine's accomplishments in 2009 and will drive our operational tempo moving forward. This past year saw countless successes, challenges and opportunities; and moving forward, I anticipate the pace and demands will only increase. I am proud to say that we are responding to these requirements with more flexibility and agility than ever before. We are a robust worldwide health care system fully engaged and integrated in carrying out the core capabilities of the maritime strategy around the globe.

The foundation of Navy Medicine is force health protection. The men and women of Navy Medicine are engaged in all aspects of health care operations in support of our Navy and Marine Corps war fighters. Nowhere is our commitment to force health protection more evident than in our active engagement in military operations in Iraq and Afghanistan. As these overseas contingency operations evolve – and in many respects become increasingly more dangerous – we are seeing burgeoning demand to provide expeditionary combat casualty care. I recently returned from a trip to Afghanistan and I again saw outstanding work by our medical personnel. The Navy Medicine team is working along side the Army and Air Force medical personnel and coalition forces to ensure the physical and mental well-being of our troops and civilians alike.

Navy Medicine is well-positioned for the future. We recognize that our worldwide operational demands and our commitment to provide family and patient-centered care to our growing number of beneficiaries will continue to pose formidable challenges. But this is what we do and why so many of us chose a career in military medicine. It is also why we are guided by the Navy's core values – honor, courage and commitment – in all that we do.



LTG Eric B. Schoomaker

With the mission of providing health care from Garrison to the battlefield and home again, Army Medicine uses the Balanced Scorecard focusing efforts to achieve six strategic “ends” aligned with the MHS Strategic Plan:

Improved Healthy and Protected Families, Beneficiaries and Army Civilians.

Dedicated to providing patients the right service at the right time in the right venue, we’re identifying access to care barriers and fixing them. We’ve restructured the MEDCOM from 12 to 10 subordinate commands to improve support to Army Force Generation, medical readiness, synchronization with our managed care support contractors and unified public health asset control.

Optimized Care and Transition of Wounded, Ill and Injured Warriors. MEDCOM activated the warrior transition command to provide policy oversight to Warrior Transition Units, warriors in transition and their families. We’re improving the Comprehensive Transition Plan: individualized transition plans to guide the return of warriors to duty, civilian life or continued VA or civilian rehabilitation.

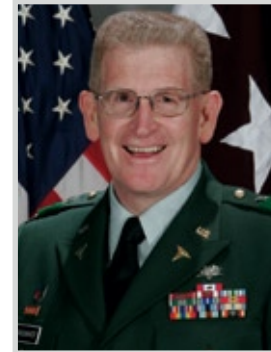
Improved Patient and Customer Satisfaction. Our budgeting process and Army Provider Level Patient Satisfaction Survey provide incentives to improve efficiency, patient satisfaction, and the right kind of care, ensuring better evidence-based practice and patient outcomes.

Inspire Trust in Army Medicine. Trust in our care and service is an essential part of our commitment to the Army family and an irreplaceable element of any covenant between patients and caregivers. The key to Army Medicine’s success is our people and the investment we make in them.

Improved Healthy and Protected Warriors. Toward better Army mental health, we’re making bold, sustained efforts to improve soldier and family resiliency, reduce stigma and provide prompt multidisciplinary care addressing behavioral-health needs.

Responsive Battlefield Medical Force. We’re focused on improving the “platinum 10 minutes” when the combat medic provides immediate life-saving care: rapidly incorporating lessons learned into their training; advanced, realistic Medical Simulation Training Centers; and improved technologies that promote saved lives.

We are Army Medicine – Army Strong – working every day for warriors, their families, and the retired soldiers who have given us so much. There is no more noble calling.



Lt. Gen. Charles B. Green

The Air Force Medical Service (AFMS) is a total force team dedicated to providing “trusted care anywhere.” Our AFMS priorities are directly aligned with those of the Air Force and the MHS to achieve mission success.

Our state-of-the-art expeditionary medical capabilities coupled with our global air evacuation system have capably treated and safely returned more than 69,000 patients from Operation Iraqi Freedom and Operation Enduring Freedom. We continually work with our joint and coalition partners to strengthen our capabilities across the spectrum of operations from humanitarian assistance to the nuclear mission.

At our home station, we are focused on the health and resiliency of our airmen and their families. We are implementing our family health initiative (FHI) across our AF with very positive results. Our FHI provides compassionate and comprehensive care in a patient centric manner. Although new, the initiative has already demonstrated significant increases in access, continuity of care and patient satisfaction.

We are particularly vigilant to the health of our deploying airmen and their families. We ensure their readiness to deploy and, on return, thoroughly assess and reassess their medical status. The AFMS will continue to tailor our resiliency training for those groups that face greater exposure to deployment stress. We are actively engaged with our sister services and civilian colleagues to capture best practices in this area.

Finally, we are committed to advancing our capabilities through research and infrastructure recapitalization. We strive to recapture care at our military treatment facilities through the continual improvement of our facilities and the introduction of new technologies. Increasing our direct-care activity has not only sound fiscal merit but also is an operational imperative for the currency of all our high-performing medical teams. With this focus we are confident the AFMS will continue to provide “trusted care” to our beneficiaries in the years ahead.



RADM Mark J. Tedesco

The Coast Guard continues to face a dynamic environment with ever increasing mission demands, emerging threats and challenges and high public expectations. The Coast Guard is relied upon as never before to evolve as a military, multi-mission maritime force. In order to meet Homeland Security mission demands, it is vital that the Coast Guard maintain close alignment with the Department of Defense. Maintaining a strong and active participation within the MHS is essential to providing the health services required to fully support our beneficiaries.

Over the past year, the Coast Guard consolidated operational health service resources from two separate geographical commands into a unified Health, Safety and Work-Life (HSWL) command located in Norfolk, Va. The HSWL Support Activity and its 13 regional field offices serve as the Coast Guard's single virtual military treatment facility for all 42 Coast Guard outpatient clinics. The new organizational structure will ensure that HSWL programs follow standardized, disciplined, repeatable and scalable clinical and business processes, thus managing the cost of providing care.

Currently the Coast Guard has several "joint" initiatives underway in direct support of the MHS Values Dashboard that serve as examples of opportunities for shared progress in meeting the needs of our service members and their families:

- Partnership with the Navy Safe Harbor program to provide non-medical care for seriously wounded, ill and injured Coast Guardsmen and their families
- Performance of periodic health assessments utilizing the Reserve Health Readiness Program
- Implementation of an integrated online patient satisfaction survey and provider peer review process
- Participation in the Active Duty Dental Plan
- Utilization of DoD readiness databases and MIS including, DENCAS, MRRS, Navy HIV Program and AERO

As the MHS moves forward with new initiatives, the Coast Guard remains devoted and ready to contribute and support innovative enhancements that serve our members.



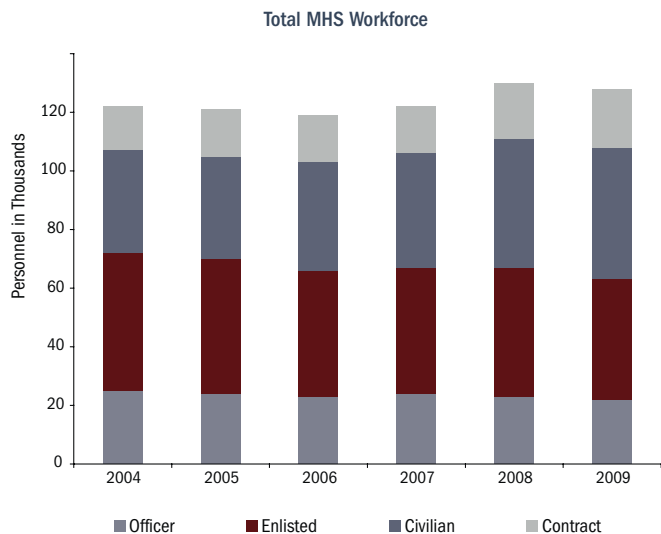
MHS by the Numbers

The MHS is a large and complex system of systems. We provide medical support anytime, anywhere for our military forces, and we provide health services for more than 9.6 million beneficiaries around the world. Our team of more than 130,000 medical professionals works in concert with the TRICARE network of providers to ensure that we accomplish the mission every day.

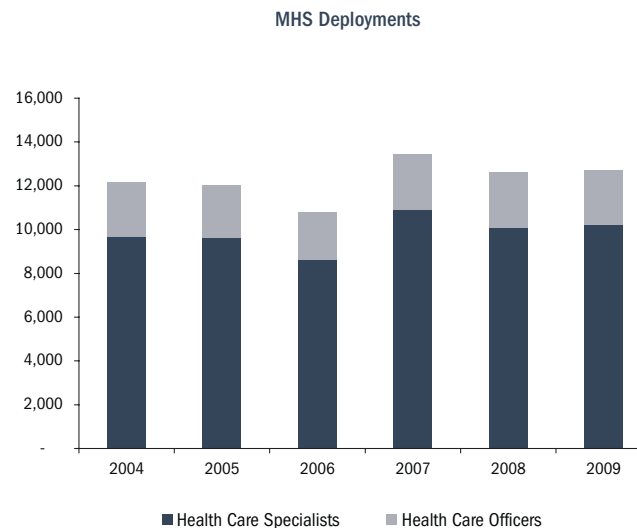
To get a better sense of the size and complexity of our system, the amount of care that is being delivered each day, and some of the systemic changes over the past several years, we encourage you to review the following charts.



6.0 MHS by the Numbers

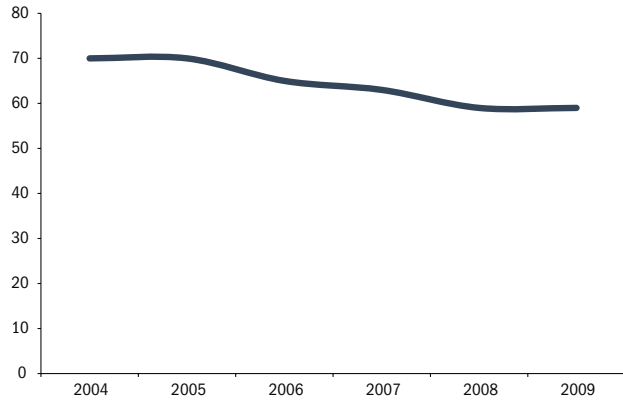


The total MHS workforce now includes more civilian and contract employees.



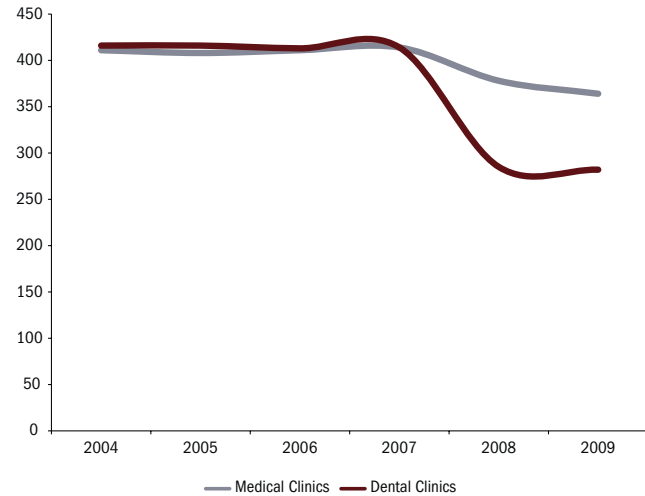
MHS personnel have maintained a consistent state of deployment in support of combat operations.

Number of Hospitals



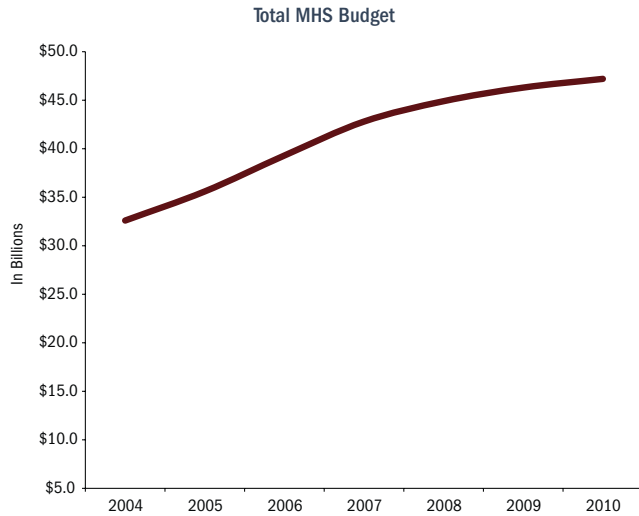
Over the past five years, the number of hospitals in the MHS has decreased from 70 to 59, reflecting the closure of many small facilities.

Number of Medical & Dental Clinics

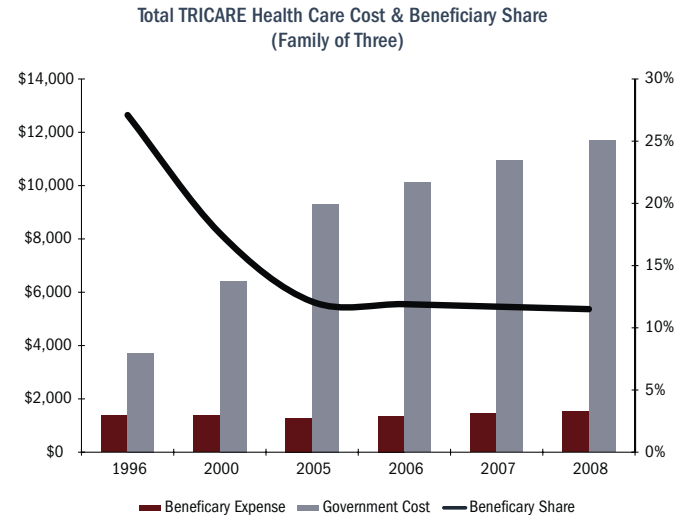


The MHS has reduced the number of medical and dental clinics. Much of the change between 2007 and 2009 reflects the Navy's collocation of dental and medical clinics.

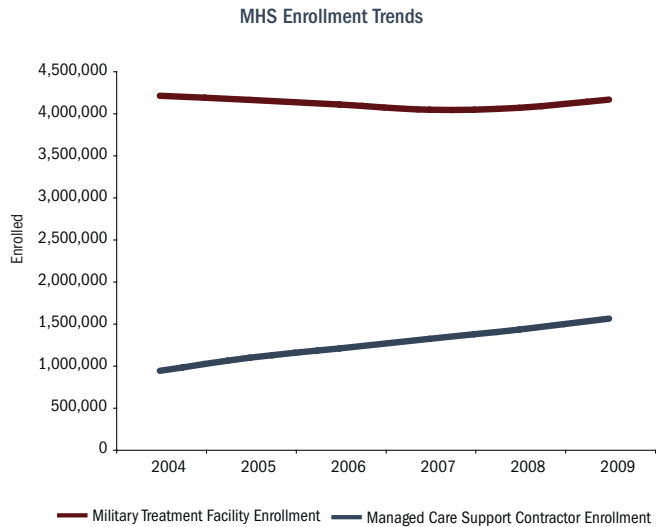
6.0 MHS by the Numbers



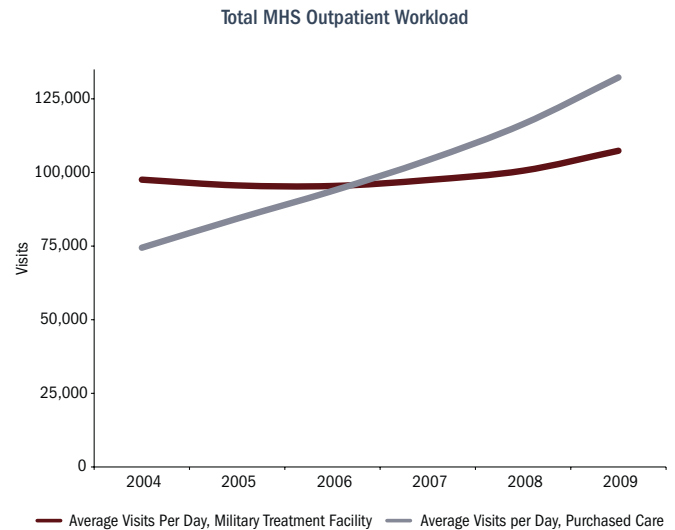
The MHS budget continues to grow and now represents more than 9 percent of the Department of Defense budget.



Annual out-of-pocket costs for TRICARE beneficiaries have decreased slightly at a time when members of other health plans have seen rising health care costs.



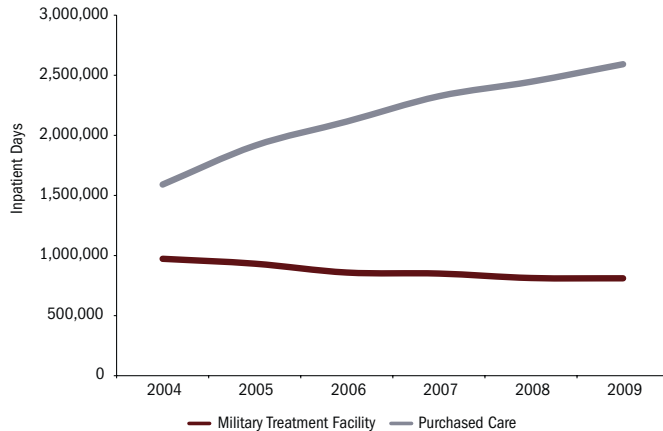
Throughout the wars, military treatment facilities have sustained their enrollment at a constant level. Enrollment to network providers has grown by more than a half million, reflecting growth in the eligible population.



Together, military treatment facility providers and TRICARE network providers deliver more than 200,000 visits each day.

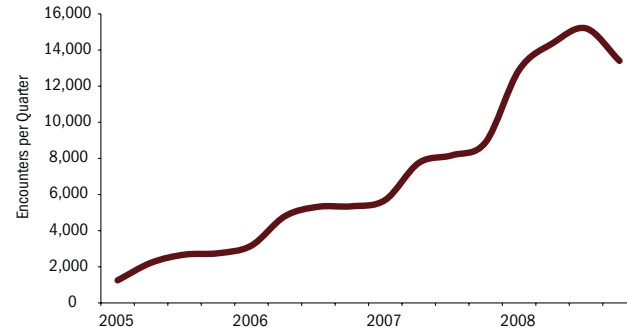
6.0 MHS by the Numbers

Total MHS Inpatient Workload



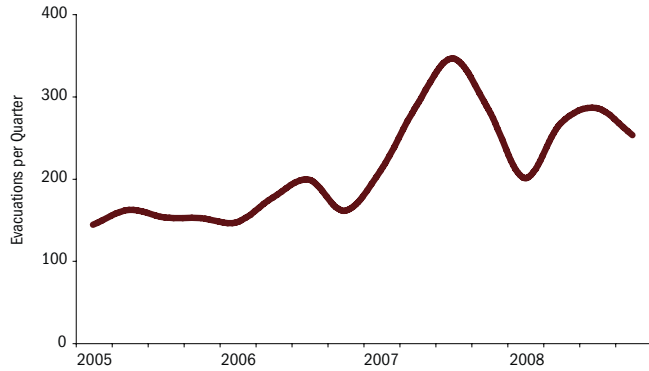
Total utilization of inpatient services has risen steadily.

Mental Health Encounters in Theater
(U.S. Forces, Operations Enduring and Iraqi Freedom)



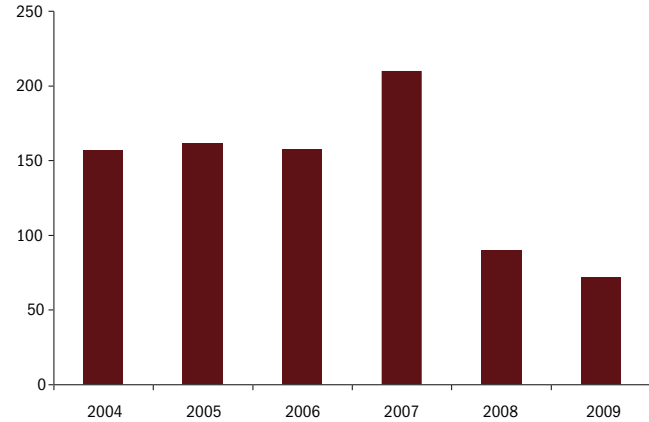
There has been an increase in the documentation of the number of mental health visits in theater. Some of the increase is due to better data capture.

Mental Health Evacuations from Theater
(U.S. Forces, Operations Enduring and Iraqi Freedom)



The number of service members requiring medical evacuation from the theater of operations for mental health reasons has declined since 2007.

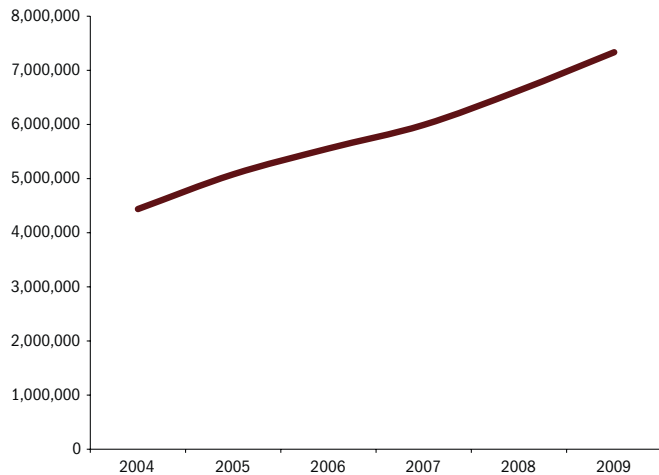
Amputees with Major Limb Amputations
(Operations Enduring and Iraqi Freedom)



As a result of ongoing combat operations, more than 900 individuals have suffered a major limb amputation.

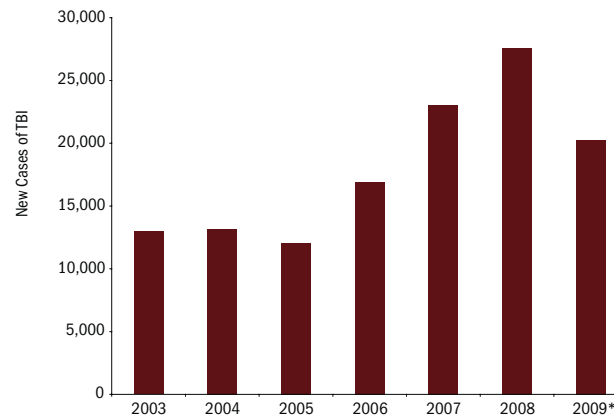
6.0 MHS by the Numbers

Behavioral Health Outpatient Visits per Year

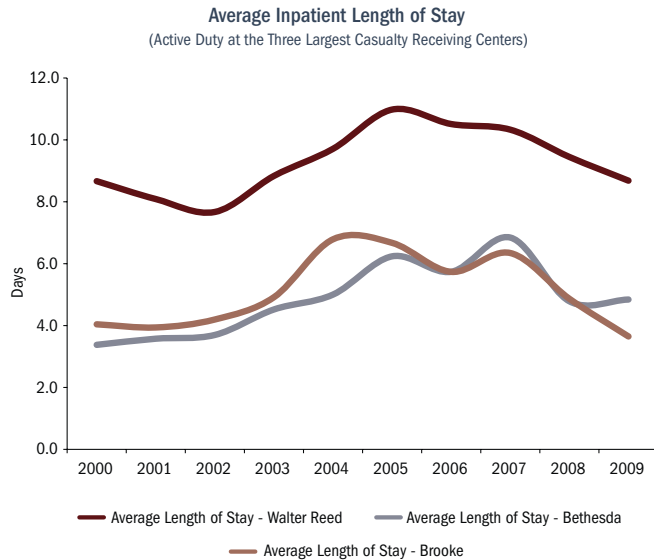


Behavioral health outpatient visits have increased by more than 40 percent since 2004.

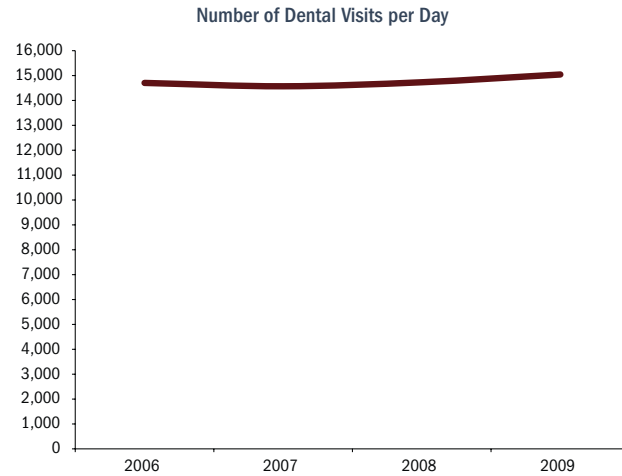
Traumatic Brain Injuries (TBI)



*Numbers as of October 7, 2009. Case documented TBI has increased over the past seven years. More than 75 percent of the cases are mild TBI.



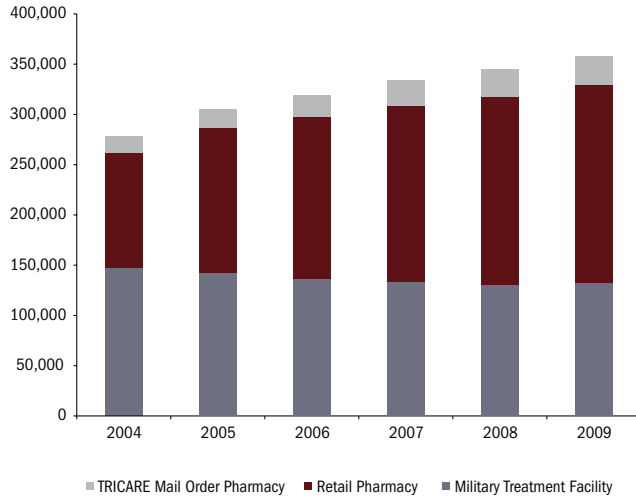
Average length of stay for active duty members increased by 50 percent or more during Operations Enduring and Iraqi Freedom at the major casualty receiving hospitals. The inpatient length of stay is now declining in the context of intensive outpatient services, Warrior Transition Units and care managers.



MHS dental clinics provide care for 15,000 active duty members every day.

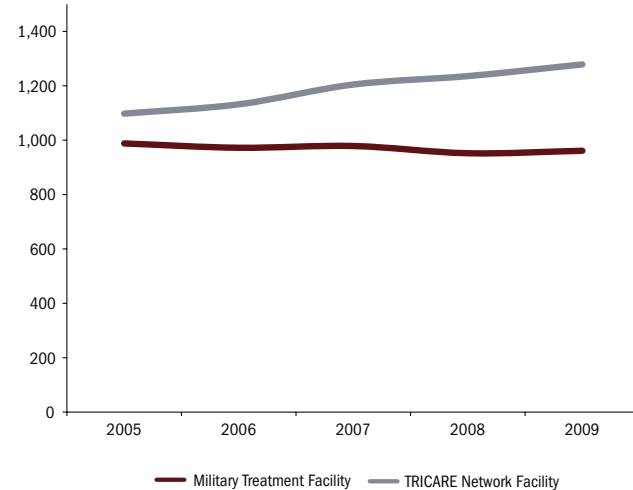
6.0 MHS by the Numbers

Number of 30-Day Equivalent Prescriptions Filled per Day



The MHS fills more than 300,000 prescriptions per day for all beneficiary categories.

Births per Week in the MHS



The MHS is a family-centered system. Each week, more than 2,300 babies are born in military treatment facilities and TRICARE network facilities, reflecting 40 percent of the inpatient workload for the MHS.

We published our most recent MHS Strategic Plan in 2008, and since then, leadership has used the plan to monitor and improve performance. In the fall of 2009, MHS leaders recognized that our plan is consistent with the concept of the Triple Aim proposed by the Institute for Healthcare Improvement (IHI). The Triple Aim was intended to describe the kind of results that could be achieved when all of the elements of a true health care system worked together to serve the needs of a population. The MHS is a system dedicated to the health of the military family, and it seemed reasonable to adopt the Triple Aim with the addition of one key element – readiness. Readiness reflects our core mission and reason for being; it is first among our aims.

The MHS Quadruple Aim:

Readiness

Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere in support of the full range of military operations, including humanitarian missions

Population Health

Improving the health of a population by encouraging healthy behaviors and reducing the likelihood of illness through focused prevention and the development of increased resilience

Experience of Care

Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe and always of the highest quality

Responsibly Managing the Total Health Care Costs

Creating value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not just the cost of an individual health care activity

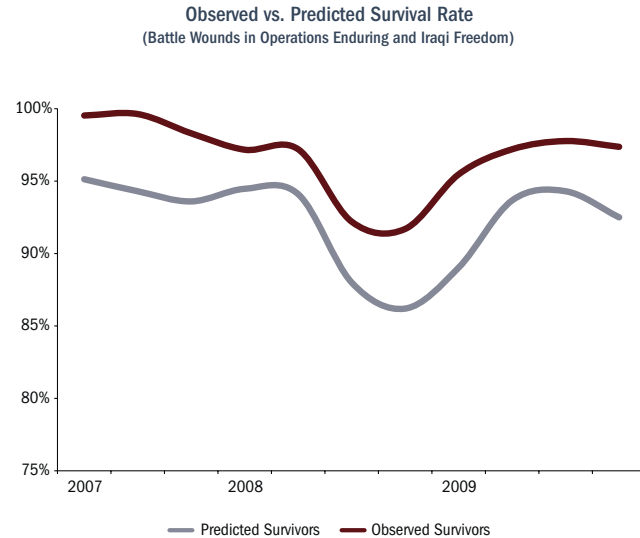
On the next few pages we will describe each of the aims and show some of the indicators we are using to determine if we are on target.



7.0 Monitoring Our Strategic Performance

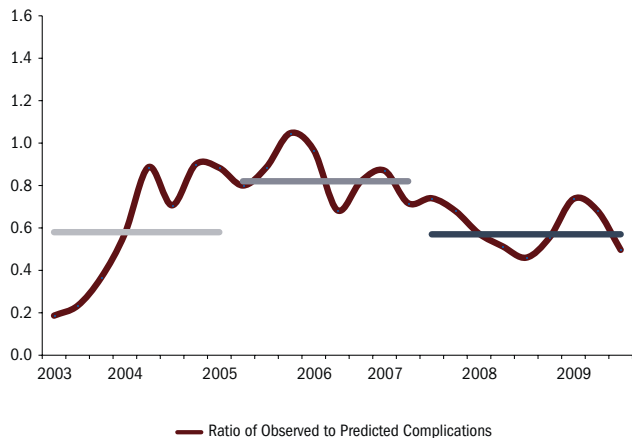
Readiness:

We maintain an agile, fully deployable medical force and a health care delivery system so that we can provide state-of-the-art health services anytime, anywhere. We use this medical capability to treat casualties and restore function and to support humanitarian assistance and disaster relief, building bridges to peace around the world. In addition, we partner with commanders and individual service members to create and sustain the most healthy and medically prepared fighting force anywhere.



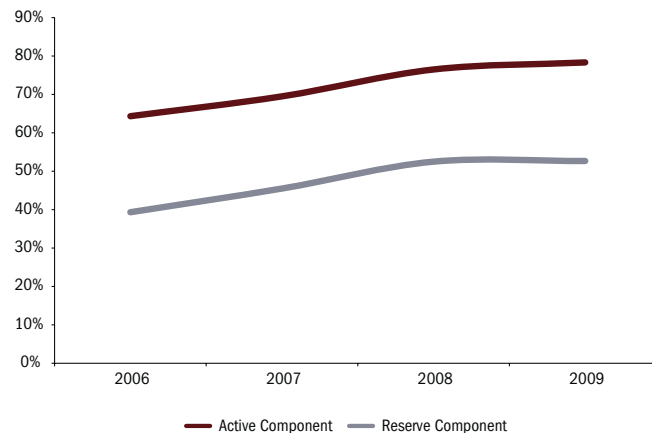
The MHS is saving lives on the battlefield at a rate that consistently exceeds the rate from the predictions model used in major U.S. trauma centers.

Battle-Injured Medical Complications Ratio



We continuously learn from our experience on the battlefield to reduce secondary complications from massive battlefield trauma.

Individual Medical Readiness

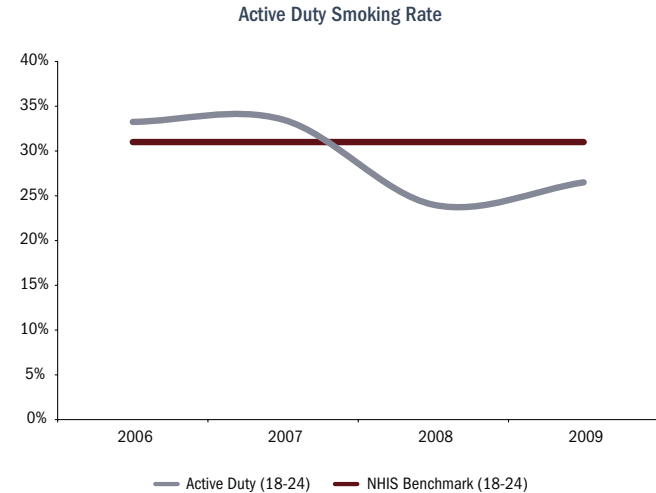


During the ongoing war, active duty medical readiness has increased, but the MHS has challenges in the Reserve Component.

7.0 Monitoring Our Strategic Performance

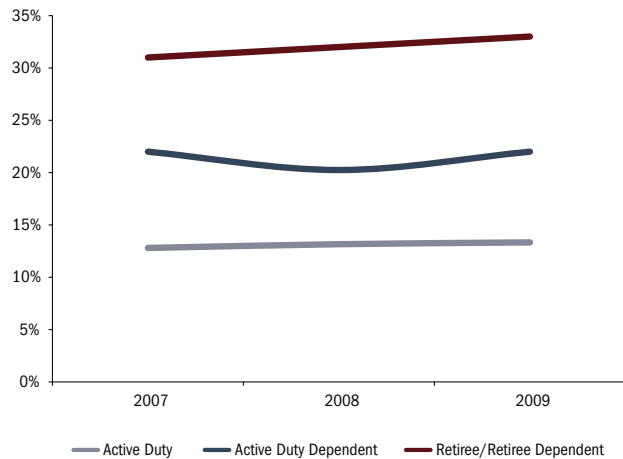
Population Health:

Improved health is the result of an effective partnership between a health system and a person. Healthy behaviors improve quality of life; alternatively, such unhealthy behaviors as smoking, over-eating, a sedentary lifestyle, alcohol abuse and family violence reduce well-being and readiness. The MHS strives to engage with all beneficiaries and enable them to take control of their health, so that together we create a more robust and resilient military community.



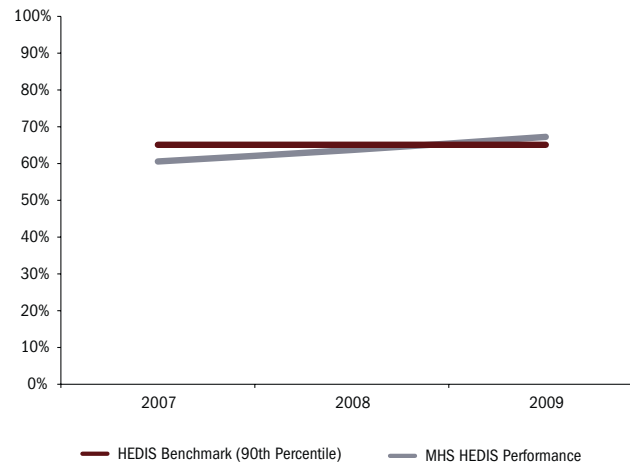
The smoking rate in the highest risk population has come down to the level of a national benchmark but there is room for improvement.

Body Mass Index Rates



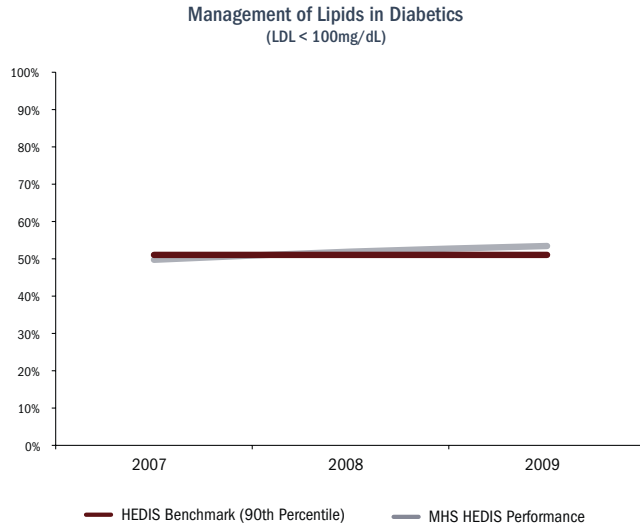
How can we prevent obesity in our retired population?

Colorectal Cancer Screening Rate



The MHS is now performing better than 90 percent of U.S. health systems on colorectal cancer screening. We intend to show this type of improvement in all our preventive measures by implementing focused incentives.

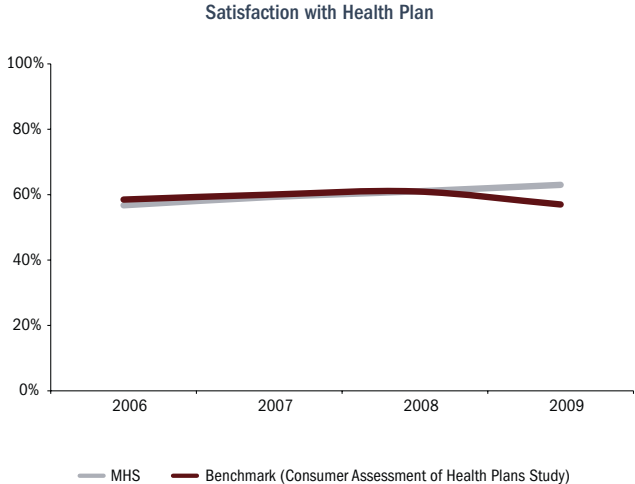
7.0 Monitoring Our Strategic Performance



The MHS is now performing better than 90 percent of U.S. health systems in controlling LDL levels in diabetics.

Patient Experience:

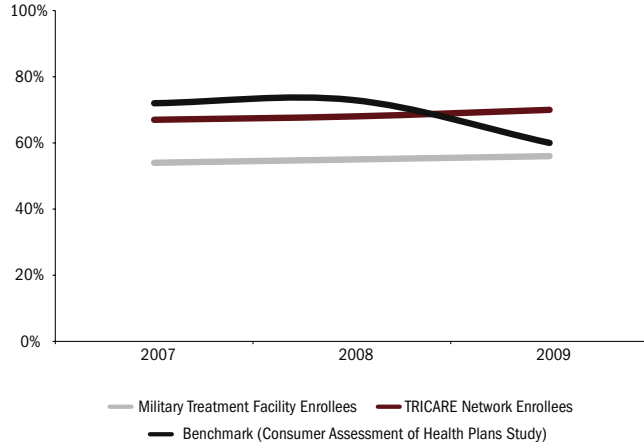
Our beneficiaries deserve care that is safe, high quality, equitable and evidence based. They deserve access to health care in a reasonable timeframe and without administrative hassles. All beneficiaries should have access to a variety of quality providers that meet their unique needs. We strive to see through the eyes of our beneficiaries in order to design our systems of care to meet their expectations. We must demonstrate that our quality compares favorably with the best of civilian health care.



The MHS compares favorably to civilian rates of satisfaction with health plan.

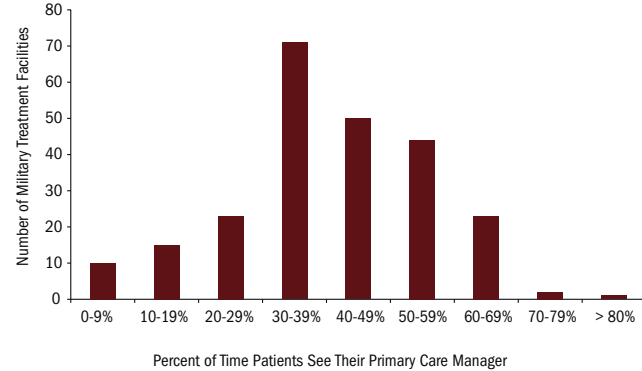
7.0 Monitoring Our Strategic Performance

Satisfaction with Health Care



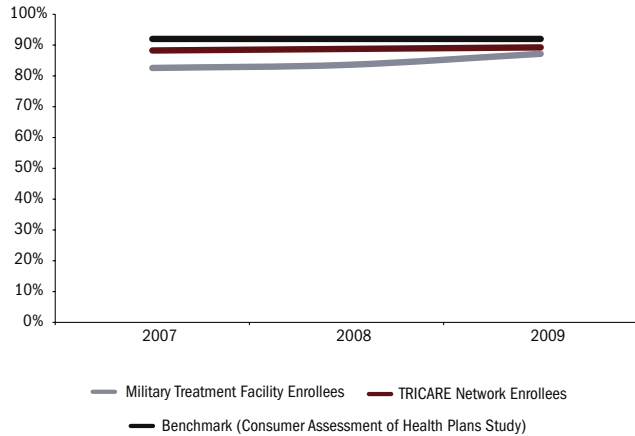
Patients enrolled to TRICARE network providers report higher satisfaction with health care.

Primary Care Continuity



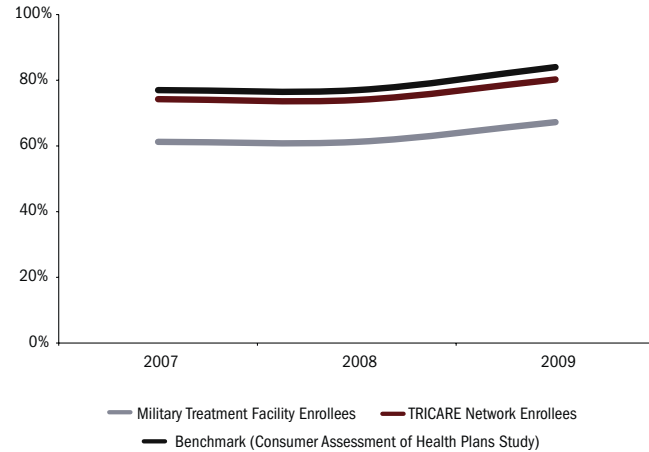
On average, enrollees to military treatment facilities see their assigned primary care manager less than half of the time.

Satisfaction with Provider Communication



The trend is up for satisfaction with provider communication. The MHS maintains a focused effort on this measure because patient-doctor communication is the single largest driver of patient satisfaction.

Overall Satisfaction with Getting Timely Care



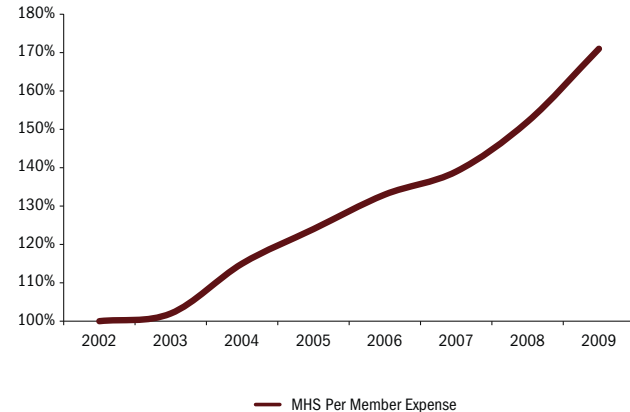
Patients at military treatment facilities report more difficulty getting timely care than those who use TRICARE network providers.

7.0 Monitoring Our Strategic Performance

Managing Per Capita Cost:

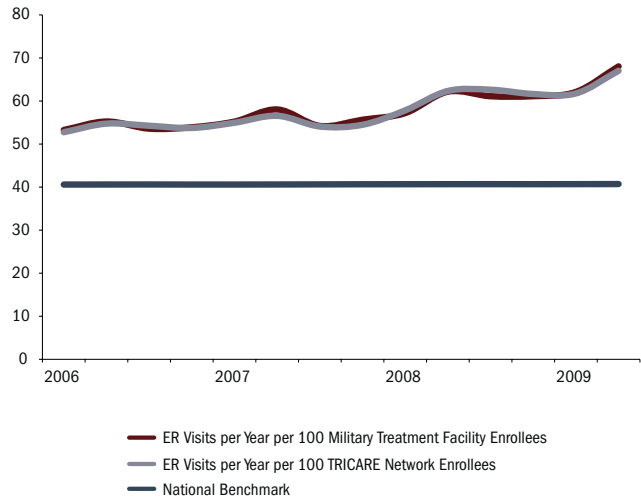
We create value by enhancing readiness, improving population health and enhancing the experience of care. We reduce the total cost of health services by optimizing our investments in health promotion, prevention and the development of resilience, ensuring access to full spectrum primary care, focusing on quality and reducing unwarranted variation.

Per Member Per Month Expense
(Trend with 2002 as Baseline)



The total per capita health care costs continue to rise and are having a significant impact on the DoD budget.

Emergency Room (ER) Utilization



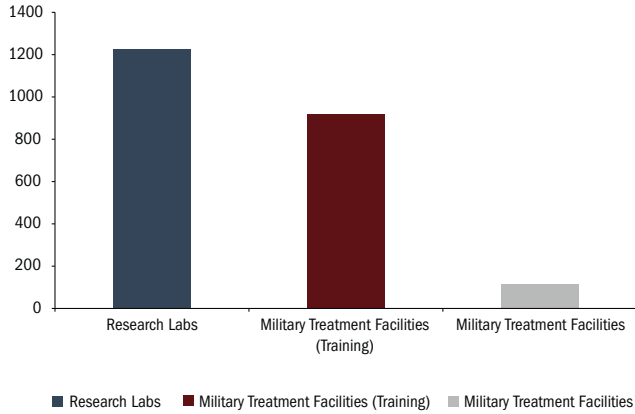
The rate of utilization exceeds the national average for both military treatment facility enrollees and those enrolled to TRICARE network providers.

7.0 Monitoring Our Strategic Performance

Learning and Growth:

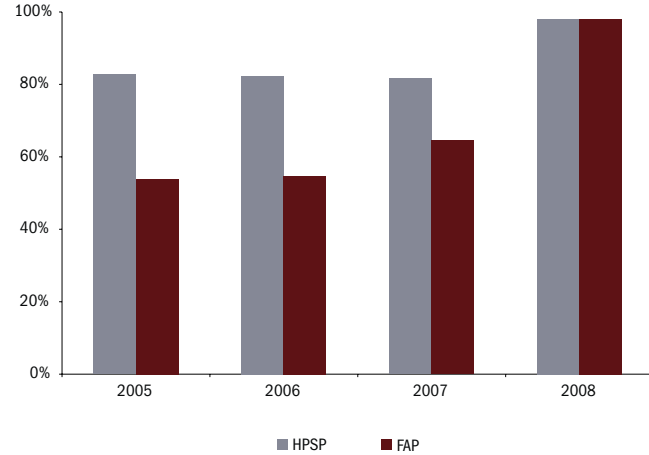
The MHS strives to be the best in the country in training for combat casualty care and the management of such combat-related conditions as infectious disease, psychological health, eye injuries, traumatic brain injury (TBI), traumatic amputations and many others. In support of humanitarian assistance, we lead efforts in promoting global public health. We also strive to be leaders in the science of health care delivery by leveraging our wealth of health information to identify and disseminate best practices. We focus our education and research efforts on serving unique military missions and inevitably make discoveries in medical science that benefit the world. We share knowledge, devices, medicines, vaccines, new procedures and delivery models freely. We reflect our success in anticipating and developing new solutions to meet the needs of our warfighters and in contributing to the health of society. The MHS demonstrates that in addition to training experts and managers, its real value is in training leaders. We reflect our success in the quality of the people who select the MHS as their employer of choice.

Number of Publications in Journals for 2008



Each year, the MHS contributes more than 2,000 articles to peer-reviewed publications, advancing medical knowledge.

Health Professions Scholarship Program (HPSP) & Financial Assistance Program (FAP) Fill Rates

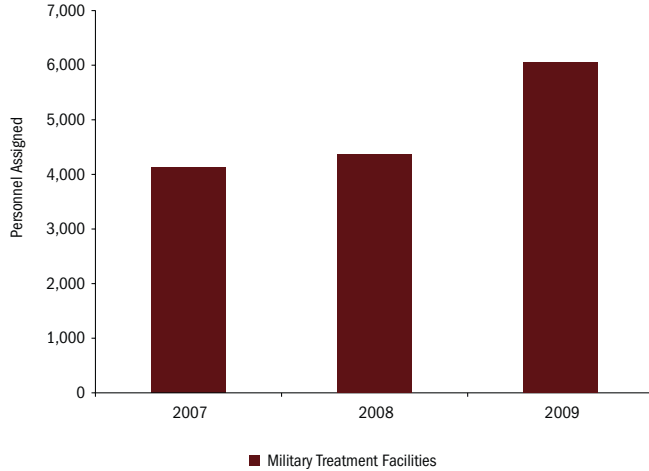


HPSP and FAP fill rates were declining but are now at 100 percent partly because of an increased accession bonus.

7.0

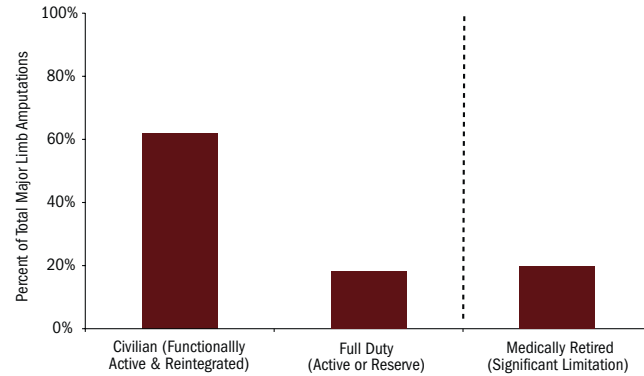
Monitoring Our Strategic Performance

Behavioral Health Staffing



In response to an increasing need for behavioral health services, military treatment facilities have acquired more than 1,900 additional behavioral health professionals, and the TRICARE network has added more than 10,000 behavioral health providers.

Amputee Functional Reintegration Rate



Of those major limb amputees for whom we know the status, 80 percent have been retained on active duty or returned to civilian work, pursued an education or cared for their families.

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